MULTNOMAH COUNTY HEALTH DEPARTMENT

Nursing Assessment: Newborn-1 Year

Birth History   Date Completed: _____   □ Vaginal   □ Cesarean   □ NICU   □ Hyperbilirubinemia

Weeks gestation: _____ Apgar_____ Medications_____

Known health issues_____

Key: W=Within Defined Limits,   x̄ =Within Defined Limits Except,   nc = no change from previous assessment

Topic	Date 1	Date 2	Date 3	Date 4	Date 5	Subjective and Objective Notes
Environmental/Basic Needs						See progress notes (circle visit #) **1 2 3 4 5**
Income						
Newborn Supplies						
Community Resources						
Environment for baby						
Exposure to toxins						
Injury Prevention						
Transportation						
Psychosocial						See progress notes (circle visit #) **1 2 3 4 5**
Attachment						
Temperament & Caregiver knowledge of/response to common age related behaviors.						
Social Support/Relationships						
Family Violence						
Physiological						See progress notes (circle visit #) **1 2 3 4 5**
General Health						BF started (yes/no)_____
Nutrition						Formula/solids introduced (wks)_____
Still Breastfeeding						
Growth (see growth grid)						
Elimination						
Sleep/Wake patterns						
Skin						
Muscle Tone						
Reflexes/Motor Movement						
Head to Toe Exam						
Temperature *(if symptoms, take infant temp prn and record in P.N at right-see Health Related Behaviors below for parent knowledge of illness care/prevention)*						
Health Related Behaviors						See progress notes (circle visit #) **1 2 3 4 5**
Medical Home /Well Child Care *See provider listed on Family Database*						WCC appts _____ _____ _____ _____
Oral Health						
Immunizations						
Newborn Screenings (PKU)						
Newborn/Infant Care						
Caregiver knowledge of age appropriate growth & development						
Caregiver knowledge of illness care/prevention						
Initials						

Client Name_____
Date of Brth _____
Medical Record ID _____

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Topic	Date 6	Date 7	Date 8	Date 9	Date 10	Subjective and Objective Notes
Environmental/Basic Needs						See progress notes (circle visit #) **6 7 8 9 10**
Income						
Newborn Supplies						
Community Resources						
Environment for baby						
Exposure to toxins						
Injury Prevention						
Transportation						
Psychosocial						See progress notes (circle visit #) **6 7 8 9 10**
Attachment						
Temperament & Caregiver knowledge of/response to common age related behaviors.						
Social Support/Relationships						
Family Violence						
Physiological						See progress notes (circle visit #) **6 7 8 9 10**
General Health						BF started (yes/no)_____
Nutrition						Formula/solids introduced (wks)_____
Still Breastfeeding						
Growth (see growth grid)						
Elimination						
Sleep/Wake patterns						
Skin						
Muscle Tone						
Reflexes/Motor Movement						
Head to Toe Exam						
Health Related Behaviors						See progress notes (circle visit #) **6 7 8 9 10**
Medical Home /Well Child Care *See provider listed on Family Database*						WCC appts _____ _____ _____ _____
Oral Health						
Immunizations						
Newborn Screenings (PKU, hearing)						
Newborn/Infant Care						
Caregiver knowledge of age appropriate growth & development						
Initials						

Client Name_____
Date of Birth _____
Medical Record ID _____