

Initial Pregnancy Profile

Date: _____



HOLLISTER
maternal/newborn
RECORD SYSTEM

PATIENT IDENTIFICATION

Patient's name _____

(1)

- History Since LMP**
- | | |
|--|--|
| 1. Headaches | |
| 2. Nausea/vomiting | |
| 3. Abdominal pain | |
| 4. Urinary complaints | |
| 5. Vaginal discharge | |
| 6. Vaginal bleeding | |
| 7. Edema (specify area) | |
| 8. Febrile episode | |
| 9. ILLI exposure | |
| 10. HIV or viral exposure | |
| 11. Drug exposure | |
| 12. Radiation exposure | |
| 13. Other | |
| 14. Last contraceptive <input type="checkbox"/> None | |
| Type _____ | |
| Last used _____ | |

Check and detail all positive findings below. Precede findings with symptom number.

15. Nutritional Assessment

Adequate Inadequate

Remarks: _____

16. Medications Since LMP

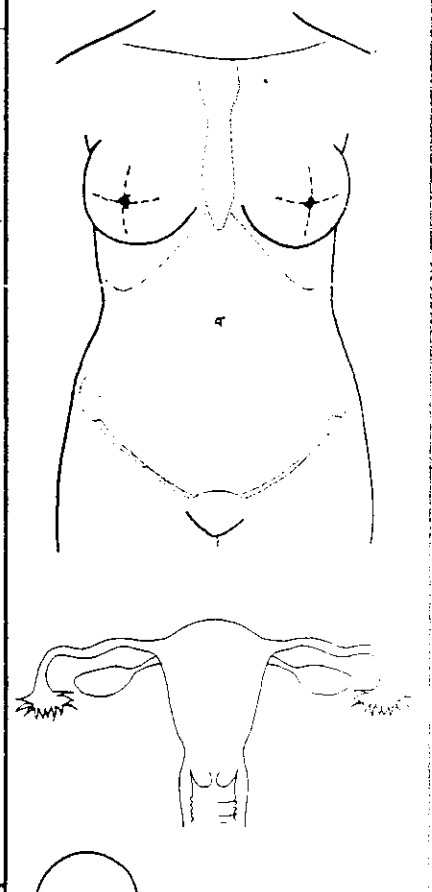
(Rx, non-Rx, vitamins) None

Describe: _____

Initial Physical Examination Height Weight Pregravid weight B.P. Pulse OPTIONAL

- | SYSTEM | Normal | |
|---------------------------|--------|--|
| 17. Skin | | |
| 18. EENT | | |
| 19. Mouth | | |
| 20. Neck | | |
| 21. Chest | | |
| 22. Breast | | |
| 23. Heart | | |
| 24. Lungs | | |
| 25. Abdomen | | |
| 26. Musculoskeletal | | |
| 27. Extremities | | |
| 28. Neurologic | | |
| Pelvic Examination | | |
| 29. Ext. genitalia | | |
| 30. Vagina | | |
| 31. Cervix | | |
| 32. Uterus (describe) | | |
| 33. Adnexa | | |
| 34. Rectum | | |
| 35. Other | | |

Check and detail all positive findings below. Use system numbers.



- | | | | | |
|-------------|----------------|------------------|--------------------|-------------------|
| Bony Pelvis | 36 Diag. conj. | 37 Shape sacrum | 38 S.S. notch | 39 Ischial spines |
| | 40 Pubic arch | 41 Trans. outlet | 42 Post seg. diam. | 43 Coccyx |

44. Classification: Gynecoid Android Anthropoid Platypelloid
45. Estimation: Adequate Borderline Contracted

Exam by: _____



Health History Summary

Date: _____



HOLLISTER
maternal/newborn
RECORD SYSTEM

PATIENT IDENTIFICATION

Patient's name _____

②

Age _____ Race _____ Religion _____ Marital status _____ Years married _____ Education _____ Occupation _____

