

# EXAMINATION OF THE NEWBORN

## Select the objective:

1. Observe a health worker assessing, classifying, and preventing infection in a newborn baby.
2. Assess, classify, and prevent infection in a newborn baby.

Name of observer: ..... Date: .....

	Yes	No
Introduced self to mother, explained the activity, and gained consent .....	<input type="checkbox"/>	<input type="checkbox"/>
Performed hand hygiene .....	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed mother's notes (antenatal and intrapartum) .....	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed newborn notes .....	<input type="checkbox"/>	<input type="checkbox"/>
Measured temperature .....	<input type="checkbox"/>	<input type="checkbox"/>
Assessed breathing (counted breaths for one minute, looked for chest indrawing, listened for grunting) .....	<input type="checkbox"/>	<input type="checkbox"/>
Observed newborn while quiet (colour, posture, movement) .....	<input type="checkbox"/>	<input type="checkbox"/>
Felt head and abdomen while quiet .....	<input type="checkbox"/>	<input type="checkbox"/>
Examined head to toe, front and back with inspection, palpation, and manipulation (look, listen, feel)		
Eyes and ears, nose and mouth (red reflex if possible) .....	<input type="checkbox"/>	<input type="checkbox"/>
Neck and clavicles, chest and back .....	<input type="checkbox"/>	<input type="checkbox"/>
Genitalia and anal opening .....	<input type="checkbox"/>	<input type="checkbox"/>
Extremities .....	<input type="checkbox"/>	<input type="checkbox"/>
Muscle tone and reflexes .....	<input type="checkbox"/>	<input type="checkbox"/>
Weighed the baby .....	<input type="checkbox"/>	<input type="checkbox"/>
Noted any Danger Signs .....	<input type="checkbox"/>	<input type="checkbox"/>
Noted any possible congenital anomalies, birth injuries, or signs of infection .....	<input type="checkbox"/>	<input type="checkbox"/>
Classified the baby correctly .....	<input type="checkbox"/>	<input type="checkbox"/>
Provided eye care .....	<input type="checkbox"/>	<input type="checkbox"/>
Provided cord care .....	<input type="checkbox"/>	<input type="checkbox"/>
Provided vitamin K .....	<input type="checkbox"/>	<input type="checkbox"/>
Recorded findings on appropriate registers and forms .....	<input type="checkbox"/>	<input type="checkbox"/>
Informed mother of findings and responded to her questions .....	<input type="checkbox"/>	<input type="checkbox"/>
Handled the newborn gently .....	<input type="checkbox"/>	<input type="checkbox"/>

## Discuss together

What did you observe?  
What was done well?  
Problems identified?  
Change needed?

Complete QI template