## **University of Babylon/ College Of Nursing**

## Family and Community Health Nursing

Child Health Assessment

Name of the student		
Date//		
1- Demographic data		
Child name		agemonths
Age of the motherye	ars, gravida	para
Date of delivery//		
2- Birth history		
A. Type of labor / delivery	1. Normal	
	2. Abnormal	A. instrumental
		B. precipitated
		C. prolonged
B. baby cried immediately	after birth	yes / no
<b>c.</b> Birth weightgr	am	
3- General physical exami	ination	
<b>A.</b> color of the skin:	pink / cyanosed/	jaundiced
<b>B</b> . Activity	Active/ sluggish /limp	
<b>C</b> . Breast feeding	yes/no	
If yes how many hours	after birth	_hr.

If no what method of feeding was	used	
Why was breast feeding not done?	)	
<b>D.</b> condition of the umbilical cord:	moist /dried /foul smell	ing
E. measurements:		
Head circumference cm, Lengt	th cm, weight k	٢g
F. presence of any abnormalities	yes /no	
If yes specify		
<b>G.</b> neurological examination		
A. sucking reflex	present/absent	
B. swallowing reflex	present/absent	
C. rooting reflex	present/absent	
D. grasping reflex	present/absent	
H. elimination		
a. bowels open yes/no		
b. stools normal yes/no		
If no specify the abnormality		
C. urine passed yes/no		
I. immunization schedule followed	yes/no	
If yes what has been completed		
If no state reason for not receiving		