



# FAITH MEDIPLEX

## NEWBORN RECORD

SURNAME	FIRST NAME	SEX	BASSINET NO.	HOSP. NO.
MOTHER'S SURNAME	MOTHER'S FIRST NAME	MOTHER'S HOSP. NO.		
FATHER'S SURNAME	FATHER'S FIRST NAME			
ADDRESS			Attending Physician	

### BIRTH HISTORY

DATE OF BIRTH	TIME	A.M. P.M.	TYPE OF DELIVERY	ANALGESIA
COMPLICATIONS OF DELIVERY				ANALGESIA
DURATION OF ROM		DURATION OF FIRST STAGE LABOR		SECOND STATE DURATION
APGAR -1 MIN	APGAR - 5 MIN	RESUSCITATION <input type="checkbox"/> Bulb <input type="checkbox"/> Oxygen <input type="checkbox"/> Mask/Bag <input type="checkbox"/> Intubation		TIME OF RESUSCITATION

### PHYSICAL EXAM

SEX	BIRTH WEIGHT	LENGTH	HEAD CIRCUMFERENCE	CHEST CIRCUMFERENCE	CORD VESSEL NO.
	Kg	cm	cm	cm	
CORD CARE		EYE PROPHYLAXIS	VIT K		
ITEMS TO BE CODED ITEM NORMAL ABNORMAL		ADMISSION EXAMINATION ABNORMAL FINDINGS		DISCHARGE EXAMINATION ABNORMAL FINDINGS	
1 GENERAL - MATURITY ACTIVITY, TONE, CRY, COLOR,					
2 SKIN - rashes, HEMATOMA					
3 HEAD/NECK - MOLDING, CAPUT CRANIOTABES, CEPHALOHEMATOMA					
4 EYES - RED REFLEX					
5 EARS, NOSE, THROAT GUMS, PALATE					
6 CHEST - CLAVICALS BREAST HYPERTROPHY					
7 LUNGS - GRUNTING, NASAL FLARING, RETRACTIONS					
8 HEART					
9 ABDOMEN - UMBILICUS					
10 GENITALIA - TESTES, MEATUS, DISCHARGE					
11 TRUNK/SPINE					
12 EXTREMITIES HIP CLICK					
13 REFLEXES-MORO, ROOTING, GRASP.					
14 ANUS					
15 VITAL SIGNS TEMP, PULSE, RESP.					
16 WEIGHT					
17 DATE/TIME OF EXAM					
18 IMPRESSION/DIAGNOSES					
19 PHYSICIAN'S SIGNATURE					

### DISCHARGE INSTRUCTIONS
