# THE NEONATAL HISTORY AND PHYSICAL EXAMINATION



## To know THE NEONATAL HISTORY AND OR PHYSICAL EXAMINATION.

Past medical history:-

- 1- prenatal history
  - general health of the mother in the pregnancy.
  - antenatal care visits.
  - diseases during pregnancy\_ DM , HT
  - infection or fever.
  - drugs given in pregnancy.
  - X- ray taken.
  - bleeding.

### 2- natal history

- gestational age(weeks of pregnancy).
- mode of delivery.
- place of birth.
- drugs taken during delivery.
- condition of the baby.
- birth weight.
- 3- post natal history
  - if the newborn develops jaundice, fit or fever.
  - if admitted to neonatal care unit.
  - time of passage of meconium or urination.
  - any operation done or given blood.

Nutritional(Feeding)history

- breast, bottle, or mixed feeding.
- Developmental history
- visual contact to the mother.
- social smile.
- Immunization history
- BCG.
- oral polio- vaccine.
- zero dose hepatitis B vaccine.
- Drug and Allergy history
- Family history
- previous prematurity.
- previous neonatal death.

### Social history

- age and occupation of parents.
- marital status and consanguinity.
- smoking or drinking habits.
- detail about the house.
- income per month.
- Review of systems
  - general points :-
  - 1- feeding
  - 2- activity
  - 3- sleep pattern
  - 4- fever

#### **B- PHYSICAL EXAMINATION**

- General examination
- growth and nutritional status.
- maturity status(physical criteria).
- abnormal features.
- colour :- pale, cyanosed, jaundiced, or plethoric.
- posture :- paralyzed, floppiness or irritable.
- abnormal sounds :- stridor.
- abdominal movement.
- presence of equipments :- mask, nasogastric tube or canula.
  face :-
- **1.** flaring alar nasi \_ respiratory distress.
- **2.** look for bruising \_ forceps delivery.
- **3.** look for ears \_ maturity.
- 4. look for eyes \_ bleeding or jaundice.
- 5. abnormalities of the head.
- 6. examination of the mouth \_ cleft palate.

### \* Head and Neck

- inspection :-
- 1. signs of maturity.
- 2. abnormal features.
- 3. any discharge.
- 4. color of the face.
- 5. any neck mass or goiter.
- 6. associated equipments.
- palpation :-
- a. maturity.
- b. mass or tumor.
- c. fontanel.
- d. reflexes \_ sucking reflex.

- \* Chest and Heart
  - inspection :-
  - 1. pattern of breathing.
  - 2. signs of respiratory distress.
  - 3. abnormal sounds \_ stridor.
  - palpation :-
  - auscultation :-
  - \* Abdomen
  - inspection :-
  - 1. umbilical cord clamp.
  - 2. any umbilical hernia or umbilical infection.
  - 3. umbilical blood vessels.
  - 4. examination of genitalia.

#### \* Nervous system

- 1- posture \_ normal, floppy, or paralyzed.
- 2- activity \_ signs of CNS insult.
- 3- feeding.
- 4- crying and irritability.
- 5- alertness.
- 6- tone and power.
- 7- reflexes :
  - sucking
  - grasp
  - Moro
  - rooting
- 8- cranial nerves.

- \* Examinations left lastly
- 1. examination of hips.
- 2. examination of genitalia.
- 3. groin \_ hernia.
- 4. anus and lower back.
- 5. occipito-frontal diameter.
- 6. blood pressure.
- 7. femoral pulses.
- 8. ophthalmoscope.
  - NOTE :-
  - The easiest way of examining the newborn is from the head to the feet.