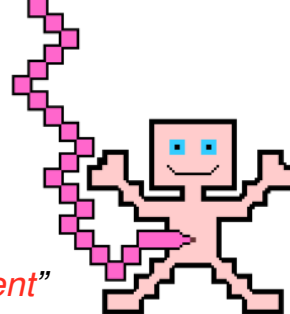


# Newborn Baby Assessment



**Instructions** - *“Carry out a newborn baby assessment”*

1	Washes hands	
2	Introduces themselves to parents & confirms patient details	
3	Explains examination & gains consent	
4	Positions and exposes patient appropriately	
5	Takes brief history of the pregnancy and the newborn	
6	Notes newborn's weight	
7	Performs general inspection	
8	Measures head circumference and inspects head shape	
9	Inspects and palpates the anterior fontanelle	
10	Inspects skin, face, eyes, ears	
11	Assesses for red reflex	
12	Inspects mouth and palate	
13	Inspects neck and clavicles	
14	Inspects upper limbs (symmetry/palms/number of digits)	
15	Palpates brachial pulse in each arm	
16	Inspects chest and auscultates lungs	
17	Auscultates heart	
18	Inspects and palpates abdomen	
19	Inspects genitalia (and palpates scrotum for descended testes in males)	
20	Inspects lower limbs (symmetry/movement/oedema/deformities/number of digits)	
21	Palpates femoral pulses	
22	Assesses knee & ankle joint for range of movement/deformity	
23	Hips - performs Barlow's and Ortolani's test	
24	Inspects spine and anus for patency	
25	Assesses key primitive reflexes	
26	Thanks parents and shares results of assessment	
27	Offers to dress baby or allows parents to do so	
28	Washes hands	



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