



PLACE LABEL HERE.
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

NEONATAL ICU SYSTEMS ASSESSMENT

RN assessments occur every 12 hours or more frequently as determined by patient acuity.

Date: _____ Time: _____ Type of Assessment: Standard Post Operative Transfer
Check boxes that apply. Circle items that apply. Add comments prn. Admission

NEUROLOGIC: Awake/Alert Active Quiet Responds to Stimuli Non-responsive Sedated Paralyzed Corrected GA _____
Head: Normocephalic/Symmetrical Molding Caput succedaneum Cephalohematoma
Sutures: Normal/approximated Overriding Split/separated
Fontanels: Anterior: Open Closed Soft Flat Tense Bulging Sunken
 Posterior: Open Closed Soft Flat Tense Bulging Sunken
Tone: Normal Hypotonic Hypertonic Jittery/Tremors Flaccid Rigid
Reflexes: Moro Babinski Palmar Rooting Gag Reflex exam deferred
Suck: Strong Weak Absent **Suck/Swallow:** Coordinated Uncoordinated/Disorganized
Cry: Strong Weak High Pitched No cry response elicited

Admission exam (perform assessment only on admission)
Mouth: Symmetrical/Normal appearance Palate intact Epstein's pearls Neonatal teeth
Ears: Symmetrical/Normal set Asymmetrical Abnormal set
 Pre-auricular sinus Pre-auricular skin tags
Eyes: Symmetrical/Normal appearance Scleral hemorrhage Discharge Eyes Fused
Nares: Nares patent bilaterally Normal appearance
Neck: Full ROM Limited ROM Clavicles intact/normal contour Crepitus Webbing Neck folds (posterior)

Comments:

PAIN ASSESSMENT: Pain Scale Used: N-Pass
Baseline correction for Gestational Age: +3 (<28 weeks) +2 (28 - 31 weeks) +1 (32 - 35 weeks)
 Is the patient currently having pain? Yes No Pain rating: _____ Pain goal: _____

Comments:

RESPIRATORY:
Spontaneous respirations: Regular Periodic pattern Chest symmetrical Labored Grunting Nasal Flaring None
 Retractions: Sub-Sternal Intercostal Sub-costal Supra-sternal Mild Moderate Severe
Breath sounds: Right: Clear Rales Rhonchi Wheezes **Left:** Clear Rales Rhonchi Wheezes
Oxygen: Oxyhood Nasal Cannula Vapotherm Trach collar
Ventilation support: CPAP Ventilator Oscillator Nitric Oxide ECMO ETT: size _____ Trach: size _____
Sputum / suction: None Small Moderate Large Describe: _____
Chest tubes: Right: Suction _____ cm H2O Water seal Bubbling Fluctuating Drainage: _____
 Left: Suction _____ cm H2O Water seal Bubbling Fluctuating Drainage: _____

Comments:

CARDIOVASCULAR:
Heart tones: Regular rhythm / rate Irregular rhythm Murmur Click Capillary refill: _____ sec.
Peripheral pulses: Present / equal x 4 Weak Easily palpable Bounding Unequal _____
Edema: None Mild Moderate Severe/Pitting Location _____
Vascular Access: None PIV UVC PICC Tunneled CVL UAC PAL ECMO cannulae

Comments:

GASTROINTESTINAL:
Abdomen: Soft Non-distended Scaphoid Distended Visible bowel loops Palpable loops Erythematous Dusky
Bowel sounds: Present all quadrants Hypoactive Hyperactive Absent Last BM: _____
Gastric access: NG OG Replogle Size: _____ Fr Placement: _____ cm Date changed _____
 Clamped Vent / Gravity Suction
Gastric Drainage: None Clear Yellow Green Brown Blood Other _____
Ostomy: Jejunostomy Ileostomy Colostomy Mucous Fistula Appliance Intact Color: Pink Maroon Dusky
Nutrition: NPO PO diet Tube feeding; intermittent Tube feeding; continuous TPN

Admission exam (perform assessment only on admission)
 Anus patent Palpable masses; describe: _____

Comments:

