Newborn Unit Admission Record

Infant's details

Name		**Date of Admission**	dd/mm/yyyy	**IP No.**			
DOB		**Age**	days / hrs	**Sex**	**F□ M□ Indeterminate□**	**Gestation**	wks
ROM	<18h□ >=18h□ unkn.□	**Delivery**	SVD □ CS□ Breech□ Forceps□ Vacuum□	***If CS, type***	Elective□ Emergency□		
Multiple Delivery	**Y□ N□**	***If YES number?***	**=**	**BVM Resus at birth?**	**Y□ N□**		
APGAR	1m / 5m / 10m	**Born outside this facility?**	**Y□ N□**	***if Yes, born where?***	Home/Roadside□ Other facility□		

Mother's details

Name		**IP No.**		**Age**		**Parity**	+
Blood Grp	A□ B□ AB□ O□ unkn.□	**Rhesus**	Pos□ Neg□ unkn.□	**VDRL**	Pos□ Neg□ unkn.□		
PMTCT Status	Pos□ Neg□ unkn.□	**Mother ARVs**	**Y□ N□**	**Diabetes**	**Y□ N□** unkn.□		
Hypertension in Pregnancy	**Y□ N□** unkn.□	**APH**	**Y□ N□**	**Prolonged 2nd Stage**	**Y□ N□** unkn.□		

Mother's problems during pregnancy / labour & relevant maternal treatment

Any maternal illness / fever? Any maternal treatment for TB or antibiotics in labour? (***Describe***)

Infant's Presenting Problems & any treatment given

When did problems start, how did they progress and what are problems now?

History & Examination

Vital Signs	**Temp(^{0}c)**		**Resp Rate**	bpm	**Pulse** /min	**0_2 Sat**	%
Anthropometry	**Birth wt**	grams	**Weight now**	grams			
	Head circumference	cm	**Length**	cm			

Time baby seen	am/pm		**Any other important history and family / social history?**
Fever	**Y□**	**N□**	
Difficulty breathing	**Y□**	**N□**	
Difficulty feeding	**Y□**	**N□**	
Convulsions	**Y□**	**N□**	
Apnoea	**Y□**	**N□**	
Reduced/Absent movement	**Y□**	**N□**	
Bloody stool	**Y□**	**N□**	
Bilious Vomiting	**Y□**	**N□**	

General Examination					
Skin		Bruising☐ Rash☐ Pustules☐ Mottling☐ Normal☐			
Jaundice		None☐	**+☐**	**+++☐**	
A & B	Cry	Normal☐ Weak/Absent☐ High pitched☐			
	Central Cyanosis			**Y☐**	**N☐**
	Indrawing	None/mild☐ Severe☐			
	Grunting			**Y☐**	**N☐**
	Good bilateral air entry			**Y☐**	**N☐**
	Crackles			**Y☐**	**N☐**
C	Cap Refill (Sternal)	secs			
	Pallor/Anaemia	None☐	**+☐**	**+++☐**	
	Murmur			**Y☐**	**N☐**
	If murmur is YES, describe in free text				
D	Can breastfeed?			**Y☐**	**N☐**
	Bulging fontanelle			**Y☐**	**N☐**
	Irritable			**Y☐**	**N☐**
	Tone	Normal☐ Increased☐ Reduced☐			
Abd.	Distension			**Y☐**	**N☐**
	Umbilicus	Clean☐ Local pus☐ Pus+red skin☐ Others ☐			

Further Examination

Neuro'- Describe any abnormal posture / movement and check reflexes (Sucking; Rooting; Grasp; Moro)

Further examination of Resp / CVS / GIT / GU / Skin / Birth Trauma?(Specify any abnormality**)**

Birth defects? Y☐ N☐ ***if YES tick and describe***

Major GI Abnormality	☐	Neurotube defects/spina bifida	☐
Hydrocephalus	☐	Limb abnormalities	☐
Cleft lip/palate	☐	Birth Injury/abnormalities	☐
Microcephaly	☐		

Summary of Presentation and problems

List problems (most important **first**).

Investigations ordered-(record subsequent tests and all results in medical record)

Glucose	**Y☐ N☐ =_____ mmol/l**	**Bilirubin**	**Y☐ N☐ =_____ µmol/l☐ / mg/dl☐**

List other Investigations ordered

Admission Diagnoses-Select ONE primary diagnosis (tick box indicating "1") and ANY secondary diagnoses (tick box indicating "2")

Birth asphyxia Severe/Encephalopathy☐ Mild/Moderate ☐	**1☐**	**2☐**	***Multiple Delivery***	**1☐**	**2☐**	***Other diagnoses (name below and indicate if primary diagnosis or secondary)***		
			Newborn RDS	**1☐**	**2☐**		**1☐**	**2☐**
Preterm	**1☐**	**2☐**	***Jaundice***	**1☐**	**2☐**		**1☐**	**2☐**
Neonatal sepsis	**1☐**	**2☐**	***Meningitis***	**1☐**	**2☐**		**1☐**	**2☐**
Meconium aspiration	**1☐**	**2☐**	***Birth Wt <2kg***	**1☐**	**2☐**		**1☐**	**2☐**

Clinician Name & Sign	**Time** am / pm	**Date** dd/mm/yyyy