Home address _____ Home tel. _____ Work tel. _____

Nearest relative _____ Relative's employer _____ Work tel. _____

Referring physician _____ Attending physician _____

| Medical History | Patient | Family | Check and detail positive findings including date and place of treatment. Precede findings by reference number. | Sensitivities (detail positive findings) |
|----------------------------------|---------|--------|---|--|
| 1. Congenital anomalies | | | | 30. <input type="checkbox"/> None known |
| 2. Genetic diseases | | | | 31. <input type="checkbox"/> Antibiotics |
| 3. Multiple births | | | | 32. <input type="checkbox"/> Analgesics |
| 4. Diabetes mellitus | | | | 33. <input type="checkbox"/> Sedatives |
| 5. Prolonged pregnancies | | | | 34. <input type="checkbox"/> Anesthesia |
| 6. Hypertension | | | | 35. <input type="checkbox"/> Other |
| 7. Heart disease | | | | |
| 8. Rheumatic fever | | | | |
| 9. Pulmonary disease | | | | |
| 10. GI problems | | | | |
| 11. Renal disease | | | | |
| 12. Other urinary tract problems | | | | |
| 13. Genitourinary anomalies | | | | |
| 14. Abnormal uterine bleeding | | | | |
| 15. Infertility | | | | |
| 16. Venereal disease | | | | |
| 17. Phlebitis, varicosities | | | | |
| 18. Nervous/mental disorders | | | | |
| 19. Convulsive disorders | | | | |
| 20. Metabol./endocrine disorders | | | | |
| 21. Anemia/hemoglobinopathy | | | | |
| 22. Blood dyscrasias | | | | |
| 23. Drug addiction | | | | |
| 24. Smoking/alcohol | | | | |
| 25. Infectious diseases | | | | |
| 26. Operations/accidents | | | | |
| 27. Blood transfusions | | | | |
| 28. Other hospitalizations | | | | |
| 29. No known disease | | | | |

Preexisting Risk Guide

Indicates pregnancy/outcome at risk

- 36. Age < 15 or > 35
- 37. < 8th grade education
- 38. Cardiac disease (class I or II)
- 39. Tuberculosis, active
- 40. Chronic pulmonary disease
- 41. Thrombophlebitis
- 42. Endocrinopathy
- 43. Epilepsy (on medication)
- 44. Infertility (treated)
- 45. 2 abortions (spontaneous/induced)
- 46. ≥ 7 deliveries
- 47. Previous preterm or SGA infants
- 48. Infants ≥ 4,000 gms
- 49. Isoimmunization (ABO, etc.)
- 50. Hemorrhage during previous preg.
- 51. Previous preeclampsia
- 52. Surgically scarred uterus
- 53.

Indicates pregnancy/outcome at high risk

- 54. Age ≥ 40
- 55. Diabetes mellitus
- 56. Hypertension
- 57. Cardiac disease (class III or IV)
- 58. Chronic renal disease
- 59. Congenital/chromosomal anomalies
- 60. Hemoglobinopathies
- 61. Isoimmunization (Rh)
- 62. Drug addiction/alcoholism
- 63. Habitual abortions
- 64. Incompetent cervix
- 65. Prior fetal or neonatal death
- 66. Prior neurologically damaged infant
- 67.

| Menstrual History | Onset | Cycle | Length | Amount | LMP |
|-------------------|-------|---------|--------|--------|----------------------------|
| | age | q. days | days | | 1 2 3 4 5 6 7 8 9 10 11 12 |
| | | | | | |

| Pregnancy History | Grav | Term | Pret | Abort | Live | EDC |
|-------------------|------|------|------|-------|------|-----|
| | | | | | | |

| No. | Month/year | Sex | Weight at birth | Wks. gest. | Hrs. in labor | Type of delivery | Details of delivery: Include anesthesia and maternal or newborn complications. Use Risk Guide numbers where applicable. |
|-----|------------|-----|-----------------|------------|---------------|------------------|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |

