**ANTENATAL HISTORY FORMAT**

**I. PATIENT PROFILE**

**Full name :**

**Age (in years) :**

**Hospital No. : I. P. No.:**

**Marital status : Married / unmarried/ divorced/ separated**

**Education status :**

**Occupation :**

**Husband’s name :**

**Age (in years) :**

**Education status :**

**Occupation :**

**Type of family :**

**Per capita income :**

**Date of booking :**

**Date of last antenatal visit :**

**Date of admission:**

**OBSTETRIC SCORE**

**Gravida**

**Para**

**Abortion**

**MTP**

**Living**

**II. REASON FOR HOSPITALIZATION / CHIEF COMPLAINTS**

**       Onset**

**       Duration**

**       Severity**

**       Relieving factors**

**       Aggravating factors**

**III. MENSTRUAL HISTORY :**

**       Age at menarche**

**       Duration of cycles**

**       Regularity**

**       Flow - heavy/moderate scanty**

**- clots**

**- no. of days**

**       Any dysmenorrhoea**

**       Relief measures**

**       Last menstrual period**

**       Period menstrual period**

**IV. OBSTETRIC HISTORY:**

**Present Obstetric history**

**       Is pregnancy confirmed : Yes / No**

**       When, where and how it was confirmed**

**       What test was done for confirmation**

**       Quickening**

**       Immunization**

**       Any more disorders like :**

**Vomiting, haemorrhoids, heart burn, backache, bleeding, varicose vein, constipation, leg cramps, fever, leucorrhoea, anorexia, insomnia, other complaints.**

**PAST OBSTETRIC HISTORY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl**  **No** | **Date of delivery** | **Place of birth** | **Duration of pregnancy** | **Method of delivery** | **Course of pregnancy** | **Labor** | **Puerperium** | **Baby** | |
| **Sex** | **Wt.** |
|  |  |  |  |  |  |  |  |  |  |

**V. FAMILY HISTORY:**

**       Congenital diseases**

**       Any hereditary diseases**

**       Multiple pregnancy**

**       Diabetes**

**       Heart disease**

**       Any mental retardation**

**       Hypertension or PIH (in mother/ sisters)**

**       Twin pregnancy**

**       If yes,**

**In whom ? Mother / Father ?**

**VI. MEDICAL-SURGICAL HISTORY:**

**       Child hood disease**

**       Chronic disease like asthma, diabetes, epilepsy**

**       Previous surgery**

**       Injuries especially of back and pelvis**

**       Hepatitis, STD, HIV**

**       History of anemia**

**       Any medication taken at present or past**

**       Reason for use, date stopped**

**       Blood transfusion, allergic reaction**

**VII. NUTRITION:**

**       General nutrition – veg / non-veg**

**       Appetite – decreased/increased**

**       Any eating disorders**

**       24 hours recall**

**VIII. PARTNER’S HEALTH HISTORY:**

**       Genetic abnormalities**

**       Chronic diseases**

**       Infections**

**       Use of drugs such as cocaine alcohol**

**       Smoking habits : tobacco, cigarette**

**       Sexually transmitted diseases – HIV/ AIDS**

**       Blood type**

**IX. PSYCHO-SOCIAL HISTORY:**

**       Emotional changes experienced**

**       Women’s and family’s reactions to present pregnancy**

**       Family support system – Family members and friends**

**       Coping strategies**

**       Life style change**

**       Social relationships with the neighbours**

**       Financial support**

**ANTENATAL EXAMINATION**

**General Appearance :**

**Nourishment :**

**Body built :**

**Height :**

**Weight :**

**Vital signs : Temp**

**: Pulse**

**: Respiration**

**: B.P.**

**Mental status :**

**HEAD TO FOOT EXAMINATION :**

**Skin turgor:**

**Moisture :**

**Warmth / Temp :**

**Face:**

**Facial puffiness:**

**Lips: Cyanosis, dryness**

**Eyes:**

**Peri-orbital oedema:**

**Conjunctive : Pallor**

**Mouth :**

**Tongue : Moisture**

**Chest:**

**Thorax : Shape**

**: Symmetry of expansion**

**: posture**

**Breath sounds : Vesicular sounds**

**: Wheezing / Rhonchi**

**: Crepitations**

**: Pleural rub**

**Heart : heart rate**

**: Location of apex beat/ Cardiac murmurs**

**Axilla : any lymph node enlargement**

**Breast : any tenderness / painful**

**: tense / dilated veins / warmth / presence of crust**

**Nipples : retracted / inverted / cracked**

**Abdomen**

* **Inspection : Size, shape, contour, flanks, umbilicus, foetal movements, skin changes, Contractions present/not**
* **Palpation:**

