

H-23



HULHUMALE' HOSPITAL

Huvan'dhu Maa Hingun, Hulhumale', Republic of Maldives

Tel: 3350037, 3350038, Fax: 3350014

e-mail: admin@hmh.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: _____
Boloood 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: _____
Oesophaeal 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 / intragestric / Fluids.
5. Drugs