Goals and Objectives Evaluation Table *Rotation: Newborn Nursery*

procedures, and provide prevent Objectives	Priority		Teaching			Evaluation		Domain	Skills	PGY
	Yes/No	Who	Where	Method	Who	Where	Method			
 #1. Obtain and interpret information relevant to newborn health including: 1. Maternal medical, prenatal and obstetric history 2. Family history 3. Results of maternal screening tests (e.g., Rh), rubella, hepatitis B and C, serology for syphilis, HIV, tuberculosis, illicit drugs, blood type, group B streptococcus, herpes simplex virus, gonorrhea, and Chlamydia 4. Maternal medication use or substance use/abuse 5. Results of prenatal ultrasound testing 	Y	Faculty	Nursery	A,B,C	FAC/PA	Nursery	b,c	PC,MK	1, 3, 8	1
 #2. Perform a neonatal physical examination and identify normal and abnormal findings related to: 1. Gestational age assessment and growth category (AGA, SGA, LGA) 2. Vital signs and measurements 3. General appearance and identification of anomalies 4. HEENT (red reflex, intact palate, short frenulum, caput, cephalohematoma) 5. Neck and clavicles 	Y	Faculty	Nursery	A,B,C	FAC/PA	Nursery	b,c	PC, MK	1, 2, 3	

 Neurologic system (symmetry ,tone, reflexes, suck, behavioral state, head size and shape, spine) Respiratory effort Skin Chest and breasts Heart Lungs Abdomen (including umbilical cord) Genitalia Femoral and brachial pulses Hips (Ortolani and Barlow maneuvers) Extremities 										
#3. Understand and demonstrate appropriate timing for newborn exams and define the key reasons for doing the exams (e.g., determine state of transition, assess risks, identify abnormalities, and demonstrate normal findings and behaviors to parents).	N	Faculty	Nursery	A,B,C	Self	Nursery	b,c	PRD, PC	8, 9, 11	
#4. Communicate effectively with parents and family in a professional and caring manner that honors family values and enhances their parenting skills and confidence.										

Goal: Common Signs and Symptoms (Normal Newborns). Evaluate and appropriately treat or refer newborns with these commonly presenting signs and symptoms.

Objectives	Priority		Teaching			Evaluation		Domain	Skills	PGY
	Yes/No	Who	Where	Method	Who	Where	Method			
#1. Recognize, describe clinical significance and develop a strategy to evaluate and manage	Y	FAC/PA	Nursery	A, B, D	FAC/PA/ Self	Nursery	a, c, e	PC, MK	1, 2, 8, 13	1

1/			I	1		1	
	refer newborns with these						
	on newborn signs and						
sympto	oms:						
1.	Large birth marks						
	(mongolian spots,						
	hemangiomas, port wine						
	spots)						
2.	Rashes and markings						
-	secondary to birth trauma						
3	Papular and pustular						
5.	rashes (erythema						
	toxicum, pustular						
	melanosis, staph.						
	Pustulosis, milia)						
1	Peripheral and central						
т.	cyanosis						
5	High or low temperature						
	Tachypnea						
7.	Heart murmur—						
1.							
	asymptomatic and						
0	symptomatic						
8.	Abdominal distension						
0	and masses						
9.	Two vessel umbilical						
	cords						
10	Abnormal findings on the						
	Barlow or Ortolani						
	Swollen breasts						
	Vaginal bleeding						
13.	Subconjunctival						
	hemorrhages						
14	Corneal opacities or						
	absent red reflex						
	Facial palsy						
16	Fractured clavicle						
17	Brachial plexus injury						
	Cephalohematoma or						
	caput						
19	Ear tags, pits						

20. Palate abnormalities					
(cleft, submucous cleft)					
21. Polydactyly					
22. Syndactyly					
23. Plethora					
24. Pallor					
25. Respiratory distress					
26. Abnominal mass					
27. Genitourinary					
abnormalities (ambiguous					
genitalia, hypospadius,					
undescended testicle)					
28. Microcephaly					
29. Macrocephaly					
30. Sacral dimple, pit, hair					
tuft					
turi					

Goal: Common Conditions (Normal Newborns). Evaluate and appropriately treat or refer newborns with these commonly presenting conditions.

Objectives	Priority		Teaching		H	Evaluation		Domain	Skills	PGY
	Yes/No	Who	Where	Method	Who	Where	Method			
#1. Recognize, describe clinical significance and develop a strategy to evaluate and manage and/or refer newborns with these common newborn clinical situations, including	Y	FAC/PA	Nursery	A, B, D, H	Fac/PA/Self	Nursery	a, c, e	PC, MK	1, 2, 3, 8, 16	1
 Large and/or small for gestational age babies Infant of a diabetic mother Infant of substance abusing mother Child with ABO/Rh incompatibility Polycythemia Premature/postmature 										

	, r	r	1	1	1	1	1	 1
infant								
7. Jitteriness								
8. Transient metabolic								
disturbances								
(hypoglycemia, etc.)								
9. Delayed urination								
10. Delayed stooling								
11. Vomiting feeds/bilious								
-								
emesis								
12. Poor/delayed suck								
13. Respiratory distress with								
feedings								
14. Jaundice [See GOAL								
3.23: Jau Infant with risk								
factor for DDH (girl								
breech, +family hx)								
15. Infant with abnormalities								
on prenatal ultrasound								
(pyelectasia,								
hydronephrosis, choroids								
plexus cyst)								
16. Dysmorphic infant or								
infant with known								
chromosomal								
abnormality (e.g.								
Trisomy 21)								
17. Multiple births (near and								
at term)								
18. Eye discharge								
19. Abnormal newborn								
hearing screen results								
20. Infant born to a mother								
with a significant medical								
condition (lupus, seizure								
disorder) or obstetrical								
condition (HELLP								
syndrome)								
5 /								

