Well-Baby Nursery Checklist
for the medical student

BIRTH HISTORY

Mother
Age ____  G ____  P ____ (Term-Premature-Abortions-Living ___-___-___)
PNC ____  Blood Type ____

Method
☐ Vaginal  ☐ C/S
Presentation or position ____  ROM ________________

Complications
Meconium ____  Other ________________

Meds
Antibiotics ____  Pain ____

Maternal Labs
Hep B ____  GBS ____  HIV ____  RPR ____  GC ____  Chlamydia ____

BABY

Stats
WGA ____  Sex ____  Apgar ____ 1 / ____ 5

Delivery
Complications ________________  Resuscitation ____

Other
First Void ____  First Bowel Movement ____
Vitamin K given ____  Blood Type (from cord blood) ____

PHYSICAL EXAM

General
Weight ____ lbs ____ oz = ____ kg  Length ____ in = ____ cm
Head Circumference ____ in = ____ cm

Vitals
T ____  HR ____  RR ____  Pulse Ox ____

Head
Shape ____  Sutures ____  Fontanelles ____  Caput ____  Hematoma ____

Eyes
Red reflex ____  Discharge ____

Ears
Normal position and shape ____  Ear pits/tags ____

Nose
Patent ____  Sebaceous gland hyperplasia ____

Mouth
Intact palate ____  Epstein’s pearls ____  Ankyloglossia ____  Cysts ____

Neck
Clavicles intact ____  Masses in neck ____  SCM hematoma ____

Chest
Normal shape and size ____  Breast buds ____  Accessory nipples ____

Lungs
Auscultation ________________  WOB ____

Heart
Murmur ____

Abdomen
Normal contour ____  BS ____  Masses ____

Umbilicus
Remnant ____  Three vessel cord ____

Groin
Femoral pulses ____

GU
Normal female ____  Vaginal discharge ____  Normal clitoris ____
Normal male ____  Testes descended ____  Phallus normal size ____
Foreskin normal ____

Hips
Ortalani ____  Barlow ____
<table>
<thead>
<tr>
<th>PHYSICAL EXAM (cont.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Upper Extrem.</strong> All fingers present ____  Nails ____  Normal joints ____  Extra digit ____</td>
</tr>
<tr>
<td><strong>Lower Extrem.</strong> All toes present ____  Nails ____  Normal joints ____  Extra digit ____</td>
</tr>
<tr>
<td><strong>Back</strong>  Straight spine ____  Sacral dimple ____  Slate blue macules ____</td>
</tr>
<tr>
<td><strong>Skin</strong>  Jaundice ____  Erythema toxicum ____  Linea nigra ____  Transient pustular melanosis ____  Café-au-lait spots ____</td>
</tr>
<tr>
<td><strong>Neuro</strong>  Strong cry ____  Normal tone ____  Normal strength ____  Suck ____  Moro ____  Palmar grasp ____  Toe grasp ____  Stepping ____  Babinski ____  Patellar reflex ____  Squeeze palms, open mouth ____</td>
</tr>
</tbody>
</table>

**IMPRESSION**

**PLAN**

Student Name (Print):

Attending Signature:

Date:
Well-Baby Nursery Checklist Terminology
for the medical student

**BIRTH HISTORY**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Gravida</td>
<td>Number of pregnancies a woman has had. A current pregnancy, if any, is included.</td>
</tr>
<tr>
<td>Para</td>
<td>Number of pregnancies resulting in live births. Multiples (e.g. twins) count as one parity. Parity is recorded in the format, T-P-A-L, where</td>
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<tr>
<td></td>
<td>T = # of full-term births</td>
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<tr>
<td></td>
<td>P = # of premature births</td>
</tr>
<tr>
<td></td>
<td>A = # of abortions (spontaneous or induced)</td>
</tr>
<tr>
<td></td>
<td>L = # of living children</td>
</tr>
<tr>
<td>Abortus</td>
<td>Number of lost pregnancies, including abortions and miscarriages.</td>
</tr>
<tr>
<td>PNC</td>
<td>Prenatal care</td>
</tr>
<tr>
<td>Presentation</td>
<td>How the fetus was situated in the uterus. The part of the fetus that is closest to the cervix is the presenting part. Vertex or cephalic = head-first. Breech = feet-first.</td>
</tr>
<tr>
<td>Position</td>
<td>OA = occiput anterior (baby facing the floor); most common</td>
</tr>
<tr>
<td></td>
<td>OP = occiput posterior (baby facing the ceiling)</td>
</tr>
<tr>
<td>ROM Types</td>
<td>PROM = prelabor or premature rupture of membranes</td>
</tr>
<tr>
<td></td>
<td>PPROM = preterm, premature rupture of membranes</td>
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<tr>
<td></td>
<td>AROM = artificial rupture of membranes</td>
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<tr>
<td></td>
<td>SROM = spontaneous rupture of membranes</td>
</tr>
<tr>
<td>Meconium</td>
<td>The first stool of an infant is normally stored in the infant's intestines until after birth. However, it is sometimes (often in response to fetal distress) expelled into the amniotic fluid prior to birth, or during labor. If the baby then inhales the contaminated fluid, respiratory problems may occur.</td>
</tr>
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**PHYSICAL EXAM**

<table>
<thead>
<tr>
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<td>Caput</td>
<td><strong>Caput succedaneum</strong> (localized scalp edema) is a common finding caused by pressure from the uterus or vaginal wall during a head-first (vertex) delivery. Because it affects the scalp, it can cross suture lines. On palpation, these areas may demonstrate pitting edema. Maximal at birth, with rapid resolution in 24-48 hours.</td>
</tr>
<tr>
<td>Hematoma</td>
<td>A <strong>cephalohematoma</strong> (sub-periosteal bleed) is a collection of blood under the periosteum of a skull bone. Because of its location, it cannot cross suture lines. If more than one bone is affected, there will be a separation between the two areas at the suture line. On palpation, these areas feel fluctuent.</td>
</tr>
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</table>
PHYSICAL EXAM (cont.)

**Ear pits/tags**
Located at the superior attachment of the pinna to the face and may be unilateral or bilateral. Rare association between ear pits and Brachio-Oto-Renal Syndrome, so audiologic testing of these infants is recommended. Mostly a benign finding.

![Ear pits/tags image](image)

**Ortolani**
Establish a stable grasp (not the one pictured below) by sliding one palm under the hip not being examined and bringing your thumb down in the inguinal region. A good grip is demonstrated by the ability to lift up the baby with just this hand. With your free hand, place your middle finger on the head of the femur and your thumb on the opposite side of the thigh. Apply gentle pressure to the hip under investigation and attempt to “relocate” an already dislocated femoral head back into the acetabulum. If the joint is dislocated, a palpable “clunk” is noticed as the head slides back into place.

![Ortolani maneuver](image)

**Barlow**
Using the same stabilizing grasp described above, use your free hand to grasp the infant’s thigh near the hip. With gentle posterior/lateral pressure, attempt to dislocate the femoral head from the acetabulum. If the hip is dislocatable, a distinct “clunk” may be felt as the femoral heads pops out of joint.

![Barlow maneuver](image)

**Skin**
Erythema toxicum = localized or widespread erythematous macules, papules, nonfollicular postules on erythematous base; very common
Linea nigra = a linear darkening between the umbilicus and the pubes
Transient pustular melanosis = 1-3 mm flaccid, superficial vesicopustules on the chin, neck, forehead, back and buttocks, ruptured and formed collarette of scale and pigmented macules
Café-au-lait spots = sharply defined, light-brown patches