**Fundal palpation:**

**Inference : Lie**

**Presentation**

**Lateral Palpation:**

**Left side – description**

**Right side – description**

**Inference : Position**

**PELVIC PALPATION :**

**First pelvic grip : Description**

**Inference : Presentation**

**Engagement / not engaged**

**Attitude**

**Pawlick Grip: Fixed/ Mobile**

* **Auscultation : - FHR**

**- rhythm**

**- location**

**Extrimities : Ankle oedema :**

**Capillary refill :**

**Cyanosis :**

**INTRANATAL ASSESSMENT FORMAT**

**Identification data:**

**Name:**

**Age:**

**Hospital No. :**

**Education:**

**Occupation :**

**Husband’s Name:**

**Education :**

**Occupation :**

**Date & Time of admission :**

**Reason for admission :**

**Family income :**

**Per capita income :**

**Present Obstetric History :**

**LMP :**

**EDD :**

**POG :**

**GPLA :**

**Antenatal history :**

**I Trimester :**

**II Trimester :**

**III Trimester :**

**Past Obstetric history:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Dt./Yr. of delivery** | **Place of birth** | **Duration of pregnancy** | **Method of delivery** | **Puerperium** | **Baby** | |
| **Sex & weight weight** | **present condition** |
|  |  |  |  |  |  |  |  |

**Family history**

**Medical/Surgical history:**

**- Personal history : Diet, rest, exercise, habits**

**Marital history:**

**- Consanguity**

**- Relationship**

**Socio-economic status:**

**- Ability to afford hospital expenses**

**- Financial assistance**

**PHYSICAL EXAMINATION**

**Nourishment:**

**Body built:**

**Height**

**Weight:**

**Vital signs : Temp : - F/ º C**

**Pulse: - / mt**

**Respiration : - / mt**

**B.P. - / mm of Hg.**

**Mental status :**

**Head to foot examination :**

**Skin furgor:**

**Moisture :**

**Warmth / Temp :**

**Face:**

**Facial puffiness:**

**Lips: Cyanosis, dryness**

**Eyes:**

**Peri-orbital oedema:**

**Conjunctive : Pallor**

**Mouth:**

**Tongue: Moisture**

**Abdomen**

* **Inspection : Size, shape, contour, flanks, umbilicus, foetal movements, skin changes, Contractions present/not**
* **Palpation:**

**- Fundal palpation:**

**Inference : Lie**

**Presentation**

**- Lateral Palpation:**

**Left side – description**

**Right side – description**

**Inference : Position**

**- Pelvic palpation :**

* + - **Pelvic grip : Description**

**Inference : Presentation**

**Engagement / not engaged**

**Attitude**

* + - **Pawlick Grip: Fixed/ Mobile**
    - **Auscultation : - FHR**

**- rhythm**

**- location**

**Intranatal events : Time of onset of labour pain**

**Admission note : Maternal general condition**

**Condition of uterus : containing / not**

**P/V findings: Cervical dilation :**

**Effacement :**

**Station :**

**Membrane :**

**Liquor :**

**Pelvis :**

**Description of I stage:**

**Description of II stage:**

**Contractions Monitored**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Contractions** | | | **FHR (1mt.)** | **BP (mmHg)** | **Pulse (1mt)** |
| **Fregnancy** | **Duration** | **No. of contractions/10 minutes** |
|  |  |  |  |  |  |  |  |

**Per Vaginal examination findings**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Dilation of cervix** | **Effacement** | **Station** | **Membrane** | **Liquor** |
|  |  |  |  |  |  |  |

