|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.**