Internal Newborn Unit Transfer Form

Complete for all newborns in Maternity requiring admission to the Newborn Unit

Date..(dd/mm/yyyy) Time..................................am/pm

Mother's details							
Name		**Age**		**IP No.**			
Parity	+	**Gestation**	wks	**LMP**	dd/mm/yyyy	**EDD**	dd/mm/yyyy
ANC attendance	Y☐ N☐	**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	Pos☐ Neg☐ unkn.☐	**Current TB treatment**	Y☐ N☐ unkn.☐	**Antibiotics**	Y☐ N☐		
Fever	Y☐ N☐	**APH**	Y☐ N☐	**Multiple PG**	Y☐ N☐ ***if YES number? =***		
HTN in Pregnancy	Y☐ N☐ unkn.☐	**Pre-eclampsia**	Y☐ N☐	**Eclampsia**	Y☐ N☐		
Any other maternal condition							
Current Maternal Drugs							

Delivery							
Labour	**1st Stg**	hr	**2nd Stg**	min	**Time of Delivery**	am/pm	**ROM** <18h☐ >=18h☐ unkn.☐
Fetal Distress	Y☐ N☐	**Thick Meconium**	Y☐ N☐ **If yes, Meconium grade? 1☐ 2☐ 3☐**				
Delivery	SVD☐ CS☐ Breech☐ Vacuum☐ Forceps☐	***If CS, type?***	Elective☐ Emergency☐				
Reason for Emergency CS							
BVM Resuscitation?	Y☐ N☐	**Placenta Complete?**	Y☐ N☐	**Abnormal Placenta?**	Y☐ N☐		
Specify Placenta Abnormalities							
Preventive care given	**OPV** Y☐ N☐	**BCG** Y☐ N☐	**TEO** Y☐ N☐	**Vit K** Y☐ N☐	**CHX** Y☐ N☐		

Infant's Details							
Date of Birth	(dd/mm/yyyy)	**Sex**	**F☐ M ☐ Indeterminate☐**	**IP. No**			
Apgar	1m	5m	10m	**Birth Wt.**	grams	**Weight now**	grams
Baby from postnatal ward?	Y☐ N☐ ***if Yes Fill in Age and* BBA**	**Age**	days	hrs.			
Born outside this facility?	Y☐ N☐ ***if Yes, born where?***	Home/Roadside☐	Other facility☐				
Reasons for referral to NBU							
Completed by(Name):		**Signature**					

Baby received on NBU by:

Time……………………………am/pm

Version August,2019