

NEONATAL ADMISSION

Problem list:

HISTORY OF INFANT

Name:				Hospital No:			
Admission date:		Time:		Admission Weight:		kg	
<u>Gender:</u>	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Ambiguous <input type="checkbox"/>				
Date of Birth:		Time:		Birth Weight:		kg	
<u>Length:</u> Birth:	cm &/ or	Admission:	cm	<u>HC:</u> Birth:	cm	&/or Admission:	cm
Apgar score:	1 minute:	5 min:	10 min:	Unknown	<input type="checkbox"/>		
Resuscitation:	None <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Mask ventilation <input type="checkbox"/>	Intubation	<input type="checkbox"/>		
	CPR <input type="checkbox"/>	Adrenaline <input type="checkbox"/>	Naloxone <input type="checkbox"/>	Unknown	<input type="checkbox"/>		
Gestational Age	Ballard:	w	Dates:	w	Early sonar:	w	
Weight for GA:	SGA <input type="checkbox"/>	AGA <input type="checkbox"/>	LGA <input type="checkbox"/>				

HISTORY OF MOTHER

Name:				Hospital No:			
Address Suburb/town				Tel No:			
Age:	yrs	Citizenship:	RSA <input type="checkbox"/>	Other:			
<u>Pregnancies:</u>	Gravida:	Para:	Miscarriages:	Ectopic:	TOP:		
<u>Children:</u>	Gender & Ages:						
<u>Contraception?</u>	Injection <input type="checkbox"/>	IUD <input type="checkbox"/>	Pill <input type="checkbox"/>	Condom <input type="checkbox"/>	None	<input type="checkbox"/>	
<u>Pregnancy:</u>	Planned? Yes <input type="checkbox"/> No <input type="checkbox"/>	Unplanned but wanted <input type="checkbox"/>	Failed abortion <input type="checkbox"/>	For adoption	<input type="checkbox"/>		
<u>Ante Natal Care:</u>	None <input type="checkbox"/>	Clinic <input type="checkbox"/>	GP <input type="checkbox"/>	Hospital <input type="checkbox"/>	No of visits:		
Name of institution or doctor:							
<u>Complications:</u>	PET <input type="checkbox"/>	HELLP <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Eclampsia <input type="checkbox"/>	Placenta Praevia <input type="checkbox"/>		
	Epilepsy <input type="checkbox"/>	Gest diabetes <input type="checkbox"/>	Diabetes <input type="checkbox"/>	UTI <input type="checkbox"/>	Vaginal discharge <input type="checkbox"/>		
TB <input type="checkbox"/>	TB Rx date started?		TB investigations? (Chest X Ray, Sputum, Placenta)				
Other :							
<u>Social History:</u>	Smoke? <input type="checkbox"/>	Alcohol? <input type="checkbox"/>	Drugs? <input type="checkbox"/>	Other:			
Education	None: <input type="checkbox"/>	Gr 1 – 12: <input type="checkbox"/>	Tech/College: <input type="checkbox"/>	University: <input type="checkbox"/>	Unknown: <input type="checkbox"/>		

Maternal Special Investigations:

Antenatal sonars:

Blood groups:	Rh+ <input type="checkbox"/>	Rh- <input type="checkbox"/>	Coombs + <input type="checkbox"/>	Coombs - <input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	AB <input type="checkbox"/>	O <input type="checkbox"/>
Syphilis:	RPR+ <input type="checkbox"/>	RPR - <input type="checkbox"/>	Titre:	Date tested:	Dates of Rx if pos:			
RVD:	Neg <input type="checkbox"/>	Pos <input type="checkbox"/>	Date tested:	Declined testing <input type="checkbox"/>	Unknown <input type="checkbox"/>	CD4		
Hb:	Platelets:	Albumin:	Other:					

Maternal Medication Received:

Steroids Y / N Date started

Antibiotics: Y / N Date started

PMTCT Y / N Date started

HAART Y / N Date started:

Other:

Delivery History:Baby delivered at: Kalafong ☐ Clinic ☐ Casualty ☐ Home ☐ BBA ☐ Priv Dr ☐ Other hospital ☐

Referral Details: Referring Hospital / Clinic:

Pt ref no:

Referring doctor:

