



**SICK NEW BORN CARE UNIT**  
**Veerangna Avanti Bai Mahila Hospital, Lucknow**  
**NEONATAL CASE RECORD SHEET**  
(Developed by UNICEF for NHM)

**SNCU Reg. No.** 344835648

**MCTS No.**

**Doctor In Charge:** Nehaa

|                                               |                    |                                                 |                            |
|-----------------------------------------------|--------------------|-------------------------------------------------|----------------------------|
| Baby Of (Mothers Name)                        | Anita              |                                                 |                            |
| Fathers Name                                  |                    |                                                 |                            |
| Complete Address with Village Name / Ward No. |                    |                                                 |                            |
| Contact No. & Relation                        |                    |                                                 |                            |
| Date and Time of Birth                        | 01-01-1970 6:03 AM | Birth Weight (Kg): 4.5                          |                            |
| Date and Time of Admission                    | 01-01-1970 6:03 AM | Age on Admission (Days): 1                      | Wt. on Admission (Kg): 4.5 |
| Date and Time of Discharge                    | N/A                | Age on Discharge (Kg): N/A                      | Wt. on Discharge (Kg): N/A |
| Type of Admission                             | Inborn             |                                                 |                            |
| Place of Delivery                             |                    |                                                 |                            |
| Referred From                                 | N/A                | Mode of Transport: Self Arranged/Govt. Provided |                            |

|                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Indication for Admission</b> (Encircle the most relevant single indication, If multiple indication also mention all relevant numbers in the end as per priority)                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        |
| 1. Prematurity <34 weeks<br>2. Low Birth Weight <1800 gm.<br>3. Perinatal Asphyxia<br>4. Neonatal jaundice<br>5. Resp. Distress (Rate>60 or Grunt/Retractions)<br>6. Large Baby(>4 Kg. at 40 weeks)<br>7. Refusal to Feed<br>8. Central Cyanosis<br>9. Apnea / Gasping | 1. Neonatal Convulsions<br>2. Baby of Diabetic mother<br>3. Oliguria<br>4. Abdominal Distension<br>5. Hypothermia <35.4 °C<br>6. Hypothermia >37.5 °C<br>7. Hypoglycemia <45 mg%<br>8. Shock : cold Periphery with CFT >3 sec & Weak Fast Pulse | 1. Meconium Aspiration<br>2. Bleeding<br>3. Diarrhoea<br>4. Major Congenital Malformation<br>5. Unconsciousness<br>6. Any Other (.....)<br>7. <b>Multiple Indication-</b><br>Mention All Relevant Numbers:<br>a.....b.....c.....d..... |
| <b>Provisional Diagnosis</b>                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>*Final Diagnosis</b> (Encircle the most relevant single diagnosis, If multiple causes also mention all relevant numbers in the end as per sequence)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul style="list-style-type: none"><li>• ELBW(999 gm or less) :P 07.0</li><li>• Other LBW(1000 gm - 2499 gm):P 07.1</li><li>• Extreme Immaturity(&lt;28 Weeks):P 07.2</li><li>• Prematurity(28-&lt;37 Weeeks):P 07.3</li><li>• Small for Gestational Age(IUGR):P 05.1</li><li>• Neonatal Aspiration of Meconium:P 24.0</li><li>• RDS of Newborn(HMD):P 22.0</li><li>• Transient Tachypnoea of newborn::P 22.1</li><li>• Pneumothorax ::P 25.1</li><li>• Congenital Pneumonia:P 22</li><li>• Acquired Pneumonia:J 15</li><li>• Primary Sleep Apnoea of Newborn:P 28.3</li><li>• Birth Asphyxia:P 21.0</li><li>• HIE of Newborn:P 91.6</li><li>• Neonatal Sepsis:P 36.9</li><li>• Meningitis:G 00</li></ul> | <ul style="list-style-type: none"><li>• Convulsions of Newborn:P 90<br/>(Hypoxic, Hypoglycaemic, Hypocalcaemic, CNS Infections, Birth Trauma, Metabolic, Other, Unknown Cause)</li><li>• Hemolytic disease of Newborn:P 55</li><li>• Neonatal jaundice:P 59</li><li>• Acute Renal Failure:N 17</li><li>• Neonatal Cardiac Failure:P 29.0</li><li>• Shock:R 57</li><li>• DIC:P 60</li><li>• Intraventricular Hemorrhage:P 52.3</li><li>• Neonatal Diarrhoea:A 09</li><li>• Tetanus Neonatorum:A 33</li><li>• Hypothermia of Newborn:P 80</li><li>• Environmental Hypothermia of Newborn:P 81.0</li><li>• Neonatal Hypoglycaemia:P 70.4</li></ul> | <ul style="list-style-type: none"><li>• Congenital Malformation:<br/>(a)Cong. Diaphragmatic Hernia:Q 79.0<br/>(b)Cong. Hydrocephalus:Q 03<br/>(c)Meningomyelocele:Q 0.5<br/>(d)Imperforate anus:Q 42.3<br/>(e)T.O. Fistula:Q 39.2<br/>(f)Congenital Heart Disease:Q 21<br/>(g)Cleft Palate:Q 35<br/>(h)Cleft lip:Q 36<br/>(i)Cleft Palate with Cleft Lip:Q 37<br/>(j)Congenital Deformities of Hip:Q 65<br/>(k)Congenital Deformities of Feet:Q 66<br/>(l)Other Malformation(.....)</li><li>• Any Other Dignosis(.....)</li><li>• <b>Multiple Dignosis-</b><br/>Mention All Relevant Codes:<br/>a.....b.....c.....d.....</li></ul> |

