

Baby's addressograph

Hospital no
CHI no

Mother's addressograph

Mother's name
Date of birth ... / ... /
Address
.....
Postcode
Hospital no CHI no

Consultant obstetrician
Consultant paediatrician
Gp's name
Address
..... Postcode
.....

Mother's telephone ☎
Mother's occupation
Father's name
Father's age
Father's occupation
Other telephone ☎

Birth details

Date of birth: ... / ... / Time of delivery: : Type of delivery:
Presentation at birth: Indication if operative delivery:
Sex: Weight: g OFC: cm Length: cm Gestation:
Apgar score: 1min 5min 10min
Resuscitation No Yes details
Maternal opiates up to 3 hours pre-delivery No Yes details
Maternal antibiotics during labour No Yes details
Interval between rupture of membranes and birth hours days weeks
Meconium stained liquor No Yes details
Unusual features at or after delivery No Yes details

Initial Examination at birth

Performed on ... / ... / : Performed by Designation
Name bands/cot card checked with parents and secured No Yes
Temperature°c

Tick if checked and no problems identified, note any deviations below

- Head skin colour Head structure and fontanelles Eyes Ears Mouth and palate Neck
- Trunk skin colour Chest Cord Genitalia Anus Spine Muscle tone Limbs skin colour
- Palmar and plantar creases Digits Axillae

Comments and Actions:
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Vitamin K

Parent's consent No Yes Route i.m Oral Dose

Given by Checked by

Arrangements for repeat oral doses No Yes details

This Pregnancy Details

Details

- Multiple pregnancy No Yes
- Rhesus negativity and any blood group antibodies No Yes
- Abnormal ultrasound or amniocentesis No Yes
- Renal tract dilatation No Yes
- Maternal infection eg Group B Strep on HVS No Yes
- Antenatal steroids No Yes
- Other No Yes

Maternal medical history

- Diabetes/thyroid/endocrine No Yes
- HIV/Hepatitis B or C No Yes
- Medication No Yes
- Substance Misuse No Yes
- Smoked during pregnancy No Yes
- Other No Yes

Past Obstetric History

- Previous major congenital abnormality No Yes
- Previous delivery between 22 and 28 weeks No Yes
- Previous neonatal or infant death, including SIDS No Yes
- Other No Yes

Family History

- Family history of hearing loss in childhood No Yes
- Family history of TB No Yes
- Family history of hip dislocation No Yes
- Family history of inherited disease/
unusual condition No Yes
- Other No Yes

Social History

- Parenting concerns eg involvement with social
work, previous child on at risk register No Yes
- Child to go for adoption No Yes
- Domestic abuse No Yes
- Religious issues No Yes
- Other No Yes

Vaccinations

Hospital Neonatal Record

Need to offer BCG No Yes (If yes attach local consent form)

Need to offer Hep B vaccine No Yes (If yes attach local consent form)

BCG vaccination given as prescribed on ____/____/____ by

Hepatitis B vaccination given as prescribed on ____/____/____ by

Newborn well-being – Hospital care

Coombs test No Yes Infant Blood Group

Jaundice No Yes Date ____/____/____ Postnatal day

Jaundice resolved No Yes Date ____/____/____ Postnatal day

SBR No Yes Date ____/____/____ Postnatal day

Phototherapy No Yes Date commenced ____/____/____ Date completed ____/____/____

Maximum bilirubin Date ____/____/____

Hypoglycaemia No Yes Date ____/____/____ Postnatal day

Lowest glucose Date ____/____/____

Other tests

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Discharge/Transfer information

Discharge date ____/____/____

Condition at discharge Normal Other Details

Discharge Home with mother Home after mother To relative To foster care
 To other hospital with mother To other hospital without mother

Other

Discharge address

..... Postcode

Home 

Feeding at discharge Breast Bottle Other

Discharge weight g Medication

Hospital follow up None Other

Further examination required (arrangements) No Yes

Details

Referral to specialists No Yes

Follow up arranged

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Signature