

Targeted Newborn Exam

Daily examinations in babies need not be exhaustive and onerous for infants. Examinations in infants are often opportunistic. We try and glean as much information as we can before we handle the infant. The whole exam usually takes less than 5 minutes.

Before newborn exam:

1. Review vitals
2. Review histogram
3. Review respiratory trends
4. Review events on the monitor
5. Speak to the bedside nurse and enquire regarding any concerns.

Examination commences

Inspection

Before unbundling

- Is the baby tachypneic, is there head bobbing? – indicative of a respiratory issue
- Is the baby awake?
- Color of baby (based on the exposed part)

Unbundle infant

- Color of infant
- Is the baby alert or sleeping?
- Resting posture of infant
- Spontaneous movements/activity
- Respiratory rate
- Work of breathing – subcostal, intercostal retractions, head-bobbing, nasal flaring
- Is the baby edematous?
- Is the abdomen full?

Palpation

- Anterior Fontanel
- Capillary refill time
- Pulses (radial and posterior tibial), femoral pulses if easily palpable
- Hyperdynamic precordium
- Palpation of abdomen - is it soft or firm, is there tenderness? Hepatosplenomegaly
- Look for hernia in a chronic baby

Auscultation

- b/l air entry
- heart sounds and murmurs
- bowel sounds

There is no role for percussion

Note:

1. Hip exam, eye exam, examination of reflexes, deep tendon reflexes, examination of tone, overall examination of back are not required every day and consider in special cases i.e. HIE, brain anomaly.
2. Exam should also be targeted towards any new issue. For ex: if a hemangioma is mentioned by the nurse, this should be examined and described.

Examination in an infant who is prone and cannot be immediately placed in a supine position

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Examination commences

Inspection

Before unbundling

- Is the baby tachypneic, is there head bobbing? – indicative of a respiratory issue
- Is the baby awake?
- Color of baby (based on the exposed part)

Unbundle infant

- Is the baby tachypneic, is there head bobbing? – indicative of a respiratory issue
- Is the baby awake?
- Color of baby (based on the exposed part)
- Color of infant
- Is the baby alert or sleeping
- Spontaneous movements/ activity
- Is the baby edematous?

Palpation

- Anterior Fontanel
- Pulses (radial and posterior tibial), femoral pulses is easily accessible
- Capillary refill time

Auscultation

- b/l air entry over the back only
- Heart sounds and murmurs may be heard
- bowel sounds – limited

There is no role for percussion

Note:

1. This is a very limited exam and must be documented as such.
2. Attempts should be made to complete the exam at a later time.