|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: | | | |