Initial Risk Assessment

- 68. No risk factors noted
- 69. At risk
- 70. At high risk

Signature _____

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Prenatal Flow Record



HOLLISTER
maternal/newborn
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PATIENT IDENTIFICATION

Patient's name _____

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Risk Guide for Pregnancy and Outcome

Preliminary Risk Assessment (detail risk factors from the HHS below)

- (0) No risk factors noted
- (1) At risk
- (2) High risk

Continuing Risk Guide (enter dates first noted and revise RISK STATUS)

| Mo/day | Potential risk factors | Mo/day | High risk factors |
|--------|-----------------------------------|--------|----------------------------------|
| / | 3. Preg. without familial support | / | 18. Diabetes mellitus |
| / | 4. Second pregnancy in 12 months | / | 19. Hypertension |
| / | 5. Smoking (≥ 1 pack per day) | / | 20. Thrombophlebitis |
| / | 6. Rh negative (nonsensitized) | / | 21. Herpes (type 2) |
| / | 7. Uterine/cervical malformation | / | 22. Rh sensitization |
| / | 8. Inadequate pelvis | / | 23. Uterine bleeding |
| / | 9. Venereal disease | / | 24. Hydramnios |
| / | 10. Anemia (Hct < 30%:Hgb < 10%) | / | 25. Severe preeclampsia |
| / | 11. Acute pyelonephritis | / | 26. Fetal growth retardation |
| / | 12. Failure to gain weight | / | 27. Premature rupt. membranes |
| / | 13. Multiple pregnancy (term) | / | 28. Multiple pregnancy (preterm) |
| / | 14. Abnormal presentation | / | 29. Low/falling estriols |
| / | 15. Postterm pregnancy | / | 30. Significant social problems |
| / | 16. | / | 31. |
| / | 17. | / | 32. |

| Initial Prenatal Screen | | | Additional Lab Findings | | |
|-------------------------|-----------------------------|--------|-------------------------|---------|--------|
| Mo/day | Test | Result | Mo/day | Test | Result |
| / | Hct/Hgb | | / | Hct/Hgb | |
| / | Patient's Blood type and Rh | | / | Hct/Hgb | |
| / | Father's Blood type and Rh | | / | | |
| / | Antibody | | / | | |
| / | Serology | | / | | |
| / | Rubella titer | | / | | |
| / | Urinalysis micro | | / | | |
| / | Pap test | | / | | |
| / | G.C. | | / | | |

| | | | | | | | | |
|--|---|---|---|---|-----|-----------|-------------------|-----------|
| G | T | P | A | L | LMP | mm/day/yr | CODE | mm/day/yr |
| <input type="checkbox"/> Attends prenatal classes <input type="checkbox"/> Cesarean section <input type="checkbox"/> For sterilization <input type="checkbox"/> Breast <input type="checkbox"/> Bottle feeding <input type="checkbox"/> Circumcision | | | | | | | | |
| Anesthesia | | | | | | | See Add Prog Note | |
| Baby's physician | | | | | | | | |

| Date | Year | Pre-gravid | Weight this visit | Blood pressure | Protein | Sugar | Urine | Est. weeks gestation (dates/size) | Fundal height | Fetal heart rate | Edema | RISK STATUS (0,1,2) |
|------|------|------------|-------------------|----------------|---------|-------|-------|-----------------------------------|---------------|------------------|-------|---------------------|
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Physician's signature _____

Obstetric Admitting Record



HOLLISTER
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Basic Admission Data

| | | | | | | | | |
|---|---|---|---|-----|-----------|-----|-----------|-----|
| T | P | A | L | LMP | mo/day/yr | EDC | mo/day/yr | AGE |
|---|---|---|---|-----|-----------|-----|-----------|-----|

Date mo / day / yr Time : AM / PM

Direct admit Transport Other

Ambulatory Wheelchair Cart/stretcher

Next of kin Tel. no.

