NEWBORN BLOOD PRESSURE

1. Was blood pressure measured?
   - [ ] 1. YES
   - [x] 2. NO (SKIP TO 3)

1a. Indicate which blood pressure machine was used.
   - [ ] 1. #1
   - [ ] 2. #2
   - [ ] 3. #3
   - [ ] 4. #4
   - [ ] 5. #5
   - [ ] 6. #6
   - [ ] 7. #7
   - [ ] 8. #8
   - [ ] 9. #9

2. Start time of blood pressure measurements: ____ : ____ (00:00-24:00)
   - H H   M M

   a. SYS / DIAS  b. Pulse  c. Newborn state during measurements
      - Quiet  - Sleep - Active  - Sleep - Quiet  - Awake  - Crying

   i. ____ / ____  ____  ____  ____ 1 2 3 4
   ii. ____ / ____  ____  ____  ____ 1 2 3 4
   iii. ____ / ____  ____  ____  ____ 1 2 3 4
   iv. ____ / ____  ____  ____  ____ 1 2 3 4
   v. ____ / ____  ____  ____  ____ 1 2 3 4

2d. Indicate which arm was used.
   - [ ] 1. Left Arm
   - [ ] 2. Right Arm
2e. Indicate baby’s position.

☐ 1  Baby in bassinet
☐ 2  Baby held

2f. Indicate cuff size.

☐ 1  N#1  ☐ 2 N#2  ☐ 3 N#3  ☐ 4 N#4  ☐ 5 N#5  ☐ 6 Infant  ☐ 7 Child

3. Comments: _________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

(IF UNABLE TO GET FIVE READINGS (2ai. – 2av. IS NOT COMPLETE), CONTINUE TO 4 UNTIL FIVE READINGS TOTAL HAVE BEEN OBTAINED; ELSE END)

4. Start time of second set of blood pressure measurements: ___ : ___ (00:00-24:00)
   H H   M M

   a. SYS / DIAS     b. Pulse     c. Newborn state during measurements
                     Quiet Sleep  Active Sleep  Quiet Awake  Crying
   i. ___ / ___  ____  1  2  3  4
   ii. ___ / ___  ____  1  2  3  4
   iii. ___ / ___  ____  1  2  3  4
   iv. ___ / ___  ____  1  2  3  4
4d. Indicate which arm was used.
   □ 1  Left Arm
   □ 2  Right Arm

4e. Indicate baby’s position.
   □ 1  Baby in bassinet
   □ 2  Baby held

4f. Indicate cuff size.
   □ 1  N#1  □ 2  N#2  □ 3  N#3  □ 4  N#4  □ 5  N#5  □ 6  Infant  □ 7  Child

5. Comments: __________________________________________________________
   __________________________________________________________
   __________________________________________________________