





SPECIAL NEW BORN CARE UNIT

Developed by UNICEF for NHM

Admission Register

Sister Incharge	•••••••
Start Date	End Date

Special New Born Care Unit	,		
Month.	Y	/ear	

To be Filled at the Time of Admission by Sister on Duty							To be Filled at the Time of Discharge by Sister on Duty															
Admission Date (DD/MM/YY) Admission Time	Hospital IPD NO.	SNCU Reg. No.	Baby of : (Mother's Name)	Father's Name	Sex A	Wt. on Admission.	Caste	Complete Address	Contact No. (Relative / Parent)	Name of ASHA / AWW	Contact No.	Place of Delivery with Name	Type of Admission	Maturity	Indication for Admission	Provisional Diagnosis	Name and Sign. Of Person Entering Details	Final Diagnosis	Out Come	Date of DISCHARGE / LAMA / REFERRAL / DEATH	Time of DISCHARGE / LAMA / REFERRAL / DEATH	Doctor Incharge
		District/Year/ Monthly S.No./ Yearly S.No.			Male/ In Female Da	In Kgs	GEN/OBC/SC/ST	MENTION FULL ADDRESS WITH BLOCK NAME / SHC / VILLAGE (MENTION WARD NO. FOR URBAN AREA)				Ambulance/ Home / (Pvt. Hospital / Govt. Hospital) Name	1. INBORN 2. OUTBORN (Hospital Referred) 3. OUTBORN (Community Referred)	PRETERM (<37 Wks)/ FULLTERM (37- <42 Wks)/ POSTTERM (=>42 Wks)	PICK UP FROM CASE SHEET	PICK UP FROM CASE SHEET		PICK UP FROM CASE SHEET	DISCHARGE / LAMA / REFERRAL / DEATH	DD/MM/YY		