Reasons for admission

Onset of labor Spontaneous abortion

Examination/evaluation Cesarean section

Maternal status Primary Repeat

Medical complication Induction of labor

Obstetric complication Elective Indicated

Other

Detail reasons:

Significant Prenatal Data

Prenatal lab tests None

| | | | |
|----------------------|---------------------|----------|----------|
| Patient's blood type | Father's blood type | Antibody | Serology |
| Rh titer | Rubella titer | | |

Fetal assessment tests None

| | | | | | |
|--------|--|--|--|--|--|
| Date | | | | | |
| Test | | | | | |
| Result | | | | | |

Allergies/sensitivities None

Latest risk assessment No risk factors noted at present

At risk 1. 4.

High risk 2. 5.

3. 6.

Prenatal education

No Yes Attended classes times/received instruction

No Yes Received prenatal care

No Yes Records available when admitted

Source of prenatal data:

Baby's physician Tel. no.

Patient Care Data

Interactions on admission None

Frequency Duration Quality

Began on mo / day / yr at : AM / PM

Membranes on admission Intact

Ruptured: date mo / day / yr at : AM / PM

Fluid was: Clear Meconium Foul smelling

Vaginal bleeding None

Normal show Bleeding (describe)

Patient has:

Recent URI Dentures

Exposure to infection Contact lenses

In vomiting Glasses

Admission Physical Examination

| Ht. (in.) | Wt. (lbs.) | B.P. | Temp. | Pulse | Resp. |
|-----------|------------|------|-------|-------|-------|
|-----------|------------|------|-------|-------|-------|

| System | WNL | Abn. | Findings |
|-----------------|--------------------------|--------------------------|----------|
| HEENT | <input type="checkbox"/> | <input type="checkbox"/> | |
| Breasts | <input type="checkbox"/> | <input type="checkbox"/> | |
| Heart and lungs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Abdomen | <input type="checkbox"/> | <input type="checkbox"/> | |
| Extremities | <input type="checkbox"/> | <input type="checkbox"/> | |
| Reflexes | <input type="checkbox"/> | <input type="checkbox"/> | |

Plans for anesthesia

None planned

Specify type:

Last oral intake mo / day / yr at : AM / PM Fluids Solids

Current medications None

| Name/type of medication | Last taken | Brought in |
|-------------------------|-------------|--|
| <u> </u> | <u> </u> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <u> </u> | <u> </u> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <u> </u> | <u> </u> | <input type="checkbox"/> No <input type="checkbox"/> Yes |

| | | | | |
|---|--|--|------------------------------------|--|
| Fetal evaluation | Estimated weeks gestation <u> </u> | | | |
| Fundal height <u> </u> | Presentation <u> </u> Position <u> </u> | | | |
| Estimated fetal weight <u> </u> | <input type="checkbox"/> Vertex <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | |
| FHR <u> </u> <table border="1"><tr><td></td><td></td></tr></table> | | | <input type="checkbox"/> Face/brow | |
| | | | | |
| Station <u> </u> | <input type="checkbox"/> Breech (type) <u> </u> | | | |
| Effacement <u> </u> | <input type="checkbox"/> Transverse lie | | | |
| Dilatation <u> </u> | <input type="checkbox"/> Compound | | | |

Patient plans

No Yes

Private Semi-private Rooming in

Smoker Non-smoker Husband in delivery

Breast Bottle feeding Circumcision for boy

Other:

Procedures Prep Enema (results)

Other:

Physician's name

Notified by

Date / / Time : AM / PM

| | | | |
|-------|------------|---------|-----------|
| Urine | Blood sent | AM / PM | Nurse |
| Alb. | Hct | Hgb | |
| Glu. | | | Attending |

4

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HOLLISTER
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Labor Progress Chart