**Description of III Stage:**

**Description of IV Stage:**

**Condition of mother**

**Condition of baby Placenta details**

**Weight: Weight:**

**Cry: Cord Length:**

**Apgar Score: Complete/Incomplete:**

**SYNTOCIN RECORD**

**Name: Age: Hosp. No:**

**I.P. No. Ward:**

**Obstetric Score: Diagnosis:**

**Indication for oxytocin drip:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date & Time** | **I.V. syntocin in 500 ml RL/5% dextrose. Units (drops/mt)** | **B.P (mmHG)** | **Pulse (/mt)** | **Resp(/mt)** | **F.H.R** | **Uterine Contractions** | | | **Progress of labour** | | **Effacement** | **Remarks or any other effects observed** | **Sign** |
| **Intensity** | **Frequency** | **Duration** | **Station** | **Cervical dilation** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**POSTNATAL ASSESSMENT**

**I. History**

**1. Identification Data:**

**Name :**

**Age :**

**Hospital No :**

**IP No :**

**Marital Status :**

**Address :**

**Father’s / Husband’s Name :**

**Educational Status :**

**Husband’s Educational Status :**

**Occupation :**

**Family Income :**

**Date and time of Admission :**

**Date and Time of Delivery :**

**2. Present Obstetric History**

**i) Parity**

**ii) Mode of Delivery**

**Normal Vaginal**

**o      With episiotomy**

**o      Without episiotomy**

**o      With tear – First Degree / Second Degree / Third Degree**

**Spontaneous / Medical / Caesarean any other**

**iii) Full term / Premature**

**iv) Presentation**

**Vertex / Breech / Shoulder / Face**

**3. Part Obstetric History:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Year** | **Term / Pre- term**  **still birth / live**  **abortion** | **Sex** | **Weight** | **Remarks** |
| **Complications to Mother & Baby** |
|  |  |  |  |  |  |

