

NICU Initial - Assessment Sheet

Admission Source: ER O.P.D. Nursery D.R.

HISTORY

Date of Birth: / / Place of Birth: Date of Admission: / / & Time: :

Gestational Age: Birth Weight: Weight: Age:

Initial Diagnosis:

Source of Information: Mother Father Other:

ASSESSMENT

V/S T: °C Pulse: R.R.: BP: Sat.: Pain Score: So2:

Head , Eyes , Ears

Fontanel : Open Closed Flat Depressed Pulsing
 Mouth : WNL Thrush Cleft Lip Palsy Others: _____
 Palate : Intact Cleft Palate
 Eyes : Symmetrical Others: _____
 Sclera : Clear Yellow Red Discharge Glaucoma
 Nose : WNL Septal Deviation Others: _____
 Ear : Normal Shape Equal Laction Others: _____

Skin

WNL Pale Cyanosed Polycythemia Jaundiced Flushed
 Rash Wounds Dry Oedematous Birth Mark: _____
 Others: _____

Neuromuscular

Movement: WNL Any Abnormality Specify: _____
 Seizures : Present Absent Reflexes: _____ WNL Others: _____

Respiratory

Breathing: Spontaneous Wheezing Ventilator ETT Size: _____
 Lung Sounds: Clear Dry Crepitation Level: _____
 Cough Gasping Productive No Secretion: _____
 Retraction Decreased Grunting Others: _____
 Air Entry: Equal (RI. LL) Absent _____

Cardio Vascular

Apical Pulse : Regular Irregular Murmur

Gastrointestinal

Abdomen : Soft Distended
 Bowel Sounds : Normal Absent
 Sucking & Swallowing: Good Moderate Poor N.A.
 Bowel Motion : Normal Diarrhea Constipation N.A.
 Anus : Perforated Imperforate
 Umbilical Cord : Normal Dry Separated Infected Discharge

Genitourinary

Voiding : Yes No
 Male Genitalia : Normal Penis Abnormalities: _____
 Female Genitalia : External Genital Organs Present Vaginal Discharges
 Ambiguous : Yes No

Musculoskeletal

Limbs : Normal Abnormal Specify: _____
 Fingers : Normal Abnormal Specify: _____
 Activity : Active Hypoactive Moderate Activity
 Back : Normal Spinabifida Meningocycle Others: _____

N - PASS : * Pain Scale (N - PASS) Neonatal Pain Agitation and Sedation Scale

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No cry with painful stimuli	Mourn or cry briefly with painful stimuli	Little crying but irritable	Irritable or crying at intervals Considerable	High pitched or abnormally continuous cry Inconsolable
Behavior State	Does not arouse to any stimuli No spontaneous movement	Arouses to stimuli Little spontaneous movement	Appropriate for gestational age	Restless sleep transitions frequently	Continuously awake or awakens abnormally (not isolated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed	Any pain expression intermittent	Any pain expression continued
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp-reflex decreased muscle tone	Relaxed hands and feet Normal tone	Intermittent clenched fists/feet or finger splay Body is not tense	Continual clenched fists/feet or finger splay Body is tense
Vital Signs HR, RR, BP, SatO ₂	No variability with stimuli Hyperventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10 - 20 % from baseline SatO ₂ decrease to 75 - 80 % with stimulation- quick decrease	Increase more than 20 % from baseline SatO ₂ decrease to Less than 75 % with stimulation above decrease Out of sync with rest

INITIAL DISCHARGE PLAN

May need medical follow up Yes No Estimated length of stay.....

May need medical supplies, O₂ Supplement, Devices No Yes Specify : _____

Name of I.D.R : _____ Staff No.: _____ Signature: _____

DAY OF DISCHARGE / FINAL CHECKLIST

ITEM	Yes	No	N.A*	ITEM	Yes	No	N.A
Discharge Summary Completed				X-RAYS & Reports handled to Family			
Medical Perception				Cannula Removed			
Patient Valuables handled				Discharge Medications with Family			
Dressing Done				Sutures are in			
Planned Discharge, Supplies Ready				Drains are in			
Appointments Documented				Discharge Education for Family			

On Discharge, Neonate Accompanied with Mother Father Others Specify: _____

Name of Nurse: _____ Signature : _____

Staff No. : _____ Date : ____ / ____ / ____ Time : _____

* WNL : Within Normal Limit

* N.A : Not Applicable