## MOTHER'S INFORMATION : Past History and ANC Period

|                                |                                                                  |                                                         |
|--------------------------------|------------------------------------------------------------------|---------------------------------------------------------|
| Mother's Age --                | Mother's Wt --                                                   | Age at Marriage --                                      |
| Consanguinity: Yes/No          | Birth Spacing: < 1Yr/1-2Yr/>2-3Yr/>3Yr/Not Applicable            |                                                         |
| gravidia:.....                 | para:.....                                                       | live Birth:.... abortion:.....                          |
| LMP:.././..                    | EDD:.././..                                                      | Gestation Weeks:.....                                   |
| Antenatal Visits               | :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/TB/jaundice/Rash with fever/U.T.I/Syphills/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:Adequate/Polihydraminos/Olygohyd. |
| 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./.... Days |
| 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 Fetal Distress                      | : Yes [ ] No [ ]                                                                                                                                                                             | type of Delivery: LSCS/AVD/NVD                       |
| Indication for Caesarean, if Applicable | : [Cephalo Pelvic Disproportion][Malpresentation][Placenta Previa][Obstructed Labor][Fetal Distress][Prolonged Labour][Cord Prolapse][Failed Induction (Dystocia)][Previous LSCS][Other....] |                                                      |
| Delivery Attended by                    | : [Doctor] [Nurse] [ANM] [Dai] [relative] [Any Other].....                                                                                                                                   |                                                      |
| Other Significant Information:          |                                                                                                                                                                                              |                                                      |

## 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) |
| Was APGAR Score Recorded | : Yes [ ] No [ ]                                                                                                        | APGAR value: .....                                     |
| Resuscitation Required   | : Yes [ ] No [ ] Tactile Simulation/Only Oxygen/Bag & Mak [duration...min.]/<br>Intubation/Chest compression/Adrenaline |                                                        |
| Vitamin K Given          | : Yes [ ] No [ ]                                                                                                        | Breast Fed within 1 Hour: Yes [ ] No [ ]               |

## BABY'S INFORMATION : On Admission

|                         |
|-------------------------|
| PRESENTINGS COMPLAINTS: |
|-------------------------|

## 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.                                                                                                                                                                                                                   | Length: .....c.m.                                            |                     |
| Color                          | : Pink/Pale/Central Cyanosis/Peripheral 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][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        | : [No] [Yes] Diaphragmatic Hernia/Hydrocephalus/M.M.C./imperforate Anus/T.O Fistula/<br>Cong. Heart Disease/Cleft palate/Cleft Lip/Cleft Palate width Cleft Lip/<br>Cong. Deformity of Hip/Cong. Deformity of Feet/Other..... |                                                              |                     |
| Blood                          | : .....                                                                                                                                                                                                                       | Oxygen Saturation: .....                                     |                     |
| Other Significant Information: |                                                                                                                                                                                                                               |                                                              |                     |

## SYSTEMIC EXAMINATION

CVS :.....

RESPIRATORY :.....

PER ABDOMEN :.....

CNS :.....

OTHER SIGNIFICANT FINDING :.....

## TREATMENT ADVISED : On Admission

## INVESTIGATIONS ADVISED : On Admission



Foot Print of Newborn  
(Left Foot)

Doctor's Name and Signature

### सहमति पत्र

हमें डॉक्टर द्वारा बता दिया गया है कि शिशु गंभीर रूप से बीमार है एवं उपचार के दौरान होने वाली जटिलताओं से हमें अवगत करा दिया गया है तथा हमें पूर्ण रूप से विदित है कि उपचार के दौरान समस्याएं उत्पन्न हो सकती हैं। इन सभी खतरों से अवगत होने के बाद भी हम हमारे बच्चे को एस. एन. सी. यू. जिला चिकित्सालय में उपचार हेतु भर्ती कराने के लिए सहमत हैं।

अभिभावक के हस्ताक्षर

## FINAL OUTCOME

Successfully Discharged/Left Against medical Advice/Referred/Expired

## In Case of Death : Mention Cause of Death(The most Relevant Single Indication)

1. Respiratory Distress Syndrome
2. Meconium Aspiration Syndrome
3. HIE/Moderate-Severe Birth Asphyxia
4. Sepsis
5. Pneumonia

1. Meningitis
2. Major Congenital Malformation
3. E.L.B.W.(Wt. less than 1000g)
4. Prematurity(<28 weeks of Gestation)
5. Neonatal Tetanus

1. Cause not established
2. Any Other :.....
- .....
- .....