**4. Family history:**

**Illness - TB / Hypertension / Diabetes / Asthma / Jaundice**

**5. Medical / Surgical History:**

**Any hospitalization**

**Surgeries**

**Medical condition**

**6. Personal History:**

**o  Dietary**

**o  Habits**

**o  Use of contraceptives**

**7. Menstrual History:**

**8. Contraception:**

**9. Psychological:**

**II. General Physical Examination**

**Nourishment : Well nourished / undernourished**

**Body built : Thin / Obese**

**Activity : Active / Dull**

**Weight : \_\_\_\_\_\_\_\_\_\_\_\_\_ kgs**

**Vital signs : Temperature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ oC**

**Pulse : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / mt**

**Respiration : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / mt**

**Blood pressure : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ mmHg**

**Mental Status:**

**Consciousness : Conscious / unconscious / delirious**

**Mood : Anxious / worried / depressed.**

**Skin Conditions**

**Colour : Pallor / Jaundice / Cyanosis / Flushing**

**Texture : Smooth / rough**

**Moisture : moist / dry**

**Skin turgor : Hydrated / dehydrated**

**Temperature : warmth / cold / clammy**

**Lesions : macules / papules / vesicles / wounds**

**Presence of : spider nevi**

**Palmar erythema**

**Superficial varicosities**

**Hyperpigmentation of : areola nevi**

**Linea nigra**

**Chloasma**

**Head**

**Scalp : Cleanliness**

**Condition of the hair**

**Dandruff**

**Pediculi**

**Face : Pale / flushed / puffiness / fatigue**

**Eyes**

**Eyebrows : normal or absent**

**Eyelashes : infection, sty**

**Eyelids : oedema, lesions**

**Eyeballs : sunken / protruded**

**Conjunctiva : pale / red / purulent discharge**

**Sclera : jaundiced**

**Vision : normal / shortsighted / longsighted**

**Ear**

**Hearing : Hearing acuity**

**: Any discharges / cerumen obstructing the ear passage**

**Nose**

**External hares : crust ear discharge**

**Nostrils : inflammation of the mucus membrane / septal deviations**

**Mouth & Pharynx**

**Lips : redness / swelling / crusts / cyanosis / stomatitis**

**Odour : foul smelling**

**Teeth : discoloration / dental care**

**Mucus membrane : ulceration / bleeding / swelling / pus formation & gums…**

**Throat & Pharynx : enlarged tonsils / redness / pus**

**Neck**

**Lymph nodes : enlarged / palpable**

**Thyroid gland : enlarged**

**Chest:**

**Thorax : Shape**

**: Symmetry of expansion**

**: posture**

**Breath sounds : Vesicular sounds**

**: Wheezing / Rhonchi**

**: Crepitations**

**: Pleural rub**

**Heart : heart rate**

**: Location of apex beat**

**: Cardiac murmurs**

**Axilla : any lymph node enlargement**

**Breast : secreation of colostrums /milk**

**Engorgement : any tenderness / painful**

**: tense / dilated veins / warmth / presence of crust**

**Nipples : retracted / inverted / cracked**

**Abdomen**

**Inspection : Presence of scar / wound**

**If caesarean : discharge / tenderness**

**: presence of striae**

**Palpation : Height of the**

**Uterus :\_\_\_\_\_\_\_\_\_\_\_ cms**

**Consistency : hard / firm / boggy**

**Auscultation : Bowel sounds \_\_\_\_\_\_\_\_\_\_\_\_ present / absent**

**Perineum : clean**

**Perineum : Intact / tear / wound**

**Episiotomy : mediolateral / lateral / medial Condition of the wound: REEDA: redness / edematous / ecchymosis / discharge / approximation**

**Lochia**

**i) Amount of bleeding : scanty / moderate / heavy**

**: No. of beds changed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ii) Colour : Red / Yellow / White**

**rubra / serosa / alba.**

**iii) Odour : Fishy odour / foul smelling**

**iv) Clots : Present / absent**

**Cervix : Oedematous / thin / fragile**

**OS : Open / closed**

**: any tear**

**Vaginal Mucosa : smooth / distended / thin / atrophic**

**Vaginal introitus : erythomatous / oedematous**

**Bladder function : amount of urine output \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml**

**Bowel Function :**

**Haemarroids / anal varicosities: present / absent**

**Ankel oedema / varicose veins**

**Extremities : Generalized muscular fatigue**

**Nails : Colour**

**: Capillary refill**

**: Shape**

**8-POINT POSTPARTUM ASSESSMENT**

# INSTRUCTIONS

1. **Breast**
   1. Gently palpate each breast