Pregnancy Single ☐ Multiple ☐ No of foetuses:Presentation: Vertex ☐ Breech ☐ Other:Membranes: Premature rupture for: hours days Unknown ☐Amniotic fluid: Clear ☐ Meconium stained ☐ Offensive ☐ Polyhydramnios ☐ Unknown ☐

Other:

Delivery: Normal ☐ Forceps ☐ Vacuum ☐ Failed vacuum / forceps ☐Breech ☐ C/section ☐ Any Anaesthesia?: Epidural ☐ Spinal ☐ General ☐Reason for abnormal delivery: CPD ☐ Foetal distress ☐ 2 Previous C/S ☐ Breech ☐ Hypertension ☐Multiple pregnancy ☐ Eclampsia ☐ Abruptio ☐ Placenta praevia ☐ Diabetes ☐ Prolapsed cord ☐Growth retardation ☐ Other :Feeding Choices: Breastfeeding ☐ Pret Pasteurisation ☐ Formula ☐ Counselling using AFASS criteria? ☐**HOUSING**Residential Area: City ☐ Town ☐ Squatter camp ☐ Small holding ☐ Farm ☐ Other ☐Type Of House: Brick ☐ Traditional ☐ Corrugated iron ☐ No. of rooms: No of persons in house:Clean Water: Tapwater in house ☐ Tap in yard ☐ Tap far away ☐ Other ☐Sewerage: Flush toilet ☐ Pit toilet ☐ Bucket system ☐ None ☐ Electricity: Yes ☐ No ☐**FAMILY HISTORY**Parents: Married ☐ Cohabiting ☐ Traditional Single ☐ Orphan ☐ Abandoned ☐Does father work? Yes ☐ No ☐ Father's job:Does mother work? Yes ☐ No ☐ Mother's job:

Child cared for by:

Financial provider of family:

Any siblings who have died? Give details

Were there any recent deaths in the family? Yes ☐ No ☐ Give detailDoes someone smoke in the house? Yes ☐ No ☐Does the family receive a government grant? Yes ☐ No ☐**NUTRITION**

Complete this section if infant is admitted from home

Is baby breastfed? Yes ☐ No ☐ Exclusive BF ☐ Mixed feeding ☐ Pretoria pasteurisation ☐Any Formula milk given: Yes ☐ No ☐ Date started: Type of formula?

Reason for formula:

Volume of milk per feed? Number of feeds / 24h

Preparation? Correct? ☐ Incorrect? ☐Cleaning of bottles? Correct? ☐ Incorrect? ☐Has solids been introduced? Yes ☐ No ☐ If 'yes' at what age?

A full page of blank graph paper with a uniform grid of small squares. The grid covers the entire area of the page, with no margins or additional markings.

Date & Time:

