

# First week assessment



To be completed by your Lead Maternity Carer.

## Progress:

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## Assessment:

Birth weight (g) (BW):  Current weight (g) (CW):

Weight loss in first week:  % Percentage loss from birth =  $(BW - CW)/BW \times 100$

Head circumference (cm):  Length (cm):

	Pass	Retest/Refer
Vision assessment:	<input type="checkbox"/>	<input type="checkbox"/>
Newborn hearing screening/assessment:	<input type="checkbox"/>	<input type="checkbox"/>

## Physical examination, including:

Yes, OK  Needs comment/action

eyes	<input type="checkbox"/>	lungs	<input type="checkbox"/>	femoral pulses	<input type="checkbox"/>
skin	<input type="checkbox"/>	abdomen	<input type="checkbox"/>	genitals	<input type="checkbox"/>
heart	<input type="checkbox"/>	umbilicus	<input type="checkbox"/>		

## Comments/action:

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## Health protection:

If done  If declined

Vitamin K  Vitamin D

Newborn metabolic screening test result (after 48 hours)

	Yes	No
Baby's sleep environment checked for safety	<input type="checkbox"/>	<input type="checkbox"/>
Needs cot/wahakura/pēpi-pod®	<input type="checkbox"/>	<input type="checkbox"/>
Safe sleep information provided	<input type="checkbox"/>	<input type="checkbox"/>

Signature:  Date:

Name/designation (please print):