|  |
| --- |
| **FPEON** |
| Date: Time: Age (hours) at examination: Gestation Apgars T: HR: R: Weight: g…HC: cm L: cm |
| Passed urine: Passed Mec: Gender:………. |
| Maternal GBS status: Neg Pos |
| Calculate EOS risk at birth: Calculate EOS risk at time of examination: Clinical Recommendations: |
| Pulse Oximetry Screening: (to be done at 24 hours of age. If early discharge within 1 hour prior to discharge).Saturation: % Date: Time: |
| History & Concerns:Family:Maternal:- Antenatal- Perinatal (include medications)Newborn: | Vitamin K: 🞏 Hep B: 🞏 |
| **General Appearance** | **Normal (tick)** | **Comments**  |
| Colour |  |  |
| Skin |  |  |
| Activity / tone |  |  |
| Cardiovascular Heart Pulses |  |  |
|  |  |
|  |  |
| Respiratory |  |  |
| Head |  |  |
| Ears |  |  |
| Eyes Red Eye Reflex: |  |  |
| Nose |  |  |
| Mouth & palate |  |  |
| Neck |  |  |
| Chest |  |  |
| Abdomen Liver, spleen, kidneys,  |  |  |
| Umbilical vessels | 🗆 3v🗆 2v |  |
| Musculoskeletal |  |  |
|  Arms and hands |  |  |
|  Spine |  |  |
|  Legs and feet |  |  |
| Genitalia |  |  |
|  Male |  |  |
|  Female |  |  |
| Anus |  |  |
| Bladder |  |  |
| Hips |  |  |
| Neurological reflexes |  |  |
| Investigations |  |  |
| Parental education (specify) |  |  |
| Referral  |  |  |
| **Midwife’s reflection** (includesignificance of findings /actions) |
| **Midwife’s Name and signature:** |
| **Assessor’s comment** (aspects performed particularly well, suggestions for improvement) |
| **Assessor’s Name:** |
| **Assessor’s signature:** | **Assessor’s designation:** |

**This is your personal record and does not replace the MR460.**