G T P A L EDC

| | | | | | | | |
|-------------------|-------------------------------|-----|----------------------|---|-----------------------|------------------|------|
| Admit date / / | Admit time : : AM PM | Age | Blood type and Rh | Membranes are <input type="checkbox"/> Intact <input type="checkbox"/> Ruptured <input type="checkbox"/> Bulging | at : : AM PM | Baby's physician | Page |
|-------------------|-------------------------------|-----|----------------------|---|-----------------------|------------------|------|

| TIME → | AM PM | | | | AM PM | | | | AM PM | | | | AM PM | | | | AM PM | | | | AM PM | | | | AM PM | | | | AM PM | | | | | | |
|---------|---------------------|----|----|----|-------|----|----|----|-------|----|----|----|-------|----|----|----|-------|----|----|----|-------|----|----|----|-------|----|----|----|-------|----|----|----|----|----|----|
| | 00 | 15 | 30 | 45 | 00 | 15 | 30 | 45 | 00 | 15 | 30 | 45 | 00 | 15 | 30 | 45 | 00 | 15 | 30 | 45 | 00 | 15 | 30 | 45 | 00 | 15 | 30 | 45 | 00 | 15 | 30 | 45 | 00 | 15 | 30 |
| Station | Cervical dilatation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -3 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -2 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| +1 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| +2 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| +3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| +4 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| +5 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| +6 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|-------------------------|--|
| Effacement % | |
| Hour of labor | |
| Examination by: | |
| Blood pressure | |
| FHR | |
| Oxytocin | |
| Contraction Duration | |
| Quality | |
| Temp | |

| | |
|---|--|
| Medications and Key Events (use spaces to sign or initial entries) | |
|---|--|

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Labor and Delivery Summary



HOLLISTER
maternal/newborn
RECORD SYSTEM

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Labor Summary

| | | | | | |
|---|---|---|---|---|--------------|
| G | T | P | A | L | Type and Rh. |
|---|---|---|---|---|--------------|

Presentation

- Vertex
- Face or brow
- Breech
- Transverse lie Compound
- Unknown

Position

| | | |
|--|--|--|
| | | |
|--|--|--|

Complications None

- No prenatal care
- Preterm labor (≤ 37 wks.)
- Term (≥ 42 wks.)
- Febrile ($\geq 100.4^\circ$) when admitted
- PROM (≥ 12 hrs. preadmit)
- Meconium
- Foul smelling fluid
- Hydramnios
- Abruptio
- Placenta previa
- Bleeding-site undetermined
- Toxemia (mild) (severe)
- Seizure activity
- Precipitous labor (< 3 hrs.)
- Prolonged labor (≥ 20 hrs.)
- Prolonged latent phase
- Prolonged active phase
- Prolonged 2nd stage (> 2.5 hrs.)
- Secondary arrest of dilatation
- Cephalopelvic disproportion
- Cord prolapse
- Decreased FHT variability
- Extended fetal bradycardia
- Extended fetal tachycardia
- Multiple late decelerations
- Multiple variable decelerations
- Acidosis (pH < 7.2)
- Anesthetic complications

Induction None

- ARM Oxytoc. _____

Augmentation None

- ARM Oxytoc. _____

Monitor FHT UC None

- External
- Internal

Medications Total dosage

Delivery Data

Method of Delivery

- Cephalic
- Spontaneous Type _____
- Low forceps
- Mid forceps

Rotation _____ to _____

Vacuum extraction

Breech

Spontaneous

Partial extraction (assisted)

Total extraction

Forceps to A.C. head

Cesarean (details in operative notes)

Low cervical: transverse

Low cervical: vertical

Classical

Cesarean hysterectomy

Placenta

Spontaneous Blood loss

Expressed < 500 ml.

Manual > 500 ml.

Adherent Specify amount, detail in Remarks

Curettage (_____ ml.)

Configuration

Normal

Abn. _____

Weighted (No)(Yes) _____ gms.

Cord

Nuchal cord x _____

True knot

Umbilical vessels

Cord blood to (lab) (refrig.) (discard)

Episiotomy Suture

None

Median _____

Mediolateral

Other _____

Laceration

None

Degree perineal

Vaginal

Cervical

Uterine rupture

Other _____

Surgical Procedures None

Tubal ligation

Other _____

Delivery Data (cont.)