Goal: Infections (Normal Newb	orns). Asse	ess and ma	nage comm	on infection	s in the norr	nal newborr	nursery.			
Objectives	Priority		Teaching	-		Evaluation		Domain	Skills	PGY
	Yes/No	Who	Where	Method	Who	Where	Method			
 #1. Discuss methods for screening and, where appropriate, preventive treatment of mother and infant (chlamydia, CMV, gonorrhea, group B strep, hepatitis B, hepatitis C, HSV, HIV, tuberculosis, HPV, parvovirus, rubella, syphilis, toxoplasmosis, and varicella). 	Y	Fac	Nursery	A, B, C	Fac/Staff	Nursery	a, b, c	PC, MK	1, 2, 3, 4, 7	
 #2. Recognize and manage: 1. Newborn with signs of sepsis (e.g., fever, poor feeding, tachypnea, low temperature). 2. Infant born to mother with fever. 3. Infant born to mother with a history of a perinatal infectious disease (e.g., group B strep, chlamydia, syphilis, HSV). 4. Infant born to mother with prolonged rupture of membranes. 5. Infant born to mother who received antibiotic during delivery 	Y	Fac	Nursery	A, B, C	Fac/Staff	Nursery	a, b, c	PBL1	8, 13, 16	
#3. Identify newborns at risk for bacterial sepsis by history, physical exam, and laboratory studies.	Y	Fac	Nursery	A, B, C	Fac/Staff	Nursery	a, b, c	PBL1		

Goal: Nutrition (Normal Newbo		age breast		eeding in t	ne newborn				01.11	
Objectives	Priority	XX 71	Teaching		XX 71	Evaluation		Domain	Skills	PGY
#1. Assess a newborn's nutritional status based on maternal medical and obstetrical history and infant's history (e.g., illness, feeding, stools, urination) and physical exam (e.g., weight expected for gestational age, subcutaneous fat, hydration,	Yes/No Y	Who Fac	Where Nursery	Method A – D	Who Fac/Self	Where Nursery	Method a, b, c, l	PC, MK	2,3,7,8	1
neurologic or oral/facial anomalies) and implement appropriate feeding plans										
# 2. Counsel parents about feeding choices and assess for potential risks/difficulties	Y	Fac	Nursery	A – D	Fac/Self	Nursery	a, b, c, l	PC, MK	13	
#3. Recognize and manage these conditions:	Y	Fac	Nursery	A – D	Fac/Self	Nursery	a, b, c, l	PC, MK		
 Common problems for breastfeeding infants and mothers. Maternal use of medications that are transmitted via breast milk. 										
 Maternal infections and risk of transmission (Hepatitis B, Hepatitis C, HIV) 										
 Preserving breastfeeding while managing jaundice. Newborn who is a poor feeder. 										
 6. Feeding plans for the SGA or premature infant. 7. Feeding plans for the 										

infant of a diabetic mother.8. Feeding plans for the infant with a cleft palate.9. Feeding plans for neurologically depressed/abnormal newborn									
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	Goal: Anticipatory Guidance at Nursery Discharge. Provide anticipatory counseling at nursery discharge that relates to newborn behavior, family adjustment, injury prevention, and access to medical services.													
behavior, family adjustment, inj		ntion, and	access to me	dical servi	ces.									
Objectives	Priority		Teaching			Evaluation		Domain	Skills	PGY				
	Yes/No	Who	Where	Method	Who	Where	Method							
#1. Discuss priorities for anticipatory counseling, especially in face of time constraints due to "early discharge"	Y	Fac/PA	Nursery	A, B	Fac/Self	Nursery	a, b, c, f	PC, MK	5,8,9,7					
 #2. Provide routine counseling on topics such as: 1. Routine follow-up appointment time (e.g., 3- 5 days of age for early discharge and breastfeeding infants). 2. How and when to contact the office for advice or earlier appointment. 3. For infants discharged early: warning signs of jaundice, infection, dehydration, and feeding problems; interaction with visiting nurse, need to do repeat newborn screening blood tests. 	Y	Fac/PA	Nursery	A, B	Fac/Self	Nursery	a, b, c, f	PC, MK	13, 16					

				n		
4.	Needed medical, social,					
	and WIC services.					
5.	Normal infant behaviors					
	related to crying, sleep,					
	and wakefulness and how					
	to deal with common					
	problems (hiccups,					
	sneezes, vaginal bleeding,					
	breast masses/discharge,					
	care of umbilical cord,					
	care of penis).					
6	Postpartum adjustment					
0.	including the need for					
	rest and support, and the					
	potential for postpartum					
	"blues" (e.g., depression,					
	anxiety, feelings of					
	inadequacy, fear,					
	resentment).					
7	,					
1.	Uniqueness of each					
	infant's temperament and					
	how to identify and					
0	respond to this.					
δ.	Potential for sibling					
	rivalry and ways to					
0	handle this.					
9.	Injury prevention (e.g.,					
	car seat for discharge,					
	crib safety, water					
	temperature settings,					
	smoke alarm, constant					
	supervision of newborn					
	with siblings or pets,					
	sleep position,					
	environmental exposures					
	like cigarette smoke).					
10	. Significance of increasing					
	jaundice, feeding					
	problems or fever in this					
	age group and the					

rapidity with which medical care should be sought.					