Name:	NEONATAL	ADMISSION	Problem list:									
Name:												
Name:												
Name:												
Make	HISTORY OF	INFANT										
Condition	Name:						Ho	spital N	0:			
Name	Admission date:			Time:				Admissio	n Weight:			kg
Condition Cond	Gender:	Male: □		Female:			Ambiguou	S				
Apgar score	Date of Birth:			Time:			Bir	th Weigl	nt:			kg
None	Length: Birth:		cm &/ or	Admiss	sion:	cm	HC: Birth:		cm	&/or	Admission:	cm
CPR	Apgar score:	1 minute:		5 min:			10 min:			Unk	nown	
Weight for GA:	Resuscitation:	None		Oxygen			Mask vent	ilation		Intu	bation	
Meight for GA:		CPR □		Adrenalir	ne 🗆		Naloxone			Unk	nown	
Name	Gestational Age	Ballard:	W	Dates:		w	Early sona	ır:		W		
Name:	Weight for GA:	SGA □		AGA			LGA					
Address Suburb/tow	HISTORY OF	MOTHER										
Pregnancies	Name:							Hospita	al No:			
Pregnancies: Gravida: Para: Miscarriages: Ectopic: TOP: Index: Children: Children: Gender & Ages: Facility Secondancy: Injection Injection IUD Pill Condom None None Image: None Secondancy: Per adoption Image: None Per adoption Image: None Image: None IUD Image: None IUD Image: None	Address Suburb	/town						Tel N	lo:			
Children: Gender & Jest: Contraception? Injection □ IUD □ Pill □ Condom □ None □ For adoption □ Ante Nate Nate Nate Nate Nate Nate Nate Na	Age:	yrs <u>Citizenship</u>	<u>):</u> RSA □	Ot	ther:							
Contraception? Injection □ IUD □ Pill □ Condom □ None □ Pill □ Failed abortion □ For adoption □ For adoption □ Pill	Pregnancies:	Gravida:	Para:		Misca	arriage	es:	Ectop	ic:		TOP:	
Pregnancy: Planned? Yes □ No □ Unplanned but wanted □ Failed abortion □ For adoption □ Ante Natal Care: None □ Clinic □ GP □ Hospital □ No of visits: No of visits: Name of institution or doctor: Complications: PET □ HELLP □ Hypertension □ Eclampsia □ Placenta Praevia □ Epilepsy □ Gest diabetes □ Diabetes □ UTI □ Vaginal discharge □ Placenta Praevia □ TB □ TB Rx date started? TB investigations? (Chest X Ray, Sputum, Placenta) Other: Social History: Smoke? □ Alcohol? □ Drugs? □ Other: Education None: □ Gr 1 – 12: □ Tech/College: □ University: □ Unknown: □	Children:	Gender & Ages	S :									
Ante Natal Care: None □ Clinic □ GP □ Hospital □ No of visits: Name of institution or doctor: Complications: PET □ HELLP □ Hypertension □ Eclampsia □ Placenta Praevia □ TB Epilepsy □ Gest diabetes □ Diabetes □ UTI □ Vaginal discharge □ TB Rx date started? TB investigations? (Chest X Ray, Sputum, Placenta) Other: Social History: Smoke? □ Alcohol? □ Drugs? □ Other: Education None: □ Gr 1 – 12: □ Tech/College: University: □ Unknown: □ - Maternal Special Investigations: Antenatal sonars: Blood groups: Rh+ □ Rh- □ Coombs + □ Coombs - □ A □ B □ AB □ O □ Syphilis::	Contraception?	Injection	IUD		Pill			Condo	om		None	
Name of institution or doctor: Complications: PET □ HELLP □ Hypertension □ Eclampsia □ Placenta Praevia □ TB □ TB Rx date started? □ Diabetes □ UTI □ Vaginal discharge □ Other: Social History: Smoke? □ Alcohol? □ Drugs? □ Other: Education None: □ Gr 1 – 12: □ Tech/College: University: □ Unknown: □ Image:	Pregnancy:	Planned? Yes	□ No □	Unp	lanned but war	ited		Failed	abortion		For adoption	
