

USUHS Third-Year Pediatric Clerkship

Newborn Physical Exam Checklist

Student: _____ Preceptor: _____ Date: _____

Comments:

Place Checkmark in right column if done Leave blank or place an X if not done	
GENERAL	
Washes Hands	<input type="checkbox"/>
Explains to parent what they are doing	<input type="checkbox"/>
Notes general appearance of infant	<input type="checkbox"/>
HEENT	
Inspects scalp/fontanelles/sutures/facial symmetry	<input type="checkbox"/>
Obtains red reflex with ophthalmoscope	<input type="checkbox"/>
Inspects mouth/palate	<input type="checkbox"/>
Inspects ears	<input type="checkbox"/>
Auscultates for patency of nares	<input type="checkbox"/>
NECK	
Inspects for range of motion	<input type="checkbox"/>
Palpates for lymph nodes, masses	<input type="checkbox"/>
Palpates clavicles	<input type="checkbox"/>
CV	
Auscultates cardiac sounds in all positions (including axillae and back), assess HR	<input type="checkbox"/>
Palpates femoral pulses bilaterally	<input type="checkbox"/>
Assesses capillary refill	<input type="checkbox"/>
LUNGS/CHEST	
Inspects breathing pattern, determine RR	<input type="checkbox"/>
Inspects chest for symmetry	<input type="checkbox"/>
Auscultates posterior and anterior lung fields	<input type="checkbox"/>
ABDOMEN	
Auscultates for bowel sounds	<input type="checkbox"/>
Palpates in all 4 quadrants	<input type="checkbox"/>
Palpates for liver edge	<input type="checkbox"/>
Palpates for kidneys, spleen, bladder	<input type="checkbox"/>
Inspects umbilical cord	<input type="checkbox"/>
BACK	
Inspects and palpates spine	<input type="checkbox"/>
Inspects for gluteal fold, sacral dimple	<input type="checkbox"/>
NEUROLOGIC	
Assesses tone	<input type="checkbox"/>
Elicits primitive reflexes including root, suck, grasp, Moro	<input type="checkbox"/>
SKIN	
Inspects for congenital birth marks	<input type="checkbox"/>
Inspects for newborn rashes or jaundice	<input type="checkbox"/>
GU	
Inspects genitalia and anus	<input type="checkbox"/>
MUSCULOSKELTAL	
Inspects extremities for deformities	<input type="checkbox"/>
Assesses range of motion of extremities and joints	<input type="checkbox"/>
Performs hip exam using Barlow and Ortolani maneuvers	<input type="checkbox"/>
OVERALL	
Sensitive to infant's position and comfort	<input type="checkbox"/>
Sequence reflects ability to optimize reliability of exam	<input type="checkbox"/>
Correct technique?	<input type="checkbox"/>

Main feedback points for next time:

1. _____
2. _____
3. _____

Please return the completed checklist to the Clerkship Site Director

Instructions for Completing the Newborn Physical Exam Checklist

This form is a tool to be used to evaluate the student as they conduct a complete physical exam on a newborn, presumably in the newborn nursery/post-partum ward. This encounter must be observed in its entirety, and the form filled out by either the attending physician or a senior resident.

This is a solely formative exercise and no grade will be attached. It is, however, *mandatory* that all students have at least one checklist completed during their 6-week clerkship. Please place checkmarks in the boxes for each action the student correctly accomplishes. The blank space to the side of the table is designed for comments. Most importantly, please give the student specific feedback on how to improve their physical exam skills following the completion of the encounter. Please ensure that this form gets back to the Clerkship Site Director. You can give the completed form directly to the student or leave the form directly with the Site Director.