Appendix

Neonatal Admission Record

Newborn Unit Admission Record

Baby's details												
Baby Name				**Date of Admission**		dd/mm/yyyy		**IP No.**				
DOB		**Age**	days	hrs	**Sex**	**F** ☐	**M** ☐	**Birth Wt**	kg			
Gestation	weeks	**Temp (°C)**			**Apgar**	1m	5m	10m	**Wt now**	kg		
BBA?	**Y** ☐	**N** ☐	***..if Yes born where***		☐ Home		☐ Clinic		☐ Other hospital			
Delivery	SVD	Vacuum	Breech	CS	**Resuscitation**	None	Oxygen	Bag/Mask				
If CS reason	☐ Elective	☐ Emergency			**Placenta**							
ROM	<12h	12-18h	>18h	**Given Vitamin K**	**Y**☐	**N**☐	**Given Eye prophylaxis**	**Y**☐	**N**☐			

Mother's details												
Name				**Age**		**IP No.**						
Residence sublocation				**Gravidity**		**Parity**						
HIV	☐ **Pos** ☐ **Neg**		**ARVs**	☐ **Yes** ☐ **No**		**VDRL**	☐ **Pos** ☐ **Neg**		**Blood Gp**			
Fever	**Y**☐	**N**☐	**Antibiotics**	**Y**☐	**N**☐	**Diabetes**	**Y**☐	**N**☐	**TB treat**	**Y**☐	**N**☐	
Labour	**1st Stg** hr		**2nd Stg** mins			**Hypertension**	**Y**☐	**N**☐	**APH**	**Y**☐	**N**☐	

Babies Presenting Problems / Mothers Problems & relevant drugs pre-admission							
Vital Signs	**Temp (°C)**		**Resp Rate**	bpm	**Pulse**	/min	**O2 Sat** %

Time baby seen	am/pm				Stridor	**Y**☐	**N**☐
Length of illness	days				Cry	☐Normal ☐Weak ☐Hoarse	
Fever – No. of days =	**Y**☐	**N**☐			Central Cyanosis	**Y**☐	**N**☐
Difficulty breathing	**Y**☐	**N**☐		**A & B**	Indrawing	☐None/mild ☐Severe ☐Sternum	
Diarrhoea: No. of days =	**Y**☐	**N**☐			Grunting	**Y**☐	**N**☐
Diarrhoea bloody	**Y**☐	**N**☐			Air entry bilateral	**Y**☐	**N**☐
Vomits everything	**Y**☐	**N**☐			Crackles	**Y**☐	**N**☐
Difficulty feeding	**Y**☐	**N**☐			Cry	☐Normal ☐Hoarse ☐Weak	
Convulsions: No. =	**Y**☐	**N**☐		**C**	Femoral Pulse	☐ Normal	☐ Weak
Partial / focal fits?	**Y**☐	**N**☐			Cap Refill	secs	*X = not possible*
Apnoea	**Y**☐	**N**☐			Murmur **Y**☐	**N**☐	***If yes =***

General Examination			
Skin	☐Bruising ☐Rash ☐Pustules		
Jaundice	☐None	☐ +	☐+++
Gest/Size	☐Normal ☐Prem ☐SGA/wasted		
Abnormalities – tick all relevant & describe ☐Skull = ☐Limbs / Spine = ☐Palate / Face = ☐Genitals / anus = ☐Dysmorphic =			

C	Pallor / Anaemia	**0**	**+**	**+++**
	Skin cold:	☐Hand ☐Elbow ☐Shoulder		
Disability	Can suck / breastfeed?	**Y☐**	**N☐**	
	Stiff neck	**Y☐**	**N☐**	
	Bulging fontanelle	**Y☐**	**N☐**	
	Irritable	**Y☐**	**N☐**	
	Reduced movement / floppy	**Y☐**	**N☐**	
Umbilicus	☐Clean ☐Local pus ☐Pus + red skin			

Summary

Investigations ordered – record results in medical record

Malaria	☐ Blood slide ☐ Rapid Test	***Glucose***	☐ Stick test ☐ Laboratory
Haematology	☐ Hb ☐ HCT ☐ Full haemogram	***Chemistry***	☐ Na + K ☐ Urea ☐ Creat ☐ LFT
Microbiology	☐ Lumbar Punct ☐ Blood Cult	***HIV***	☐ Rapid test ☐ PCR
X-Ray	CXR ☐ AXR ☐ Other =	***Other 1***	

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

Birth asphyxia	1☐	2☐	***Meconium aspiration***	1☐	2☐	***Maternal HIV Status*** ☐Pos ☐Neg ☐Unknown
Premature / LBW	1☐	2☐	***Twin delivery***	1☐	2☐	***Other diagnoses (name below and indicate if primary diagnosis or secondary)***
Newborn RDS	1☐	2☐	***Jaundice***	1☐	2☐	1☐ 2☐
Neonatal sepsis	1☐	2☐	***Meningitis***	1☐	2☐	1☐ 2☐

Supportive care – indicate what care you are providing a plan for and sign please

Vitamin K & TEO	❑	ARVs for PMTCT	❑	**Clinician Name & Sig**
Nutrition / Feeds	❑	Oxygen	❑	
iv fluids	❑	Blood transfusion	❑	
Incubator / Keep warm`	❑	Phototherapy	❑	

Results of Investigations	Date / Test / Results	Date / Test / Results	Date / Test / Results