Delivery Anesthesia None

Local Epidural

Pudendal Spinal

Paracervical General

No. Agent/Drug Dose

No. Agent/Drug Dose

No. Agent/Drug Dose

No. Agent/Drug Dose

No. Agent/Drug Dose

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No. Agent/Drug Dose

Infant Data (cont.)

Medications

- None
- Scalp care
- Volume expander
- Sodium bicarbonate
- Drug antagonists
- Umbilical catheter
- Other _____

Initial Newborn Exam

- No observed abnormalities
- Gross congenital anomalies
- Mec. staining Trauma
- Petechiae Other _____

Describe _____

Remarks: _____

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Initial Newborn Profile



HOLLISTER
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RECORD SYSTEM

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1. Basic Data (entered by nursing personnel)

G T P A L

| | | | |
|------------------|-------------------------|-------------------------------|--|
| Mother's name | LMP mo/day/yr | | |
| EDC mo/day/yr | Delivery date mo/day/yr | Time of birth | AM PM |
| Apgar at: 1 min. | 5 min. | <input type="checkbox"/> Male | <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous |

2. Physical Examination

| | | | | |
|--|------------------|------------|--------------------|------|
| Date of exam | Time of exam | AM PM | Baby's age at exam | hrs. |
| Temperature | Respiration rate | Pulse rate | | |
| Femoral pulse: <input type="checkbox"/> Normal <input type="checkbox"/> Absent/weak <input type="checkbox"/> Delayed | | | | |

Code: = No abnormalities = Abnormalities present

- | | | |
|---|---------------------------------------|--|
| 1 <input type="checkbox"/> Reflexes | 6 <input type="checkbox"/> Thorax | 11 <input type="checkbox"/> Genitals |
| 2 <input type="checkbox"/> Skin: color, lesions | 7 <input type="checkbox"/> Lungs | 12 <input type="checkbox"/> Anus |
| 3 <input type="checkbox"/> Head/Neck | 8 <input type="checkbox"/> Heart | 13 <input type="checkbox"/> Trunk/Spine |
| 4 <input type="checkbox"/> Eyes | 9 <input type="checkbox"/> Abdomen | 14 <input type="checkbox"/> Extremities/Joints |
| 5 <input type="checkbox"/> ENT | 10 <input type="checkbox"/> Umbilicus | 15 <input type="checkbox"/> Tone/Appearance |

Description of abnormal findings — Please describe your findings objectively. Reserve your impressions or diagnoses for part 3 below. Please begin your findings with the reference number preceding each category.

3. Impressions and Diagnosis

Initial Risk Estimate No risk factors noted Low risk Medium risk High risk

Newborn Risk Indicators—Please review these along with the prior risk information available to you, in order to arrive at your Initial Risk Estimate in part 3.

Observable at birth

- No risk factors noted
- Abnormal presentation
- Multiple birth
- Low birth weight
- Resuscitation at birth
- 1 min. Apgar \leq 5
- 5 min. Apgar \leq 7
- Placental abnormalities
- Two cord vessels
- Difficult catheterization
- \geq 20ml. of gastric aspirate
- Small mandible with cleft palate
- Grunting
- Deep retractions
- Imperforate anus
- Pallor
- Jaundice
- Plethora
- Convulsions
- Decreased tone
- Congenital malformations

Within 24 hrs. postpartum

- No risk factors noted
- Abdominal distension
- Vomiting
- Failure to pass meconium (if skin not stained)
- Melena
- Apneic episodes
- Tachypnea (transient)
- See-saw breathing
- Cyanosis
- Petechiae/Ecchymoses
- Jaundice
- Pallor
- Plethora
- Fever
- Hypothermia
- Arrhythmias
- Murmur
- Lethargy
- Tremors (jitters)
- Convulsions