   2. If you feel nodules in the breast, the ducts may not have been emptied at last.
   3. Stroke downward towards the nipple, then gently release the milk by manual.
   4. If nodules remain, notify the doctor.
   5. Take this opportunity to explain the process of milk production, what to do about engorgement, how to perform self breast examinations, and answer any questions she may have about breastfeeding.
   6. What is the contour?
   7. Are the breast full, firm, tender, shiny?
   8. Are the veins distended?
   9. Is the skin warm?
   10. Does the patient complain of sore nipples?
   11. Are breasts so engorged that she requires pain medication?
2. **Uterus**
   1. Palpate the uterus
   2. Have the patient feel her uterus as you explain the process of involution
   3. If uterus is not involution properly, check for infection, fibroids and lack of tone.
   4. Uterus should the firm decrease approximately one finger breadth below
   5. Unsatisfactory involution may result if there are retained secundines or the bladder not completely empty
3. **Bladder**
   1. Inspect and palpate the bladder simultaneously while checking the height of the fundus.
   2. An order from the physician is necessary cauterization may be done. An order for culture and sensitivity test since definitive treatment may be required.
   3. Talk to mother about proper perineal care. Explain that she should wipe from front to back after voiding and defecating.
   4. Bladder distention should not be present after recent emptying.
   5. When bladder distention does occur, a pouch over the bladder area is observed, felt upon palpation; mother usually feels need to urinate.
   6. It is imperative that the first three post-partum voiding be measured and should be at least 150cc. Frequent small voiding with or without pain and burning may indicate infection or retention.
4. **Bowel Function**
   1. Question patient daily about bowel movements. She must not become constipated. If her bowels have not functioned by the second postpartum day, the doctor may start her on a mild laxative
   2. Encourage patient to drink extra fluids.
   3. Have patient select fruits and vegetables from her menu
5. **Lochia**
   1. Assess the amount and type of lochia on pad in relations to the number of postpartum days. First 3 days of postpartum, you should find a very red lochia similar to the menstrual flow (lochia ruba).
   2. During the next few days, it should become watery serous (lochia serosa). On the tenth day, it
   3. should become thin and colorless (lochia alba).
   4. Inform the mother about what changes she should expect in the lochia and when it should cease.
   5. Tell the mother when her next menstrual period will probably begin and when she can resume sexual relations.
   6. Discuss family planning at this time.
   7. Notify the doctor if the lochia looks abnormal in to color or contains clogs other than small ones.
6. **Episiotomy**
   1. Inspect episiotomy thoroughly using flashlight if necessary, for better visibility.
   2. Check rectal area. If hemorrhoids are present, the doctor may want to start on sitz bath and local analgesic medication. Reassure patient and answer questions she may have regarding pain, cleanliness, and coitus.
   3. Check episiotomy for proper wound healing, infection, inflammation and suture sloughing.
   4. Is the surrounding skin warm to touch?
   5. Does the patient complain of discomfort? Notify the doctor if any occurs.
7. **Homan’s Sign**
   1. Press down gently on the patient’s knee (legs extended flat on bed) ask her to flex her foot
   2. Pain or tenderness in the calf is a positive Homan’s sign and indication of thrombophlebitis. Physician should be notified immediately.
8. **Emotional Status**
   1. Throughout the physical assessment, notice and evaluate the mother’s emotional status.
   2. Explain to the mother and to her family that she may cry easily for a while and that her emotions may shift from high to low. The changes are normal and are probably caused by the tremendous hormonal changes occurring in her body and by her realization of new responsibilities that accompany each child’s birth.
   3. Does the patient appear dependent or independent? Is she elated or despondent?What does she say about family?Are there other nonverbal responses?

