

British Columbia Newborn Record Part 2

9.

DATE DONE
D | M | Y

☐ PKU, TSH, GALACTOSEMIA

TIME: _____

☐ POSITIVE MATERNAL HBsAg STATUS

☐ HBIG GIVEN

☐ HEPATITIS B VACCINE GIVEN

☐ POSITIVE MATERNAL HIV STATUS

☐ OTHER

HOSPITAL NAME

DATE

SURNAME

GIVEN NAME

ADDRESS

PHONE NUMBER

PHYSICIAN / MIDWIFE NAME

10.

D | M | Y

PROBLEM LIST

DATE RESOLVED
D | M | Y

11.

D | M | Y

PROGRESS NOTES

12.

D | M | Y

CIRCUMCISION ☐ DONE

METHOD:

ANALGESIA USED:

SIGNATURE:

MD

13. DISCHARGE EXAMINATION

DATE
D | M | Y

WEIGHT
g

HEAD CIRCUMFERENCE
cm

	NORMAL	ABNORMAL	COMMENT
1. GENERAL	<input type="checkbox"/>	<input type="checkbox"/>	
2. SKIN	<input type="checkbox"/>	<input type="checkbox"/>	
3. HEAD	<input type="checkbox"/>	<input type="checkbox"/>	
4. EENT	<input type="checkbox"/>	<input type="checkbox"/>	
5. RESPIRATORY	<input type="checkbox"/>	<input type="checkbox"/>	
6. CVS	<input type="checkbox"/>	<input type="checkbox"/>	
7. ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	
8. UMBILICAL CORD	<input type="checkbox"/>	<input type="checkbox"/>	
9. GENITORECTAL	<input type="checkbox"/>	<input type="checkbox"/>	
10. MUSCULOSKELETAL	<input type="checkbox"/>	<input type="checkbox"/>	
11. NEUROLOGICAL	<input type="checkbox"/>	<input type="checkbox"/>	
12. OTHER	<input type="checkbox"/>	<input type="checkbox"/>	

14. STATUS AT DISCHARGE

PROBLEMS REQUIRING FOLLOWUP:

FEEDING: ☐ BREAST ☐ VIT. D ☐ FORMULA

15. DISCHARGED

☐ HOME
☐ ADOPTION
☐ FOSTER HOME
☐ OTHER HOSPITAL (specify):

16. FOLLOW UP BY (when?)

☐ FAMILY PHYSICIAN
☐ MIDWIFE
☐ PEDIATRICIAN
☐ OTHER CONSULTANT
☐ COMMUNITY HEALTH NURSE
☐ MINISTRY FOR CHILDREN AND FAMILY DEVELOPMENT

WHITE - INFANT'S CHART
YELLOW - COMMUNITY HEALTH NURSE
PINK - PHYSICIAN / MIDWIFE

SIGNATURE

MD/RM

☐ NEONATAL DEATH ☐ AUTOPSY PERFORMED