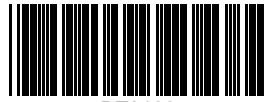
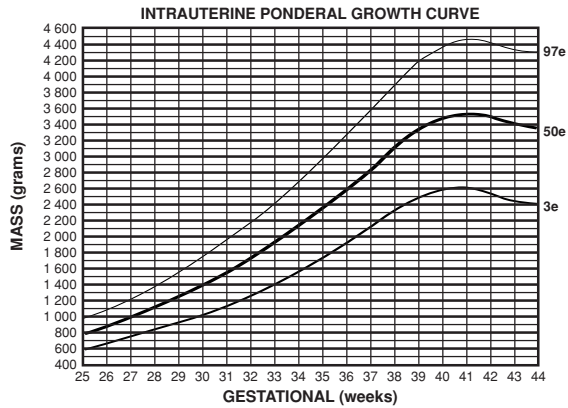


OBJECTIVE EXAMINATION OF THE NEWBORN



DT9133



Year			Month			Day			Sex		<input type="checkbox"/> M	<input type="checkbox"/> F
Adm.			Dis.			Length			Circumference of head			
Mass												

Key: <input type="radio"/> normal or negative <input type="radio"/> abnormal	INITIAL EXAMEN		DISCHARGE EXAMINATION	
	O	X	O	X
General aspect Maturity, muscle tone, cry, color, nutrition, oedema				
Skin Eruptions, hematoma, icterus				
Head, neck Overriding of bones, cephalhematoma caput succedaneum				
Eyes Anomaly, conjunctivitis				
Ears, nose, mouth, throat Lips, gums, palate				
Thorax Indrawing, breasts				
Lungs				
Heart Femoral pulse				
Abdomen Umbilicus				
Genitalia ♂ Vulva, vaginal discharge ♀ Testicles in place, penis				
Trunk, spine				
Extremities, limbs, clavicles, hips				
Reflexes				
Anus				
Groupe, Rh (newborn) _____ Groupe, Rh (mother) _____ Direct Coombs: <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. Hemoglobin _____ gr. Max. bilirubin _____ mg % Phototherapy: <input type="checkbox"/> yes <input type="checkbox"/> no Chronological age _____ weeks Gestational age _____ weeks	INITIAL IMPRESSION		IMPRESSION AND RECOMMENDATIONS	
	Signature: _____ Date: _____		Signature: _____ Date: _____	