INITIAL ASSESSMENT: SICK AND SMALL NEWBORNS IN HOSPITAL

Date of Assessment:		Time of assessment:		Babies Name:	
Date of birth:		Birth Weight		Place of Birth:	

What is the reason for admission?

Circle the positive findings, then circle the classification and ACT.

Assess the need for emergency care:		**Abnormal signs**			**Classify**	**Act Now**
Breathing?	Breathing well	Gasping	Resp rate < 20		Respiratory failure	
Circulation?	HR 120 - 180	Pale / cold	HR > 180	HR< 100	Circulatory failure	
		Lethargic	Unconscious			
Check Glucose?	> 2,5 mmol/l	1,4-2,5mmol/l	<1,4mmol/l		Hypoglycaemia	
Assess for priority signs: Apnoea and Respiratory Distress						
Respiratory distress?	RR < 60	Apnoea	RR 60 - 80	RR > 80	Apnoea Severe Resp D Mild Resp D Possible heart abn	
	Mild chest in-drawing	Severe Chest In-drawing	Grunting	Cyanosis		
Assess for priority signs:						
Temperature:	36 – 37,5 ºC	32 – 36ºC	< 32 ºC	> 37,5 ºC	Hypothermia Severe disease ELBW < 1kg VLBW 1 – 1,49 kg LBW 1,5 – 1,99kg LBW 2 – 2,5kg Jaundice Other:____________	
Birth weight:	2,50 – 3,99kg	2,0 – 2,49kg	1,0 – 1,49kg	1,5 – 1,99kg		
			<1,0kg			
Tone, fontanel and movement	Normal	Decreased tone	Increased tone	Full fontanelle		
	Normal movement	Reduced movement	Irregular jerky movements	Convulsions		
Abdominal Signs & jaundice		Jaundice	Abdominal distension	Vomiting bile		
Assess for Injuries, abnormalities and local infections						
Head, face and ears:	Normal Head circumference	Head circ. < 3rd centile	Head circ > 97th centile (39cm)	Sutures splayed	Neural tube defect Major abdominal problem Hydrocephalus Ambiguous genitalia Microcephaly Club foot Cleft lip or palate Other major cong abnormality Other minor abnormality ______________ ______________ Limb injury Staph skin sepsis Omphalitis Severe conjunctivitis Mild conjunctivitis	
	Sutures normal	Boggy swelling scalp	Unusual appearance: ______________ ______________			
Mouth and nose:	Nose patent	Cleft lip	Cleft palate	Nose not patent		
		Other Abnormality				
Eyes:	Normal	Eyelid red and swollen:	Pus draining from eyes	Other________ ______________		
Abdomen and back:	Anus patent	Imperforate anus	Neural Tube defect			
	Meconium passed:	Mec not passed in 24 hours	Omphaloceole	Gastroschisis		
Genitalia:	Male Female	Ambiguous genitalia				
Skin and umbilicus:	Normal	Pustules / rash	Umbilicus red / pussy discharge	Other________ ______________		
Limbs :	Moving normally	Club foot	Not moving limb / pain when moved	Abnormal position		
		Extra digit	Other:________________________			
Assess risk factors and special treatment needs						
Maternal diabetes	None	Baby weighs > 4500g	Maternal diabetes		Risk of Hypoglycaemia Jaundice Bacterial infection Neonatal encephalopathy Congenital syphilis HIV transmission Tuberculosis	
Maternal blood group	A / B /AB positive	Unknown	Blood group O	RH negative		
Amniotic fluid infection	None	ROM > 18 hours	Maternal fever or uterine infection	Offensive liquor		
Labour and delivery	Normal, Apgars 9 or 10	Apgars < 8	> 5 minutes to spontaneous breath	Other__________ ______________		
Maternal RPR	Negative	Positive fully treated	Positive partially treated	Unknown		
Maternal HIV	Negative	Positive	Duration on ART__________	Last VL_______ Date__________		
Maternal TB	Negative	Mother coughing	TB on treatment >2months	TB on treatment < 2 months		
Feeding						
Breast feeding	Breast feeding	Other_________	Poor feeding	Cannot feed		
Examined By					**Time:**	**Date:**
Identification	**Date:**	**Time**	**Brought by:**	**Signature**	**Received by:**	**Signature:**
At Birth:						
Neonatal Unit						
Other						
At discharge						