





SPECIAL NEW BORN CARE UNIT

NEONATAL CASE RECORD SHEET (Developed by UNICEF for NHM)

SNCU Reg. No												
Doctor In charge	MCTS No.											
Baby of (Mother's Name)	Sex: Male / Female / Ambiguous											
Father's Name	Category: General / OBC / SC / ST				C/ST							
Complete Address with Village Name / Ward No.						·						
Contact No. & Relation	1.			2.								
Date and Time of Birth	/20	Birth W	'eigh	nt (Kg)								
Date and Time of Admission	/20	Age on	Adr	mission	:	W	/t. c	n Adm	issic	on (Kg)):	
Date and Time of Discharge	/20	Age on	Dis	charge	:	W	/t. c	n Discl	narg	je (Kg)	:	
Type of Admission	Inborn / Out born (Health Facility Referred) / Out born (Community Referred)											
Place of Delivery	Home / Ambulance/ Pvt. Hospital / Govt. Hospital (Name) :											
Referred From	Mode of Transport : Self Arranged / Govt. Provided											
Indication for Admission (Encircle the most relevant single indication	on, If multiple	indic	ation also	mentio	n all rele	vant	numbers	in the	end as p	oer pri	ority)
1. Prematurity <34 weeks 2. Low Birth Weight <1800 gm. 3. Perinatal Asphyxia 4. Neonatal Jaundice 5. Resp. Distress (Rate>60 or Grunt / Retractions) 6. Large Baby (>4 Kg. at 40 weeks) 7. Refusal to Feed 8. Central Cyanosis 9. Apnea / Gasping 10. Neonatal Convulsions 11. Baby of Diabetic mother 12. Oliguria 13. Abdominal Distension 14. Hypothermia <35.4 °C 15. Hyperthermia >37.5 °C 16. Hypoglycemia <45 mg% 17. Shock : Cold Periphery with 17. Shock : Cold Periphery with 18. CFT >3 sec & Weak Fast Pul				18. Meconium Aspiration 19. Bleeding 20. Diarrhoea 21. Major Congenital Malformation 22. Unconsciousness 23. Any Other () 24. Multiple Indication - Mention All Relevant Numbers: a b								
Provisional Diagnosis:												
*Final Diagnosis (Encirc	le the most relevant single diagnosis, If	multiple caus	ses a	lso menti	on all re	elevant r	numb	ers in the	end	as per s	equen	ce)
 ELBW (999 gm or less): P 07.0 Other LBW (1000 gm – 2499 gm): P 07.1 Extreme Immaturity (<28 Weeks): P 07.2 Prematurity (28-<37 Weeks): P 07.3 Small for Gestational Age (IUGR): P 05.1 Neonatal Aspiration of Meconium: P 24.0 RDS of Newborn (HMD): P 22.0 Transient Tachypnoea of Newborn: P 22.1 Pneumothorax: P 25.1 Congenital Pneumonia: P 23 Acquired Pneumonia: J 15 Primary Sleep Apnoea of Newborn: P 28.3 Birth Asphyxia: P 21.0 Neonatal Sepsis: P 36.9 Convulsions of Newborn: (Hypoxic, Hypoglycaemic, CNS Infections, Birth Trau Other, Unknown Cause) Hemolytic disease of New Neonatal Jaundice: P 59 Acute Renal Failure: N 17 Neonatal Cardiac Failure: Shock: R 57 DIC: P 60 Intraventricular Hemorrhag Neonatal Diarrhoea: A 09 Tetanus Neonatorum: A 3 Hypothermia of Newborn: Environmental Hypertherm 			olic,		(a) (b) (c) (d) (e) (f) (g) (h) (l) (j) (k)	Cong. I Cong. I Mening Imperfo T.O. Fis Conger Cleft Pa Cleft Lip Cleft Pa Conger Conger Other M	Diaphydryddiaethiaethiaethiaethiaethiaethiaethiaeth		c Heius : Q Q 05 Q 42.3 sease oft Lipies of ies of (03 5 3 9: Q 21 0: Q 37 f Hip: Q f Feet: (: 65 Q 66	,
Meningitis : G 00	 Neonatal Hypoglycaemia 	- B. B. 141 1 1961				Diagnosis -Mention All Relevant Codes :						

MOTHER'S INFORMATION: Past History and ANC Period

Mother's Age Yrs.	Mother's WtKgs.	Age at MarriageYrs.			
Consanguinity : Yes []	No []	Birth Spacing: < 1 Yr / 1-2 Yr	/ >2-3 Yr / > 3 Yr / Not Applicable		
Gravida :	Para :	Live Birth :	Abortion:		
LMP :/	EDD:/	Gestation Weeks :			
Antenatal Visit's	: None / 1 / 2 / 3 / 4	T.T. Doses: None / 1 / 2			
Hb	:	Blood Group :			
PIH	: No [] Yes [Hypertension / Pre Eclampsia / Eclampsia]				
Drug	: No [] Yes []()	Radiation : Yes [] No []		
Illness	: Malaria / T.B. / Jaundice / Rash with Fever / U.T.I. / Syphilis/ Other ()				
APH	: Yes [] No []	GDM: Yes[] No[]			
Thyroid	: Euthyroid (N) / Hypothyroid / Hyperthyroid / Not Known				
VDRL	: Not Done / + Ve / -Ve	HbsAg: Not Done / + Ve / -	Ve		
HIV Testing	: Done / Not Done	Amniotic Fluid Volume : Adequ	uate / Polyhydraminos / Oligohyd.		
Other Significant Information:					

