|  |  |
| --- | --- |
| Date: | Assessment venue: |
|  |
| **Consultation Performance Criteria** | **A** | **NA** | **Comments** |
| **Preparation** |  |  |  |
| * Aims of physical examination fully explained to parents
* Consent obtained
* Participation of parents encouraged
* Ascertain if there are maternal / family concerns
* Process used as a teaching opportunity
* Hand hygiene and standard precautions
 |  |  |  |
| **History review** |  |  |  |
| * Family, maternal, antenatal, perinatal history
* Newborn history
* Output noted (meconium and urine passed)
 |  |  |  |
| **Environment** |  |  |  |
| * Equipment collected
* Warm environment
* Privacy
 |  |  |  |
| **Physical examination** |  |  |  |
| * Appropriate sequence- hands to head, head to hips, hips to feet, spine, genitalia
* Observation – skin, colour, cry, tone, behaviour, movement, symmetry and posture, size, shape of body parts
* Palpation – fontanelles and sutures, organs i.e. kidneys, liver, spleen, pulses, testes
* Auscultation – heart, lungs and bowel sounds
* Examination - hands to head, head to hips, genitalia, feet and turn baby over
* Reflexes
* Growth – weight, length, head circumference
 |  |  |  |
| **Other** |  |  |  |
| * Oxygen saturation
* Documentation
* Referral/follow up as required
 |  |  |  |
|  |
| **Consultation outcomes** |  |
| Assessor rating of the consultation:Below expectations: Meets expectations: Above expectations: |
| Supervisor name: |  |
| Designation: | Supervisor signature: |