Complications: PET □ HELLP □ Hypertension □ Eclampsia □ Placenta Praevia □ TB Epilepsy □ Gest diabetes □ Diabetes □ UTI □ Vaginal discharge □ TB □ TB Rx date started? TB investigations? (Chest X Ray, Sputum, Placenta) □ University □	Ante Natal Care	: None \square	Clinic		GP			Hospi	tal		No of visits:	
Epilepsy □ Gest diabetes □ Diabetes □ UTI □ Vaginal discharge □ TB □ TB Rx date started? TB investigations? (Chest X Ray, Sputum, Placenta) □ Other: □ Smoke? □ Alcohol? □ Drugs? □ Other: □ Education None: □ Gr 1 – 12: □ Tech/College: □ University: □ Unknown: □ Maternal Special Investigations: □ Al □ Blood groups: Rh+ □ Coombs + □ Coombs - □ Al □ Blood groups: All □ All □ <td>Name of instituti</td> <td>on or doctor:</td> <td></td>	Name of instituti	on or doctor:										
TB	Complications:	PET 🗆	HELLP		□ Hyper	tensio	n 🗆	Eclamp	osia 🛚		Placenta Pra	evia 🛚
Other: Social History: Smoke? □ Alcohol? □ Drugs? □ Other: Education None: □ Gr 1 – 12: □ Tech/College: □ Unknown: □ Maternal Special Investigations: Antenatal sonars: Blood groups: Rh+ □ Coombs + □ Coombs - □ A □ B □ AB □ O □ Syphilis:: RPR+□ RPR - □ Titre: Date tested: Dates of Rx if pos: RVD: Neg □ Pos □ Date tested: Declined testing □ Unknown □ CD4		Epilepsy 🗆	Gest d	iabetes [□ Diabet	tes		UTI			Vaginal disch	arge 🗆
Social History: Smoke? □ Alcohol? □ Drugs? □ Other: Education None: □ Gr 1 – 12: □ Tech/College: University: □ Unknown: □ Maternal Special Investigations: Antenatal sonars: Blood groups: Rh+ □ Coombs + □ Coombs - □ A □ B □ AB □ O □ Syphilis:: RPR+ □ Titre: Date tested: Dates of Rx if pos: RVD: Neg □ Pos □ Date tested: Declined testing □ Unknown □ CD4	тв 🗆 т	B Rx date started?		-	TB investigation	ns? (C	Chest X Ray	, Sputur	n, Placent	a)		
Education None:	Other:											
Maternal Special Investigations: Antenatal sonars: Blood groups: Rh+ □ Rh- □ Coombs + □ Coombs - □ A □ B □ AB □ O □ Syphilis:: RPR+ □ RPR - □ Titre: Date tested: Dates of Rx if pos: RVD: Neg □ Pos □ Date tested: Declined testing □ Unknown □ CD4	Social History:	Smoke? □	Alcohol?		Drugs?		Other:					
Antenatal sonars: Blood groups: Rh+ □ Rh- □ Coombs + □ Coombs - □ A □ B □ AB □ O □ Syphilis:: RPR+ □ RPR - □ Titre: Date tested: Dates of Rx if pos: RVD: Neg □ Pos □ Date tested: Declined testing □ Unknown □ CD4	Education	None: □	Gr 1 – 12:		Tech/College	: 🗆	University:		Unknow	n: l		
Blood groups: Rh+ Rh- Coombs + Coombs - A B AB O C Syphilis:: RPR+ RPR - Titre: Date tested: Dates of Rx if pos: RVD: Neg Pos D Date tested: Declined testing U Unknown CD4			ions:									
Syphilis:: RPR+ □ RPR - □ Titre: Date tested: Dates of Rx if pos: RVD: Neg □ Pos □ Date tested: Declined testing □ Unknown □ CD4			Coomb		0		П	^ ¬	D [AD		
RVD: Neg □ Pos □ Date tested: Declined testing □ Unknown □ CD ₄			<u>i</u>			mbs -	- Ц					
					Jale lested:		D!:					
nu. Maleieis. Aiburiini: Other:					Ot1	202	Deciine	u iestin(J LI U	IIKIIOW	/II CD4	
	Πυ.	Platelets:	All	oumm:	<u> </u>	ieľ.						

