



## Limpopo Newborn Admission / Discharge

Hospital:				Hospital Number:			
Mother's Name:				Infant's Name:			Gender:
Mothers Number:				Birth Time:	Birth Date:	Birth Month:	Birth Year:
Age:	EDD:	Parity:	Gravidity:	Birth Weight:	HC at Birth:	Length at Birth:	GA by dates: GA by score:
Antenatal problems: Y/N		Maternal care received		<b>Admission to Neonatal Unit:</b>			
Preterm labour	Yes / No	Tocolysis y / n	Steroids y / n	No. doses _____	Admission Date: _____ Admission time: _____		
		Time last dose:			Reason for admission: _____		
Chorioamnionitis	Yes / No						
Hypertension	Yes / No						
Diabetes	Yes / No						
RPR	Yes / No						
HIV	Yes / No						
Blood group	Rh: Neg y / n ABO: O y / n						
TB	Yes / No						
Other	Yes / No						
Date of onset of labour:		Time of onset:					
Date and time ROM:		Duration of rupture of membranes:					
		hrs					
Liquor:	Clear	Meconium	Smelly				
<b>Mode of delivery:</b>		NVD	Breech				
		Forceps	Vacuum	C/S			
Problems with delivery:				Birth PCR taken	If yes date taken	Result	ARV prophylaxis
				Yes / No / NA			
Placenta:				Vaccines given:			
Transition and resuscitation: (Circle)				<b>Discharge Summary:</b>			
Cried and breathed well	Stimulation required	Bag and Mask ventilation	Advanced resuscitation	Discharge date: _____			
Time taken to breathe spontaneously:				Feeding at discharge:			
Details of resuscitation:				Medications:			
				Discharge Weight: _____			
Apgars: 1Min: _____ 5Min: _____ 10Min: _____				Follow up Plans: _____			
Was baby kept skin to skin after birth? _____ Yes / No							
Was baby breast fed immediately after birth? _____ Yes / No							
Vitamin K 1mg im: _____				Date: _____ Place: _____			
Eye prophylaxis: _____							