4. Maturity Evaluation

| | | | | | | |
|-------------------------------|------|--|------------------------------|------------|-------------|----|
| Gest. age by dates | wks. | Weight | lbs | gms. ozs. | Chest circ. | cm |
| Gest. age by exam | wks. | Length | cm | Head circ. | cm | |
| This infant is classified as: | | <input type="checkbox"/> Pre-term (<37 weeks) | <input type="checkbox"/> SGA | | | |
| | | <input type="checkbox"/> Term (37-42 weeks) | <input type="checkbox"/> AGA | | | |
| | | <input type="checkbox"/> Post-term (>42 weeks) | <input type="checkbox"/> LGA | | | |

5. Plans: diagnostic and therapeutic

Signature: _____

Newborn Discharge Summary



HOLLISTER
maternal/newborn
RECORD SYSTEM

(9#)

Physical Examination

| Date of exam | Time of exam | AM PM | Baby's age at exam |
|--------------|------------------|----------|--------------------|
| Temperature | Respiration rate | | Pulse rate |

(Code = No abnormalities = Abnormalities present)

| | | |
|---|---------------------------------------|--|
| 1 <input type="checkbox"/> Reflexes | 6 <input type="checkbox"/> Thorax | 11 <input type="checkbox"/> Genitals |
| 2 <input type="checkbox"/> Skin: color, lesions | 7 <input type="checkbox"/> Lungs | 12 <input type="checkbox"/> Anus |
| 3 <input type="checkbox"/> Head/Neck | 8 <input type="checkbox"/> Heart | 13 <input type="checkbox"/> Trunk/Spine |
| 4 <input type="checkbox"/> Eyes | 9 <input type="checkbox"/> Abdomen | 14 <input type="checkbox"/> Extremities/Joints |
| 5 | 10 <input type="checkbox"/> Umbilicus | 15 <input type="checkbox"/> Tone/Appearance |

Description of abnormal findings — Please describe your findings objectively. Reserve your impressions or diagnoses for the Discharge section below. Please begin your findings with the reference number preceding the circled category.

Basic Data

| | | | |
|------------------------|---------|------------|--|
| Discharge weight | lbs | gms ozs | Mother's record no. |
| Tests | Results | Date | Infant's record no. |
| Blood Type | | | Infant's ID no. |
| Coombs dir | | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous |
| Serology | | | Race <input type="checkbox"/> Caucasian <input type="checkbox"/> Black |
| PKU blood | | | <input type="checkbox"/> Other |
| PKU urine | | | Date of birth |
| Thyroid T ₄ | | | Time of birth AM PM |
| TSH | | | Place of birth |
| | | | <input type="checkbox"/> In hospital <input type="checkbox"/> En route |
| | | | <input type="checkbox"/> At home <input type="checkbox"/> Unknown |
| | | | <input type="checkbox"/> Other hospital |

If baby died note: Age at death mos days hrs Autopsy Yes No

Newborn discharged on ____ / ____ / ____ Time ____ AM
PM

With mother (or with _____)

To another service _____

To another hospital _____

Against advice _____

Follow-up visit scheduled for _____

With private physician

At clinic: _____

Note: _____

Date _____ Signature _____

Discharge Status

Use this section to summarize the baby's present condition. Describe briefly existing and resolved neonatal problems. If the baby is deceased, explain the reasons for death.

Problem (1)

Developed: At birth In nursery

Status: Resolved Stable Diminished Accelerated

Problem (2)

Developed: At birth In nursery

Status: Resolved Stable Diminished Accelerated

Problem (3)

Developed: At birth In nursery

Status: Resolved Stable Diminished Accelerated

Problem (4)

Developed: At birth In nursery

Status: Resolved Stable Diminished Accelerated

Course of treatment & impressions

Please refer to problem (1), (2), (3), or (4) in your summary. Note also your final impression of the baby at discharge.

Date _____ Physician's Signature _____