KH 27/11B

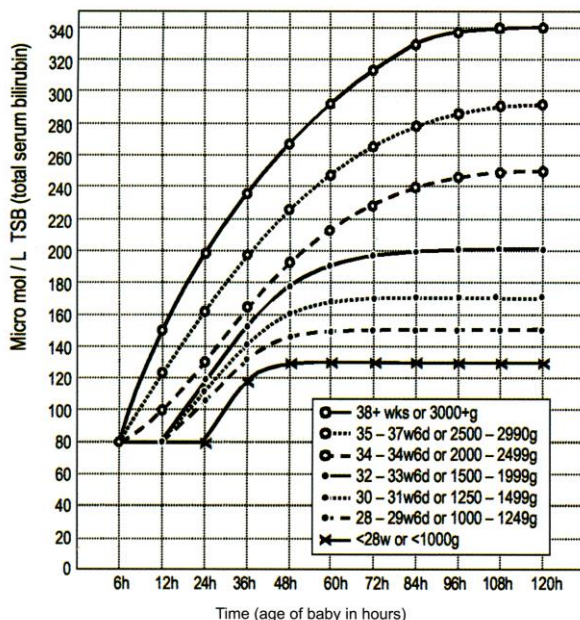
Assessment of gestational age

Maturity Rating		NEUROMUSCULAR MATURITY								Sign score
Total Score	Weeks	SIGN	SCORE							
			-1	0	1	2	3	4	5	
-10	20	Posture								
-5	22									
0	24	Square Window								
5	26									
10	28	Arm Recoil								
15	30									
20	32	Popliteal Angle								
25	34									
30	36	Scarf Sign								
35	38									
40	40	Heel To Ear								
45	42									
50	44	TOTAL NEUROMUSCULAR SCORE								
SIGN		PHYSICAL MATURITY SCORE							Sign score	
		-1	0	1	2	3	4	5		
Skin	Sticky, friable, transparent	gelatinous, red, translucent	smooth pink, visible veins	superficial peeling &/or rash, few veins	cracking, pale areas, rare veins	parchment, deep cracking, no vessels	leathery, cracked, wrinkled			
Lanugo	none	sparse	abundant	thinning	bald areas	mostly bald				
Plantar Surface	heel-toe 40-50mm: -1 <40mm: -2	>50 mm no crease	faint red marks	anterior transverse crease only	creases ant. 2/3	creases over entire sole				
Breast	imperceptible	barely perceptible	flat areola no bud	stippled areola 1-2 mm bud	raised areola 3-4 mm bud	full areola 5-10 mm bud				
Eye / Ear	lids fused loosely: -1 tightly: -2	lids open; pinna flat; stays folded	sl. curved pinna; soft; slow recoil	well-curved pinna; soft but ready recoil	formed & firm instant recoil	thick cartilage ear stiff				
Genitals Male	scrotum flat, smooth	scrotum empty, faint rugae	testes in upper canal, rare rugae	testes descending, few rugae	testes down, good rugae	testes pendulous, deep rugae				
Genitals Female	Clitoris: prominent & labia flat	Prominent: clitoris & small labia minora	Prominent: clitoris & enlarging minora	majora & minora equally prominent	majora large, minora small	majora cover clitoris & minora				
Ballard JL, et al: New Ballard Score, expanded to include extremely premature infants. J Pediatrics 1991; 119:417-423					TOTAL PHYSICAL MATURITY SCORE					

PHOTOTHERAPY

GUIDELINES FOR ALL WEIGHTS AND GESTATIONS

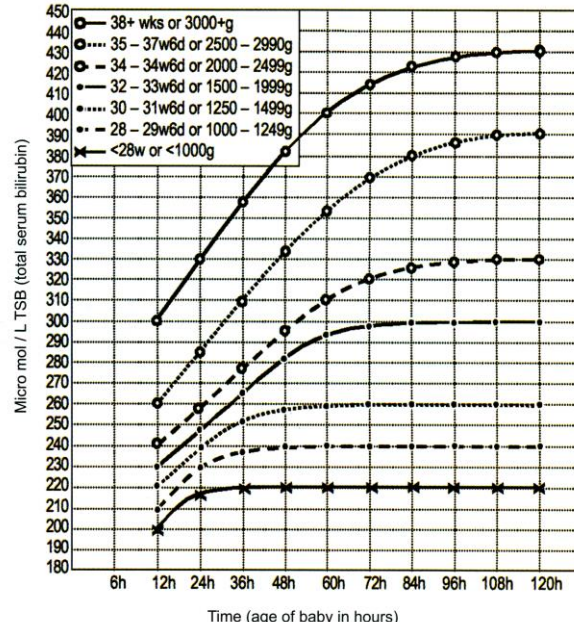
In presence of sepsis, haemolysis, acidosis, or asphyxia, use one line lower (gestation below) or levels 20µmol lower if < 1000g
If gestational age is accurate, use gestational age (weeks) rather than body weight

