

## Newborn Physical Exam Checklist

Student name: \_\_\_\_\_

Proctor name: \_\_\_\_\_

Physical Exam Step	Competent	Competent with Concerns	Not Competent
Washes hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Head:</b> Palpates fontanelles Palpates sutures Appreciates any abnormalities (shape, cephalohematoma, lesions, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Eyes:</b> Examines red reflex using ophthalmoscope Appreciates any abnormalities (position, epicanthal folds, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Ears:</b> Uses otoscope to inspect TM Looks for external abnormalities (position, ear pits, tags, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Nose:</b> Assesses patency	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Mouth:</b> Tongue (size, frenulum, etc.) Assesses palate through palpation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Neck:</b> Inspects for anomalies (webbing, clefts, pits, masses, etc.) Palpates clavicles Assesses range of motion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Chest:</b> Observation (pectus, breast tissue, nipple, precordium, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Lungs:</b> Observation (notices any grunting/retractions, etc.) Auscultation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Heart:</b> Palpation (precordium, pulses) Auscultation (four positions, S <sub>1</sub> , murmur)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Abdomen:</b> Observation (flat, scaphoid, distended, etc.) Auscultation Palpation (four quadrants, masses, organomegaly, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Genitourinary:</b> Observation: Female (labia vs. majora prominence, discharge, hypospadias, etc.) Male (foreskin, circumcision, testes, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Anus/Rectum:</b> Observation (position, fissures, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Musculoskeletal:</b> Hips (Ortolani, Barlow, Galeazzi, etc.) Spine (scoliosis, tuft of hair, sacral dimple, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

# Infant Physical Exam Documentation Example

**Carolyn Jarvis**



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