

University of Babylon/ College Of Nursing

Family and Community Health Nursing

Child Health Assessment

Name of the student _____

Date ___/___/___

1- Demographic data

Child name _____ age _____ months

Age of the mother _____ years, 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

c. Birth weight _____ gram

3- General physical examination

A. color of the skin: pink / cyanosed/ jaundiced

B. Activity Active/ sluggish /limp

C. Breast feeding yes/no

If yes how many hours after birth _____ hr.