Neonatal Clinical Notes, Department of Paediatrics, Kalafong Hospital

KH 27/11B

	cation Receive	<u>ed:</u>						
Steroids Y / N	Date started			Antibiot	ics: Y / N	N Date starte	ed	
`PMTCT Y/N	Date started			HAART	Y/N	Date starte	ed:	
Other:								
Delivery Histo	ry:							
Baby delivered at:	Kalafong □	Clinic 🗆	Casualty	Home □	BBA 🗆	l Priv Dr	☐ Other hospita	3l 🔲
Referral Details:	Referring Hospita	al / Clinic:						
Pt ref no:			Refer	ring doctor:				
Pregnancy	Single	Multiple		No of foetuses:				
Presentation:	Vertex □	Breech		Other:				
Membranes:	Premature ruptur	re for:		hours	da	ays Unknown I		
Amniotic fluid:	Clear □	Meconi	um stained	Offensive		Polyhydramnios I	□ Unknown	
Other:								
Delivery:	Normal	☐ Forceps	s 🗆	Vacuum		ailed vacuum /	forceps	
Breech □	C/section	□ Any An	aesthesia?:	Epidural		Spinal 🗆	General	
Reason for abnorn	nal delivery: CPE	D □ Foetal	distress 🗆	2 Previous C/S	□ В	reech 🗆	Hypertension	
Multiple pregnancy	/□ Eclampsia	☐ Abrupti	on 🗆	Placenta praevia	a 🗖 D	iabetes 🗆	Prolapsed cord	
Growth retardation	Other:							
Feeding Choices:	Breastfeeding	ı □ Pret Pa	steurisation□	Formula		ounselled using	AFASS criteria?	
HOUSING								
Residential Area:	City	Town \square	Squatter can	np 🗆 Small	holding	□ Fa	rm Other	
Type Of House:	Brick 🗖	Traditional	Corrugated in	ron 🗆 No. of	frooms:	No	of persons in house:	
Clean Water:	Tapwater in ho	use 🗆	Tap in yard	☐ Tap fa	ar away	□ Otl	her 🗆	,
Sewerage:	Flush toilet	Pit toilet □	Bucket syste	m □ None		□ Ele	ectricity: Yes No	
FAMILY HISTO								
Parents: Marrie		habitting	Traditional	Single		Orphan [☐ Abandoned	
Does father work?	Yes □ No □	Father's jol						
Does mother work		Mother's jo	b:					
Child cared for by:				Financia	al provid	ler of family:		
Any siblings who h	ave died? Give	details						
Were there any rec	cent deaths in the f	family? Yes	□ No □ Give					
Does someone sm	oke in the house?	Yes	□ No □	Does the fam	ily receiv	ve a government	grant? Yes ☐ No ☐	
NUTRITION		ete this section if in						
Is baby breastfed?	Yes □ N	No □ Exclu	sive BF	Mixed feeding	g 🗆	Pretoria pas	steurisation	
Any Formula milk	given: Yes □ N	No □ Date	started:			Type of forn	nula?	
Reason for formula	3:							
Volume of milk per	feed?			Number of fe	eds / 24	h		
Preparation?							Correct? ☐ Incor	rect? □
Cleaning of bottles	?						Correct? ☐ Incor	rect? □
Has solids been in	troduced? Yes □	No □ If 'ye	es' at what age	?				

