

Hoosier Uplands Early Head Start Two-Week Newborn Checklist

Name: _____ D.O.B. _____ Date: _____

Home Visitor: _____ Nurse: _____ County: L O W M

Birth Weight: _____ Birth Length: _____ Current Weight: _____

Check All That Apply

General Appearance & Behavior: Awake Asleep Content Fussy

Skin: Intact Dry Peeling Rash/Birthmark Other _____

Education Provided: _____

Color: Appropriate for race Pale Yellow Dusky

Education Provided: _____

Eyes: Clear Drainage Other _____

Education Provided: _____

Cord: Intact Off Drying Red Drainage **(Falls off 10 to 14 days)**

Care given to cord: _____

Education Provided: _____

Circumcision: Gomco Plastibell Oozing No Drainage

Care given to circumcision: _____

(Plastic ring should fall off 8 days. Do not retract foreskin on an uncircumcised infant.)

Education Provided: _____

Feedings:

Breast	Bottle
Position: side-lying football cradle	Type of formula:
Nursing on each breast: Both R L	Amount usually taken:
Latch Evaluated: Yes No	Type of Water:
Frequency of feedings:	
Feedings Retained: Yes No	
Burp after feedings: Yes No	Position: shoulder sitting lying
Feeding Concerns:	

Bowel Movements: Type of BM: Thick Thin Pasty Seedy Hard Watery

Color: _____ Frequency of BM: _____

Urination: Number of wet diapers per day: _____

Sleeping Schedule: Amount Day: _____ Amount Night: _____ SIDS education

Type of bed: _____ Position: Back Side Belly

Bonding/Emotional Connections: Talking to Holding Caressing Looking At

Education provided: _____

General Notes:

Newborn Hearing Screening: Date: _____ Location: _____ Results: _____

Type of Health Insurance: _____ Pediatrician: _____

Next Appointment: _____ Given the Baby's First Weeks: ____Y____N