

SNCU Reg. No.....

Doctor In charge.....





SPECIAL NEW BORN CARE UNIT

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DISCHARGE CARD (Developed by UNICEF for NHM)

MCTS No.

Baby of (Mother's Name)			Sex:				
Father's Name			Category:				
Complete Address with Village Name / Ward No.			Date of Birth:				
Contact No. & Relation	1.	2.					
Date and Time of Admission		Age on Admission :	Wt. on Admission (Kg):				
Date and Time of Discharge		Age on Discharge :	Wt. on Discharge (Kg):				
Place of Delivery		Type of Admission :					
Indication for Admission							
Final Diagnosis							
Final Outcome							
MOTHER'S INFORMATION : Past History and ANC Period							
(Put Same as in Case Record Sheet)							
Mother's Age :Yrs.	Mother's Wt.:	Kgs. Age at Marriage :	Yrs. Consanguinity :				
Birth Spacing :	L.M.P. :	E.D.D.:	Antenatal Visit's :				
T.T. Doses :	Gestation Weeks :	Gravida :	Para :				
Live Birth :	Abortion :	Hb :	Blood Group :				
PIH :	Drug:	Radiation :	Illness :				
APH :	GDM	Thyroid :	VDRL :				
HbsAg :	HIV Testing :	Amniotic Fluid Volume :					
Any Other Significant History							

${\bf MOTHER'S\ INFORMATION: During\ Labour}$

(Put Same as in Case Record Sheet)

Antenatal Steroids :	Number of Doses :	Time Between Last Dose & Delivery :					
Foul Smelling Discharge :	Uterine Tenderness :	Leaking P.V. > 24 Hours :					
H/O Fever :	PPH :	PIH :					
Amniotic Fluid :	Presentation:	Labor :					
Course of Labor:	E/O Feotal Distress:	Type of Delivery :					
Indication for Caesarean, if App	olicable []	Delivery Attended by :					
BABY'S INFORMATION : At Birth (Put Same as in Case Record Sheet)							
Cried Immed. after Birth :	Wt. at Birth :Kgs.	Gestational Age(in completed weeks)					
Maturity :	APGAR at 1 Min :	APGAR at 5 Min :					
Resuscitation Required :	Vitamin K Given :	Breast Fed within 1 Hour :					
BABY'S INFORMATION : On Admission (Put Same as in Case Record Sheet)							
GENERAL EXAMINATION							
General Condition :	_Temperature :°C Heart Rate :	/min Apnea: RR :/min					
B.P. :	Grunting : Chest Indrawing :	Head Circumference :c.m.					
Length :c.m.	Color : Cry :	CRT > 3 secs :					
Skin pinch > 2 secs :	Meconium Stained Cord : Tone :	Convulsions :					
Jaundice :	Bleeding: Bulging Anterior Fontal	nel : Taking Breast Feed :					
Sucking :	Attachment : Umbilicus :	Skin Pustules :					
Congenital Malformation :	Blood Sugar :	Oxygen Saturation :					
SYSTEMIC EXAMINATION							
CVS	:						
RESPIRATORY	:						
PER ABDOMEN	:						
CNS	:						
OTHER SIGNIFICANT FINDING	3 :						

TREATMENT GIVEN 1. Oxygen : Yes / No (If yes duration	•
COURSE DURING TREATMENT	
RELEVANT INVESTIGATIONS	
CONDITION ON DISCHARGE	
IMMUNIZATION STATUS RI Card BCG	OPV (0 Dose) Hepatitis B (Birth Dose)
TREATMENT ADVISED ON DISCHARGE 1. Exclusive Breast Feeding till 6 months of Age. 2. Burp well after feed. 3. Maintain Temperature. 4. Immunization as per Schedule. 5. Follow-up as per Schedule.	

Doctor's Name and Signature

Institutional Follow up at S.N.C.U.

Visit	Anthropometry	Immunization Status	Examination Findings	Advice
8 Days Scheduled Date/20 Date of Visit/20 1 Month Scheduled Date/20 Date of Visit/20	Wt. (kg.) Total Length (cm.) Head Circumfer. (cm.) Wt. (kg.) Total Length (cm.) Head Circumfer. (cm.)		General: Systemic: General: Vision: Hearing:	Seen by
3 Months Scheduled Date/20 Date of Visit/20	Wt. (kg.) Total Length (cm.) Head Circumfer. (cm.)		Systemic: General: Vision: Hearing: Systemic: Neurodevelopmental:	Seen by
6 Months Scheduled Date/20 Date of Visit/20	Wt. (kg.) Total Length (cm.) Head Circumfer. (cm.)		General: Vision: Hearing: Systemic: Neurodevelopmental:	Seen by
1 Year Scheduled Date/20 Date of Visit/20	Wt. (kg.) Total Length (cm.) Head Circumfer. (cm.) M.U.A.C. (mm.)		General : Vision : Hearing : Systemic : Neurodevelopmental :	Seen by