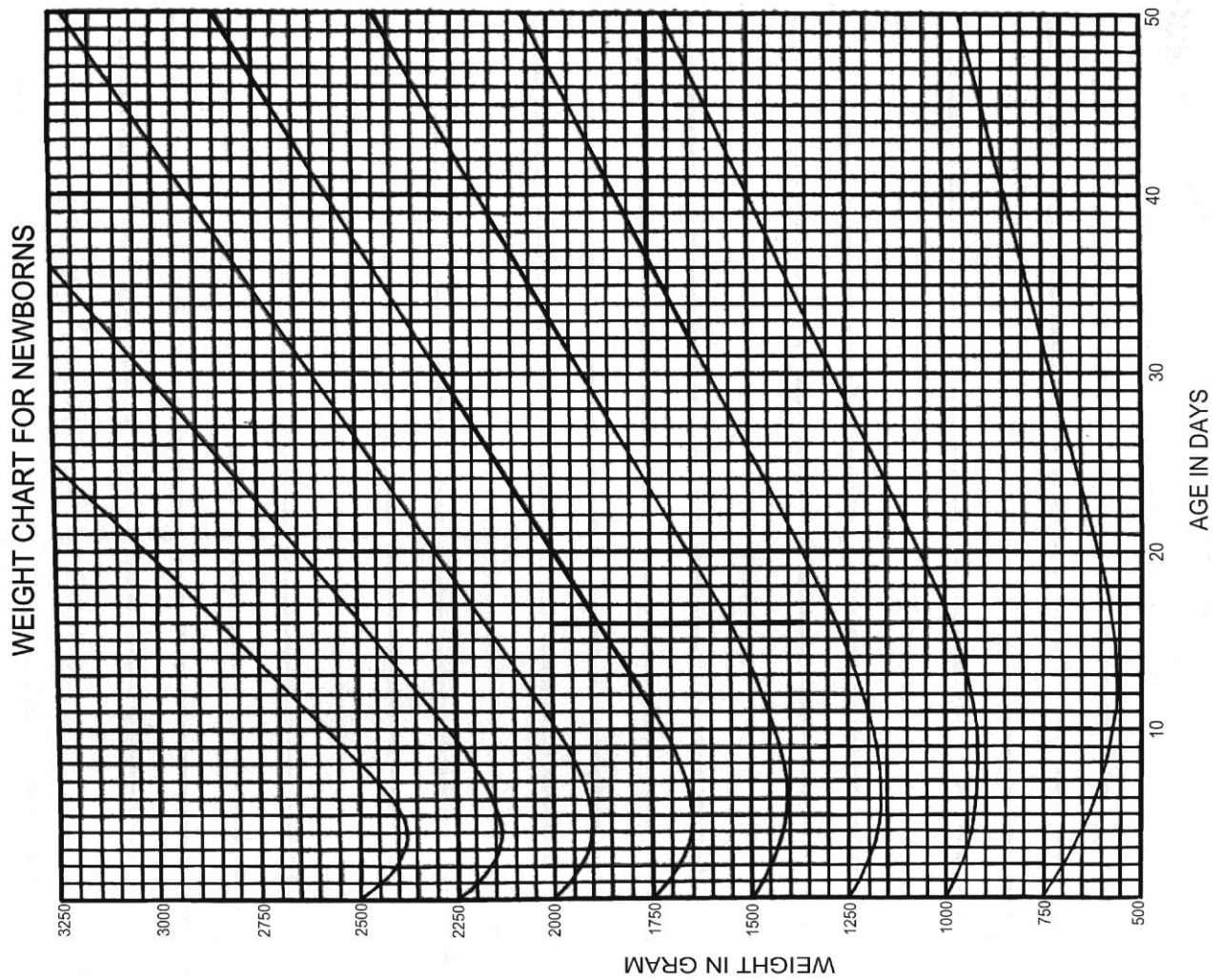


EXCHANGE TRANSFUSION

GUIDELINES FOR ALL WEIGHTS AND GESTATIONS

In presence of sepsis, haemolysis, acidosis, or asphyxia, use one line lower (gestation below) or levels 20µmol lower if < 1000g
If gestational age is accurate, use gestational age (weeks) rather than body weight





Name:

Reg No:

Ward:

Date of Birth:

Birth Weight:

Gestational age:

Maternal: Rh:

Rpr:

VCT:

Other:

PROBLEM LIST:

Heart / Skull Sonar:

Date					
Time					
Age in days	Day	Day	Day	Day	Day
Weight	KG	KG	KG	KG	KG
Observations					
Feeds: Total volume					
Single feed volume	ml 3hrlyx8	ml 3hrlyx8	ml 3hrlyx8	ml 3hrlyx8	ml 3hrlyx8
Supplement ✓					
Urine / Stools -					
CLINICAL EXAMINATION					
General jaundice pale					
CNS active, tone fontanel					
Skull circumference					
CVS S ₁ S ₂ ✓ murmur ±					
Resp tachypnoea apnoea					
SpO ₂ (FiO ₂ /O ₂ flow)					
ABD. distended ↑ spleen ↑ liver					
Other					
NEW PROBLEMS:					
PLAN:					
INVESTIGATIONS					
Dr's signature:					

Eye Evaluation (infants <1301g, ≤ 32 weeks; at age 6/52

Check PO₄ (infants <1301g; at age 3-4/52

Skull sonar (infants ≤1500g, before discharge)