# British Columbia Newborn Record Part 1

**1.** MOTHER'S NAME | AGE | MOTHER'S HOSPITAL #

SURNAME OF NEWBORN | PARTNER'S NAME | AGE

G T P A L | EDD (D M Y) | BLOOD GROUP/Rh | RH ANTIB. | HBsAg

RISK FACTORS FOR INFANT *(Refer to Antenatal Record, Part 2 )*

HOSPITAL NAME | DATE

SURNAME | GIVEN NAME

ADDRESS | PHONE NUMBER

PHYSICIAN / MIDWIFE NAME

## 2. APGAR SCORE

| | 0 | 1 | 2 | 1 MIN. | 5 MIN. | 10 MIN. |
|---|---|---|---|---|---|---|
| HEART RATE | ABSENT | BELOW 100 | ABOVE 100 | | | |
| RESP. EFFORT | ABSENT | SLOW IRREG. | GOOD CRYING | | | |
| MUSCLE TONE | LIMP | SOME FLEXION | ACTIVE MOTION | | | |
| RESPONSE TO STIM. | NONE | GRIMACE | COUGH OR SNEEZE | | | |
| COLOUR | BLUE PALE | BODY PINK BLUE EXTREM. | ALL PINK | | | |
| **APGAR TOTAL SCORE** | | | | | | |

## 3. RESUSCITATION SUMMARY *(Use Hospital Progress Notes if insufficient space for narrative)*

AMNIOTIC FLUID: ☐ CLEAR ☐ MECONIUM STAINED

SUCTION: ☐ AT PERINEUM ☐ OROPHARYNGEAL ☐ TRACHEA ☐ MEC. BELOW CORDS ☐ STOMACH SUCTIONED

☐ DRIED, POSITIONED, ASSESSED

☐ $O_2$ FREE FLOW: START _____ STOP _____

☐ IPPV: START _____ STOP _____ TIME TO SPONTANEOUS BREATHING _____

TIME TO HR > 100 _____

☐ RESUSCITATION FORM COMPLETED
*(document resuscitation requiring IPPV on separate Neonatal Resuscitation Record)*

CORD GASES: ☐ NOT DONE ☐ UA pH _____ $pCO_2$ _____ $pO_2$ _____ B.E. _____

☐ UV pH _____ $pCO_2$ _____ $pO_2$ _____ B.E. _____

Comments: _____

| SIGNATURE | SIGNATURE | SIGNATURE |
|---|---|---|
| RM/RN | RM/RN | MD |

## 4. DELIVERY ROOM

BIRTHDATE (D M Y) | TIME

DELIVERY TYPE | NEWBORN HOSPITAL #

IDENTIFIED AT BIRTH BY:

Signature: _____ RN/RM

IDENTIFIED AT TRANSFER BY: (if appropriate)

Signature: RN/RM

VOIDED ☐ No ☐ Yes | PASSED MECONIUM ☐ No ☐ Yes

FEEDING PLAN ☐ Breast ☐ Formula

## 5. ROUTINE PROCEDURES

CORD BLOOD ☐ Rh ☐ Other

EYE PROPHYLAXIS ☐ Erythromycin ☐ Other: Time

Signature RN/RM

VITAMIN K ☐ IM ☐ PO Time

Signature RN/RM

## 6. EVALUATION OF DEVELOPMENT

*(growth chart and curve on reverse)*

| | | |
|---|---|---|
| BIRTHWEIGHT | g | % |
| LENGTH | cm | % |
| HEAD CIRCUMFERENCE | cm | % |

☐ PRETERM ☐ TERM ☐ POSTTERM

☐ SGA ☐ AGA ☐ LGA

## 7. STILL BIRTH

| | NO | YES |
|---|---|---|
| MACERATED | ☐ | ☐ |
| IUGR | ☐ | ☐ |
| RETROPLACENTAL CLOT | ☐ | ☐ |
| EVIDENCE OF ANEMIA | ☐ | ☐ |
| AUTOPSY CONSENT | ☐ | ☐ |
| OBVIOUS ANOMALY(descibe below): | ☐ | ☐ |

umbilical cord length cm

## 8. PHYSICAL EXAMINATION AT BIRTH (INCLUDING STILLBIRTHS )

GESTATIONAL AGE FROM ANTENATAL HISTORY wks. | GESTATIONAL AGE BY EXAM *(see reverse)* wks.

☐ MALE ☐ FEMALE ☐ AMBIGUOUS

| | NORMAL | ABNORMAL | COMMENTS |
|---|---|---|---|
| 1. GENERAL APPEARANCE | ☐ | ☐ | TEMP. _____ RR. _____ HR. _____ |
| 2. SKIN | ☐ | ☐ Pallor ☐ Bruising ☐ Petechiae ☐ Mec. Stain ☐ Peeling ☐ Jaundice | |
| 3. HEAD | ☐ | ☐ | |
| 4. EENT | ☐ | ☐ Cleft Lip/Palate ☐ Micrognathia ☐ Suspected Choanal atresia | |
| 5. RESP. | ☐ | ☐ Grunting ☐ Nasal Flaring ☐ Retracting ☐ Shallow breathing ☐ Tachypnea | |
| 6. CVS | ☐ | ☐ Murmur ☐ Central Cyanosis ☐ Abn./ Delayed femoral pulses ☐ Abnormal rate/rhythm | |
| 7. ABDOMEN | ☐ | ☐ Scaphoid ☐ Distention ☐ Hepatomegaly ☐ Splenomegaly ☐ Abnormal mass | |
| 8. UMBILICAL CORD | ☐ | ☐ Mec. Stain ☐ 2 Vessels ☐ Thin | |
| 9. GENITO-RECTAL | ☐ | ☐ Hypospadias ☐ Imperforate anus ☐ Undescended testes | |
| 10. MUSCULO-SKELETAL | ☐ | ☐ Spine ☐ Hip abnormality ☐ Extremity abnormality | |
| 11. NEURO-LOGICAL | ☐ | ☐ Hypotonia ☐ Cry ☐ Jittery ☐ Reflexes | |
| 12. OTHER | | | |

| DATE | TIME | SIGNATURE |
|---|---|---|
| | | MD/RM |

Prepared by: The British Columbia Reproductive Care Program

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*WHITE - INFANT'S CHART*
*YELLOW - COMMUNITY HEALTH NURSE*
*PINK - PHYSICIAN / MIDWIFE*