



SICK NEW BORN CARE UNIT
Veerangna Avanti Bai Mahila Hospital, Lucknow

NEONATAL CASE RECORD SHEET

(Developed by UNICEF for NHM)

SNCU Reg. No. 648844664543

MCTS No.

Doctor In Charge: Seema

Baby Of (Mothers Name)			
Fathers Name			
Complete Address with Village Name / Ward No.			
Contact No. & Relation			
Date and Time of Birth	01-01-1970 5:30 AM	Birth Weight (Kg): 4.57	
Date and Time of Admission	01-01-1970 6:03 AM	Age on Admission (Days): 1	Wt. on Admission (Kg): 4.57
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	

Indication for Admission(Encircle the most relevant single indication, If multiple indication also mention all relevant numbers in the end as per priority)

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

Provisional Diagnosis

***Final Diagnosis**(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">• 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 Weeeks):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 22• Acquired Pneumonia:J 15• Primary Sleep Apnoea of Newborn:P 28.3• Birth Asphyxia:P 21.0• HIE of Newborn:P 91.6• Neonatal Sepsis:P 36.9• Meningitis:G 00 | <ul style="list-style-type: none">• Convulsions of Newborn:P 90
(Hypoxic, Hypoglycaemic, Hypocalcaemic, CNS Infections, Birth Trauma, Metabolic, Other, Unknown Cause)• Hemolytic disease of Newborn:P 55• Neonatal jaundice:P 59• Acute Renal Failure:N 17• Neonatal Cardiac Failure:P 29.0• Shock:R 57• DIC:P 60• Intraventricular Hemorrhage:P 52.3• Neonatal Diarrhoea:A 09• Tetanus Neonatorum:A 33• Hypothermia of Newborn:P 80• Environmental Hypothermia of Newborn:P 81.0• Neonatal Hypoglycaemia:P 70.4 | <ul style="list-style-type: none">• Congenital Malformation:<ul style="list-style-type: none">(a) Cong. Diaphragmatic Hernia:Q 79.0(b) Cong. Hydrocephalus:Q 03(c) Meningomyelocele:Q 05(d) Imperforate anus:Q 42.3(e) T.O. Fistula:Q 39.2(f) Congenital Heart Disease:Q 21(g) Cleft Palate:Q 35(h) Cleft lip:Q 36(i) Cleft Palate with Cleft Lip:Q 37(j) Congenital Deformities of Hip:Q 65(k) Congenital Deformities of Feet:Q 66(l) Other Malformation(.....)• Any Other Dignosis(.....)• Multiple Dignosis-
Mention All Relevant Codes:
a.....b.....c.....d..... |
|--|---|--|

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.]/ 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/ Cong. Heart Disease/Cleft palate/Cleft Lip/Cleft Palate width Cleft Lip/ 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

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INVESTIGATIONS ADVISED : On Admission

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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 :.....
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