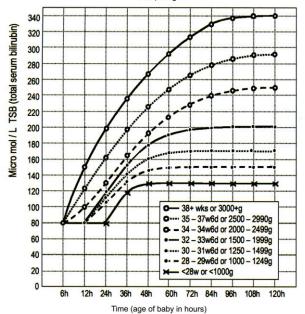
CLINICAL EXAMINATION:			
General			
Evaluate infant for bruising, anaemia, cyanosis, jaundice, oedema, shock, acidosis, diarrhoea,			
seizures, hypoglycaemia, hypo-thermia, skin rashes and any dysmorphisms			
Skull & Face			
Check for caput, moulding, sutures overriding or splayed, subaponeurotic haematoma			
cephalhaematoma, fontanels – anterior, posterior & possible third. Evaluate mouth,			
tongue, palate, neck, eyes, pupils, red reflex.			
CNS			
Evaluate muscle tone, flexed position, the spine, primitive reflexes: Moro, grasp, sucking. Exclude Erb's paralysis, Bell's palsy			
Respiratory			***************************************
Check for respiratory distress, grunting, nasal flaring, tachypnoea, chest in-drawing; asymmetry. Resp. rate, Chest percussion,			
auscultation CVS			
Check pulse & blood pressure in all limbs. Look at chest shape and any pulsations or			
asymmetry. Palpate apex beat, percuss heart border, auscultate heart sounds, murmurs etc.			
Abdomen			
Check for abnormal form, distension, hernias, genitalia & patency of anus. Palpate & percuss: tenderness, masses, liver, spleen, kidneys,			
ascites, hernial orifices, position of testes. Auscultate bowel sounds. Passed urine and / or meconium?			
Summary - Differential Diagno	osis - Problem I ist]	
Cummary Directional Diagno	7010 TTODICHI Eloc		
Admitting doctor: Name (print):	Signed:	Date & Time:	
Procedures Performed:			
ET Intubation IC drain Exchange	ge transfusion □ Central line	e □ Saline exchange □ Blood transfusion □ Surfactant given	
Arterial line: Umbilical □ / Peripheral			
Special Investigations			
		-	

Assessment of gestational age

Maturity	/ Rati	ng		NEUROMUSCULAR MATURITY										
Total	Wee	ks	SIGN	SCORE								Sign		
Score			OIOIV	-1		0	1		2		3	4	5	score
-10	20		Posture		0						<u></u>	5-7-1		
-5	22	_		_			~	_	1 1 5		->-	سكح		
0	24		Square Window	ļ							N	0°		
5	26	_	vviridow	l >90°		90°	160°		145		130°	10		
10	28 30		Arm Recoil			Me .	gip		2/2		412	₩W		
15						J _{180°}	O140°-	-180°	O110º-140º		O 90°-110°	U<90°		
20	32		Popliteal Angle	3	a	<u></u>	070)	o ⊅		0		∞	
25	34	_	Aligie	180°		160°	1	40°	120°		100°	90°	₹90°	
30	36	— Scarf Sign		-17	-	R/	_8		_8		_8	\mathbb{R}		
35	38	3	ŭ	(1)		U	U		_O		Φ			
40	40	— Н	leel To Ear			P	AS		Etc.		01	OB		
45	42	2				4				<u> </u>	~			
50	44								OMUSCULAR		DRE			
SIGN	, L		PHYSICAL MATURITY SCORE											Sign
			-1	0		1		2		3		4	5	score
Skin	Skin Sticky, friable, transparent			gelatinous, transluce					perficial peeling lor rash, few veins		racking, pale eas, rare veins	parchment, dee cracking, no vessels	p leathery, cracked, wrinkled	
Lanug	go		none	sparse	abundar		ndant	thinning			bald areas	mostly bald		
	Plantar Surface heel-toe 40-50mm: -1 <40mm: -2		50mm: -1	>50 mm no creas		faint red ma		anterior transverse crease only		cre	eases ant. 2/3	creases over entire sole		
Breas	st	imperceptible		barely perce	harely percentible				stippled areola 1-2 mm bud		aised areola 3-4 mm bud	full areola 5-10 mm bud		
Eye / E	Ear	lids fused ar loosely: -1 tightly: -2					ed pinna; ow recoil		l-curved pinna; oft but ready recoil		ormed & firm nstant recoil	thick cartilage ear stiff		
Genita	,		scrotum em			in upper	test	es descending,		estes down, good rugae	testes pendulou	S,		
Genitals Female Clitoris: prominent & & small labia labia flat Prominent: clitoris prominent & minora					litoris pia	enlarging minora		equ	few rugae majora & minora equally prominent		najora large, ninora small	deep rugae majora cover clitoris & minora	a	
	Ballard JL, et al: New Ballard Score, expanded to include extremely premature infants. J Pediatrics 1991; 119:417-423 TOTAL PHYSICAL MATURITY SCORE													