GENITOURINARY:
Urine output: Yellow Amber Bloody Clear Cloudy Indwelling catheter; size: _____ Fr
Admission exam (perform assessment only on admission)
Male: Normal genitalia Hypospadias Epispadias Testicles descended: Right Left
Female: Normal genitalia Vaginal tag Vaginal discharge

Comments:

MUSCULOSKELETAL / MOBILITY:

R.O.M.: Full x 4 Limited; describe: _____ Splints/ Casts/ Location _____
 Spontaneous / symmetrical movement of all extremities

Admission exam (perform assessment only on admission)

Spine: Straight / Intact Pilonidal dimple / sinus Hair tuft
Extremities: Normal appearance 5 digits on hands / feet Symmetrical gluteal folds Extra digits Webbed digits Simian crease

Comments: _____

INTEGUMENTARY:

Color: Pink Pale Jaundiced Reddened Acrocyanosis Mottled
Condition: Petechiae Bruising Rash Abrasions / lacerations Birth marks Mongolian spot
 Phototherapy: x1 x2 Bili blanket Eye, genitalia protection

Neonatal / Infant Braden Q Scale: Admission Monday Wednesday Friday (Circle number adjacent to descriptor; add for total score)

GESTATIONAL AGE	1 <28 WKS	2 >28 - ≤33 WKS	3 >33 - ≤38 WKS	4 >38 WKS
MOBILITY	1 Completely immobile	2 Very limited	3 Slightly limited	4 No limitation
ACTIVITY	1 Bedfast	2 Very limited	3 Slightly limited	4 No limitation
SENSORY PERCEPTION	1 Completely limited	2 Very limited	3 Slightly limited	4 No impairment
MOISTURE	1 Constantly moist	2 Very moist	3 Occasionally moist	4 Rarely moist
FRICION/SHEAR	1 Significant problem	2 Problem	3 Potential problem	4 No apparent problem
NUTRITION	1 Very poor	2 Inadequate	3 Adequate	4 Excellent
TISSUE PERFUSION AND OXYGENATION	1 Extremely compromised	2 Compromised	3 Adequate	4 Excellent

SCORE: _____ If <20 At risk for skin breakdown

Diaper Dermatitis risk*: *(Identification of one or more risk factors +enteral feeding = dermatitis risk.)

Frequent stool Bowel surgery Short Gut Hyper-caloric feedings PGEs On Antibiotics Prolonged NPO status

Interventions: Skin cleansing / protection Gel pillow Sheepskin Scheduled turning Tegaderm Reduce friction/shear
 Alternate CPAP prongs / mask Skin emollient Pressure relief _____ Incubator humidification _____ %
 Petroleum jelly ointment Desitin oint. Criticaid oint. Other: _____

Comments: _____

Use the diagram below to indicate the presence of invasive lines / wounds / drains / dressings / rashes / medication patches, etc.
Indicate location by placing a number on the diagram and then list items by number.

Right ANTERIOR Left

Left POSTERIOR Right



- #1. _____
- #2. _____
- #3. _____
- #4. _____
- #5. _____
- #6. _____
- #7. _____
- #8. _____
- #9. _____
- #10. _____



Central venous line dressing: Intact/Occlusive Last change date: _____ (M, W, F dressing changes)
PICC dressing: Intact/Occlusive (pm changes only)

SAFETY:

Cardio-respiratory audible alarms at 70% volume Oximeter alarm settings: Low _____ High _____
 Bag / mask/ suction @ bedside: FiO2 _____ IV fluids / rate verified High risk medication infusion dose/rate verified
 Bed appropriate for developmental level
 Radiant warmer Incubator; NTE _____ Bassinette NICU Crib Pedi Crib
 I.D. Band x 2 I.D. band location: 1 _____ 2 _____ MR # _____
 Name / MR# verified on 2 sources (PTP & ID band)

PSYCHOSOCIAL:

Parents / family express or demonstrate coping: Yes No
Family active in care: Yes No Detail: _____
Support needs identified: Emotional support Interpreter Social worker Chaplain Lactation consultant
Comments: _____

RN completing systems assessment signature: _____ **Date / Time:** _____