|  |
| --- |
| **NORMAL NEWBORN: HISTORY AND PHYSICAL EXAM OUTLINE** |
| Infant:  Birth weight,  gestational age,  intrauterine growth (AGA, SGA, LGA),  race,  sex,  date and time of birth.  Maternal:  Age; Gravida     ,  Para                ,  SAB     , TAB     , SB       , LC       ;  blood type, VDRL/RPR (date and results), race, EDC.  Previous complications of pregnancy, labor, delivery.  Type of contraception used, if any.  Was present pregnancy planned?  Pregnancy:  Location of prenatal care and number of visits.  Complications of pregnancy:  Special test, ultrasound exams, stress tests.  Medications - drug, dose, route, length of therapy, indication, when used during pregnancy.  **Labor and Delivery:**   * Labor spontaneous or induced? * Complications of labor * Fetal monitoring?  Fetal distress? * Rupture of membranes: artificial or spontaneous, hours before delivery, character of fluid. * Medications - including analgesia and anesthesia: drug, dose, route, time prior to delivery * Duration - Stage I, Stage II, Stage III * Vaginal - or C-section delivery * Fetal presentation and position * Forceps used?  If so, state type and indication * Apgars 1 min/5 min (Specify points lost at each) * Resuscitation: none; bulb suction; free flowing oxygen; bag and mask; intubation, drugs used (dose and route)     Transitional Nursery:   * VS on admission (including BP and temperature) * Hematocrit * Dextrostic * Problems: cyanosis, respiratory distress, etc. * Estimate of gestational age by Dubowitz - physical score, neuromuscular score   Family:  Relationship of neonate's mother and father (married, divorced, cohabiting, live apart, no contact maintained, etc.)  Mother: amount of education, and is she employed outside of the home?  Father: age, amount of education, occupation  Any illnesses or other problems in household members?  Any significant illnesses (physical, mental, growth failure) in other members of father's or mother's family?  If so, what?  Is there any disorder(s) in particular that mother worries her child might develop?  Environment:   * + Type of housing (trailer, apartment, etc.)   + Number of bedrooms; running water, bath; explain problems.   + Is adequate heating or cooling a problem?  If yes, explain.   + Is there a crib or adequate substitute for the baby?   + Do any of the children sleep in the same bed or same room as their parents?   + Are there adults other than the parents sleeping or living in the house?   + Approximate level of income.  Are there a lot of debts?   + Will the baby be an added financial stress?   + Any previous contact with social agencies?  If so, which ones and opinions about the reasons for using the resources.   + Any relatives or friends in town?  Type of support systems they provide?   Mother-Child Relationship:  Mother's affect; attitude toward the child; knowledge of child care.   **PHYSICAL EXAMINATION**  **Vital signs:**  **T \_\_\_    c**  **P \_\_\_  length \_\_\_cm (% of colorado intrauterine growth curve)**  **R \_\_\_  head circumference \_\_\_cm (%  "            "       "  )**  **Bp \_\_\_ chest circumference \_\_\_cm (% "            "       "  )**  **Weight \_\_\_     gm (% of colorado intrauterine growth curve)**  **General: describe resting posture, activity, gross abnormality, color (pink, cyanotic/acrocyanotic, pale mottled)**  **Skin:**  **Texture**  **lanugo**  **Vernix**  **meconium staining**  **icterus**  **Hemangioma**  **nevi**  **rash**  **Excoriation**  **petechiae**  **Bruises.**  **Head:**  **General shape**  **molding**  **caput**  **Cephalohematome**  **sutures (over-riding, separated)**  **Craniotabes.**  **fontanel - anterior, posterior (presence, size, flat/full).**  **Texture of hair.**  **Eyes:**  **Edema**  **conjunctival or anterior chamber hemorrhage**  **Discharge.**  **size of eye**  **Cornea**  **Iris normal**  **lens clear**  **red reflex present**  **retina visualized**  **perl**  **Nose:**  **internal and external nares patent**  **Septum midline**  **Drainage present**  **Ears:**  **Cartilaginous development of the ear lobe**  **position of ears**  **Shape of auricle (normal/abnormal)**  **preauricular sinus or skin tags.**  **External auditory canal patent.**  **Mouth:**  **Palate (intact, narrow or high arched)**  **Epstein's pearls**  **Mucosal cysts**  **teeth**  **tongue (size, position)**  **frenulum**  **Uvula.**  **Chin: micrognathia.**  **Neck:**  **trachea position.**  **Masses (thyroid, sternocleidomastoid, etc.)**  **Cysts**  **Sinus tracts**  **Movement**  **Nodes.**  **Chest:**  **Symmetry.**  **breast buds (measure diameter in mm).**  **Clavicles intact**  **Supernumerary nipples**  **axillary adenopathy.**  **Lungs:**  **retractions**  **flaring**  **grunting**  **Tachypnea**  **auscultation (rales, rhonchi, wheezes)**  **Cvs:**  **pmi**  **rhythm**  **Rate (tachycardia, bradycardia)**  **S1, s2 (amplitude equal?  S2 split?)**  **Murmur (quality, intensity, duration, relation to cardiac cycle, radiation, location of maximum intensity)**  **Peripheral pulses - femoral, brachial, radial (amplitude, equality, simultaneous)**  **Peripheral perfusion (capillary filling time)**  **Abdomen:**  **Shape**  **Muscle tone**  **number of umbilical vessels**  **Hernia/diastasis.**  **If palpable, note size and consistency of liver, spleen, kidney, or other masses.**  **inguinal adenopathy**  **Genitourinary:**  **Female- size of clitoris and labia**  **masses in labia**  **Hymenal tags**  **discharges**  **Abnormalities in voiding.**  **Male - urethral meatus patency and position,**  **chordee**  **testicular descent**  **scrotal development (i.e., rugae only on inferior aspect, or surface completely covered with rugae and pendulous in appearance).**  **Hernia or hydrocele**  **abnormalities in voiding.**  **Anus:**  **Patency**  **anal wink**  **Abnormal stooling.**  **Extremities:**  **Symmetry**  **rom**  **Abduction of hips**  **Position of hands and feet.**  **Number**  **Shape**  **length of digits**  **length of nails**  **Palmar creases normal**  **Subcutaneous tissue normal**  **Spine: sinus tracts, sacral dimple, scolioses**  **Neurologic:**  **Tone:**  **Active**  **Dubowitz (ballard form);**  **Also ventral supervision**  **Head lag;**  **Leg and trunk straightening passive**  **Cry:**  **Character,**  **intensity**  **Frequency**  **Behavior:**  **alertness**  **Wakefulness**  **irritability**  **consoleability**  **Cuddliness**  **Reflexes:**  **suck**  **grasp (palmer/plantar)**  **pacing**  **cross extension**  **root**  **tonic neck**  **stepping**  **glabellar tap**  **moro**  **galant**  **rotation**  **palmar-mentum**  **Dtrs (knee, angle, plantar, triceps, biceps) draw figure**  **Tremor, clonus present**  **Paralysis: facial brachial** |