MOTHER'S INFORMATION: During Labour

Antenatal Steroids	: Yes [] No []	If Yes, Betamethasone [] / Dexamethasone []			
No. of doses	: [1] [2] [3] [4]	Time Between Last Dose & Delivery hrs./ Day			
H/O Fever	: In 1st Trimester / In 2nd Trimester / In 3rd Trimester / During Labor only if >100.4F				
Foul Smelling Discharge	: Yes [] No []	Uterine Tenderness: Yes [] No []			
Leaking P.V. > 24 Hours.	: Yes [] No []	PIH: Hypertension / Pre Eclampsia / Eclampsia			
PPH	: Yes [] No []				
Amniotic Fluid	: Clear / Blood Stained / Meconium Stained / Foul Smelling				
Presentation	: Vertex / Breech / Transverse Labour : Spontaneous / Induced				
Course of Labour	: Uneventful / Prolonged 1st stage / Prolonged 2nd stage / Obstructed				
E/O Feotal Distress	: Yes [] No []	Type of Delivery: LSCS / AVD / NVD			
Indication for Caesarean, if Applicable	; : [Cephalo Pelvic Disproportion] [Malpresentation] [Placenta Previa] [Obstructed Labor] [Foetal Distress] [Prolonged Labour] [Cord Prolapse] [Failed Induction (Dystocia)] [Previous LSCS] [Other				
п Аррисаые					
Delivery Attended by	: [Doctor] [Nurse] [ANM] [Dai] [Relat	ive] [Any Other]			
Other Significant Informa	tion :				

BABY'S INFORMATION: At Birth

Cried Immed. after Birth	: Yes [] No []	Wt. at Birth: Kgs.			
Gestational age	: in completed weeks	Maturity : Preterm (<37 Wk) / Full term / Post term (≥42 Wk)			
APGAR at 1 Min	: / Not Available	APGAR at 5 Min: / Not Available			
Resuscitation Required	: NO [] Yes [] Tactile Stimulation /Only Oxygen / Bag & Mask [Durationmin.]/ Intubation / Chest Compression / Adrenaline				
Vitamin K Given	: Yes [] No []	Breast Fed within 1 Hour : Yes [] No []			
BABY'S INFORMATION : On Admission					
PRESENTING COMPLAIN	ΓS:				
GENERAL EXAMINATION					
General Condition	: [Alert] [Lethargic] [Comatose]	Temperature°C Heart Rate/min			
Apnea	: Yes [] No []	RR/min. B.P :			
Grunting	: Yes [] No []	Chest Indrawing : Yes [] No []			
Head Circumference	:c.m.	Lengthc.m.			
Color	: Pink / Pale / Central Cyanosis / P	eripheral Cyanosis			
CRT >3 secs	: Yes [] No []	Skin pinch > 2 secs : Yes [] No []			
Meconium Stained Cord	: Yes [] No []	Cry : Absent / Feeble / Normal / High Pitch			
Tone	: Limp / Active / Increase Tone	Convulsions : Present on Admission / Past History / No			
Jaundice	: Yes [] No [] If Yes, extent [Face	e] [Chest] [Abdomen] [Legs] [Palms / Soles]			
Bleeding	: Yes [] No [] If Yes ,specify site	[Skin] [Mouth] [Rectal] [Umbilicus]			
Bulging Anterior Fontanel	: Yes [] No []	Taking Breast Feeds : Yes [] No []			
Sucking	: [Good] [Poor] [No Sucking]	Attachment : [Well attached] [Poorly attached] [Not attached]			
Umbilicus	: [Red] [Discharge] [Normal]	Skin Pustules: [No] [Yes <10] [Yes >=10] [Abscess]			
Congenital Malformation	Cong. Heart Diseas	nia / Hydrocephalus / M.M.C. / Imperforate Anus / T.O. Fistula / se / Cleft Palate / Cleft Lip / Cleft Palate with Cleft Lip / Hip / Cong. Deformity of Feet / Other			
Blood Sugar	:	Oxygen Saturation :			
Other Significant Informatio	n :				

SYSTEMIC EXAMINATION

CVS :		
RESPIRATORY :		
PER ABDOMEN :		
CNS :		
	TREATMENT ADVISED : On Admission	on
IN	VESTIGATIONS ADVISED : On Admis	sion
		Doctor's Name and Signature
	सहमति पत्र	
	हमें डॉक्टर द्वारा बता दिया गया है कि हमारा शिशु गंभीर रूप र	
	ओं से हमें अवगत करा दिया गया है तथा हमें पूर्ण रूप से विदित :। इन सभी खतरों से अवगत होने के बाद भी हम हमारे बच्चे को एस	
	ने के लिये सहमत हैं।	ા. ડ્રાં. સા. ચૂ. 1 ખેલા 1 બાવમ સાલવ મેં અવાર હતુ
Foot Print of Newborn (Left Foot)	FINAL OUTCOME	अभिभावक के हस्ताक्षर
Succe	essfully Discharged / Left Against Medical Advice / Referred	/ Expired
In Case of Dea	th: Mention Cause of Death (The Most F	Relevant Single Indication)
 Respiratory Distress Syndron Meconium Aspiration Syndron HIE / Moderate-Severe Birth Sepsis 	me 7. Major Congenital Malformation	11. Cause not established 12. Any Other :
5 Pneumonia	10. Neonatal Tetanus	