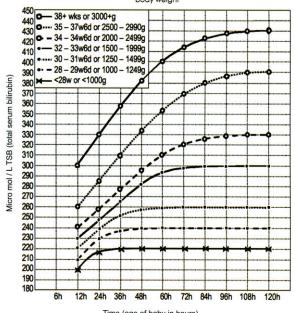
PHOTOTHERAPY

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

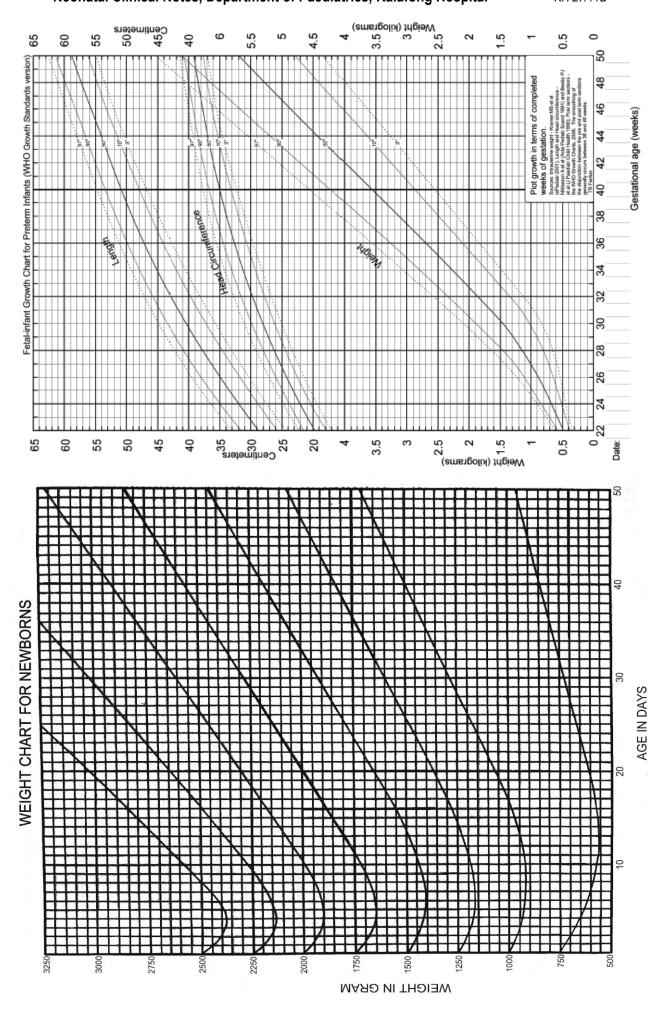


EXCHANGE TRANSFUSION

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



Time (age of baby in hours)



Name:				Reg No:							
Ward:	D	ate of Birth:	Birth W	eight:	Gestational age:						
Materna	al: Rh:	Rpr:	VCT:	Other:							
PROB	BLEM LIST:										
	Skull Sonar:	I	<u> </u>	<u> </u>	1	I					
Date											
Time											
Age in		Day	Day	Day	Day	Day					
Weight		KG	KG	KG	KG	KG					
Observ											
	Total volume										
	feed volume	ml 3hrlyx8	ml 3hrlyx8	ml 3hrlyx8	ml 3hrlyx8	ml 3hrlyx8					
	upplement ✓										
	Stools -										
CLINIC	AL EXAMINA	TION 									
Genera	ll jaundice pale										
CNS	active, tone fontanel										
Skull cir	rcumference										
cvs	$S_1 S_2 \checkmark$ murmer ±										
Resp	tachypnoea apnoea										
SpO ₂	(FiO ₂ /O ₂ flow)										
ABD.	distended 个 spleen 个 liver										
Other											
NEW P	ROBLEMS:										
F	PLAN:										
INVEST	TIGATIONS .										
Dr's sig	nature:										

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)