

H-23



# HULHUMALE' HOSPITAL

Huvan'dhu Maa Hingun, Hulhumale', Republic of Maldives  
Tel: 3350037, 3350038, Fax: 3350014  
e-mail: admin@hmmh.gov.mv

Hospital Number

## NEW BORN SHEET

MOTHER'S DETAILS: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

MRD No: \_\_\_\_\_

Consanguinity: \_\_\_\_\_

Booked / Unbooked: \_\_\_\_\_

Immunized / Un-immunized: \_\_\_\_\_

Para Gravida: \_\_\_\_\_

Previous Still Birth: \_\_\_\_\_

Weight: \_\_\_\_\_

LMP: \_\_\_\_\_

EDD: \_\_\_\_\_

HB: \_\_\_\_\_

Blood Grp & Type: \_\_\_\_\_

VDRL: \_\_\_\_\_

Other Tests: \_\_\_\_\_

Toxemia: \_\_\_\_\_

Hydramnios: \_\_\_\_\_

P.I.H: \_\_\_\_\_

A.P.H: \_\_\_\_\_

Any other illness: \_\_\_\_\_

Presentation: \_\_\_\_\_

Time of Membrane rupture: \_\_\_\_\_

Liquor Quality: \_\_\_\_\_ Quantity: \_\_\_\_\_

Drugs given: \_\_\_\_\_

Any Evidence of Foetal Distress: \_\_\_\_\_

BABY'S DETAILS: \_\_\_\_\_

Type of Delivery: \_\_\_\_\_

Indication: \_\_\_\_\_

Date & Time of Delivery: \_\_\_\_\_

ApGAR at 1min \_\_\_\_\_ 5min \_\_\_\_\_ 10min \_\_\_\_\_

Resuscitation: \_\_\_\_\_

Suction / O by mask / mouth to mouth

Intubation & IPPR: \_\_\_\_\_

Bicarbonate / Lethedron: \_\_\_\_\_

Sex of Baby: \_\_\_\_\_

Maturity: \_\_\_\_\_

Weight: \_\_\_\_\_ Length: \_\_\_\_\_ HC: \_\_\_\_\_

Congenital Anomalies: \_\_\_\_\_

Anal Patency: \_\_\_\_\_

Oesophageal Patency: \_\_\_\_\_

Respiratory Distress: \_\_\_\_\_

Cynosis / Pallor / Jaundice: \_\_\_\_\_

Any Other: \_\_\_\_\_

Cord Blood Collected / Not Collected: \_\_\_\_\_

Investigation on Blood: \_\_\_\_\_

Gastric Aspirate: Microscopy: \_\_\_\_\_

Culture: \_\_\_\_\_

Any Other: \_\_\_\_\_

Diagnosis: Term / Preterm / Postterm

AGA / SGA / LGA

Problems: \_\_\_\_\_

- ADVICE:
1. Keep the baby warm-covering / warmer / incubator
  2. umbilical care.
  3. inj. Vit. K \_\_\_\_\_ Mg. I.M. Stat.
  4. Feeding - Oral / intragastric / Fluids.
  5. Drugs