

A. Birth History

Condition at Birth

Delayed Cord Clamping

Yes No

APGAR Score

____, _____, _____

Baby at Risk

unwell
 risk factors
 post resuscitation

Baby ULI/PHN

B. Physical Examination

Gestational Age (completed wks)

By dates/ultrasound

By Exam

Birth

Head Circum.

Weight

cm

Size for Gestational age

\leq 5th %ile

5th - 97th %ile

\geq 97th %ile

Arterial

Cord pH

Base Excess

Venous

Cord pH

Base Excess

Sex

Male

Female

Ambiguous

- | | Normal | Abnormal (describe) |
|---|--------------------------|--|
| 1. General Appearance | <input type="checkbox"/> | <input type="checkbox"/> Pale/Grey <input type="checkbox"/> Mottled |
| 2. Skin | <input type="checkbox"/> | <input type="checkbox"/> Bruising <input type="checkbox"/> Mec. Stain <input type="checkbox"/> Jaundice
<input type="checkbox"/> Petechiae <input type="checkbox"/> Peeling <input type="checkbox"/> Other |
| 3. Head | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. E.E.N.T. | <input type="checkbox"/> | <input type="checkbox"/> Cataracts <input type="checkbox"/> Cleft Lip/Palate
<input type="checkbox"/> Micrognathia <input type="checkbox"/> Other |
| 5. Respiratory | <input type="checkbox"/> | <input type="checkbox"/> Laboured Respirations <input type="checkbox"/> Rales |
| 6. C.V.S. | <input type="checkbox"/> | <input type="checkbox"/> Heart Sounds <input type="checkbox"/> Weak Pulses <input type="checkbox"/> Central Cyanosis |
| 7. Abdomen | <input type="checkbox"/> | <input type="checkbox"/> Distended <input type="checkbox"/> Abdominal Wall Defect |
| 8. Umbilical Cord | <input type="checkbox"/> | <input type="checkbox"/> 2 Vessels <input type="checkbox"/> Herniation <input type="checkbox"/> Constriction |
| 9. Musculo-Skeletal | <input type="checkbox"/> | <input type="checkbox"/> Spine <input type="checkbox"/> Feet <input type="checkbox"/> Hip |
| 10. Genital-Rectal | <input type="checkbox"/> | <input type="checkbox"/> Hypospadias <input type="checkbox"/> Imperforate Anus
<input type="checkbox"/> Undescended Testes |
| 11. C.N.S. | <input type="checkbox"/> | <input type="checkbox"/> Reflexes <input type="checkbox"/> Irritability <input type="checkbox"/> Hypertonia
<input type="checkbox"/> Poor Suck/Swallow <input type="checkbox"/> Jitteriness <input type="checkbox"/> Seizures |
| 12. Antenatal ultrasound recommends neonatal follow up, specify reason: | _____ | |
| 13. Other: | _____ | |
| 14. Congenital Abnormality (specify anomalies) | _____ | |

C. Problem List: (Delivery Newborn)

D. Progress Notes: (State date and time of entry)

Date _____ Time _____ Signature **X**

E. Discharge Discharge Weight _____ gm
 Normal Abnormal (specify below) _____

Date _____ Time _____ Signature **X**

G. Discharge Diagnosis

Copy to Primary Physician/Midwife Yes No
Name of Primary Care Physician/Midwife _____

F. Follow Up

Follow Up By (name):

Problems:

Plans:

Signature **X**

BIRTHWEIGHT PERCENTILES SINGLETON LIVE BIRTHS

Instructions:

- Indicate BW percentile by dates/ultrasound GA as **X**.
- Indicate BW percentile by exam GA as X with a circle around the X. eg. **(X)**

Figure 1
Birthweight percentiles for male singleton live births

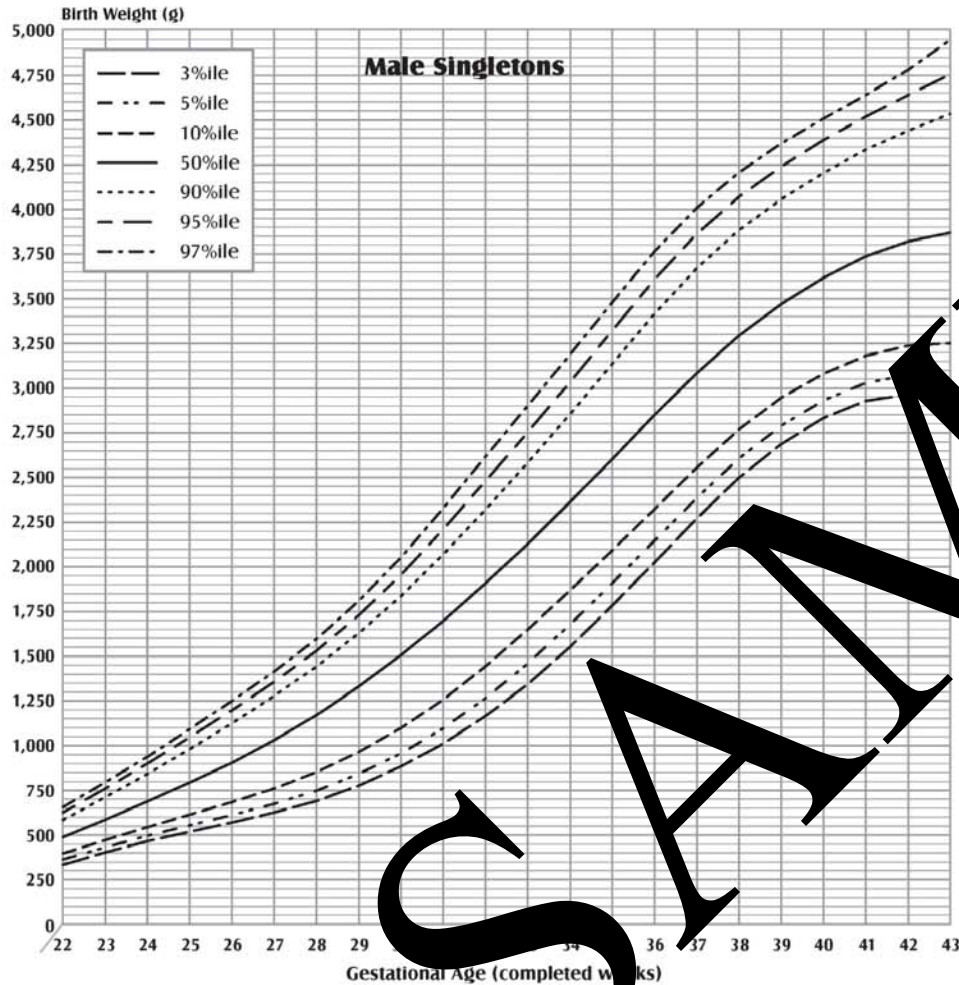
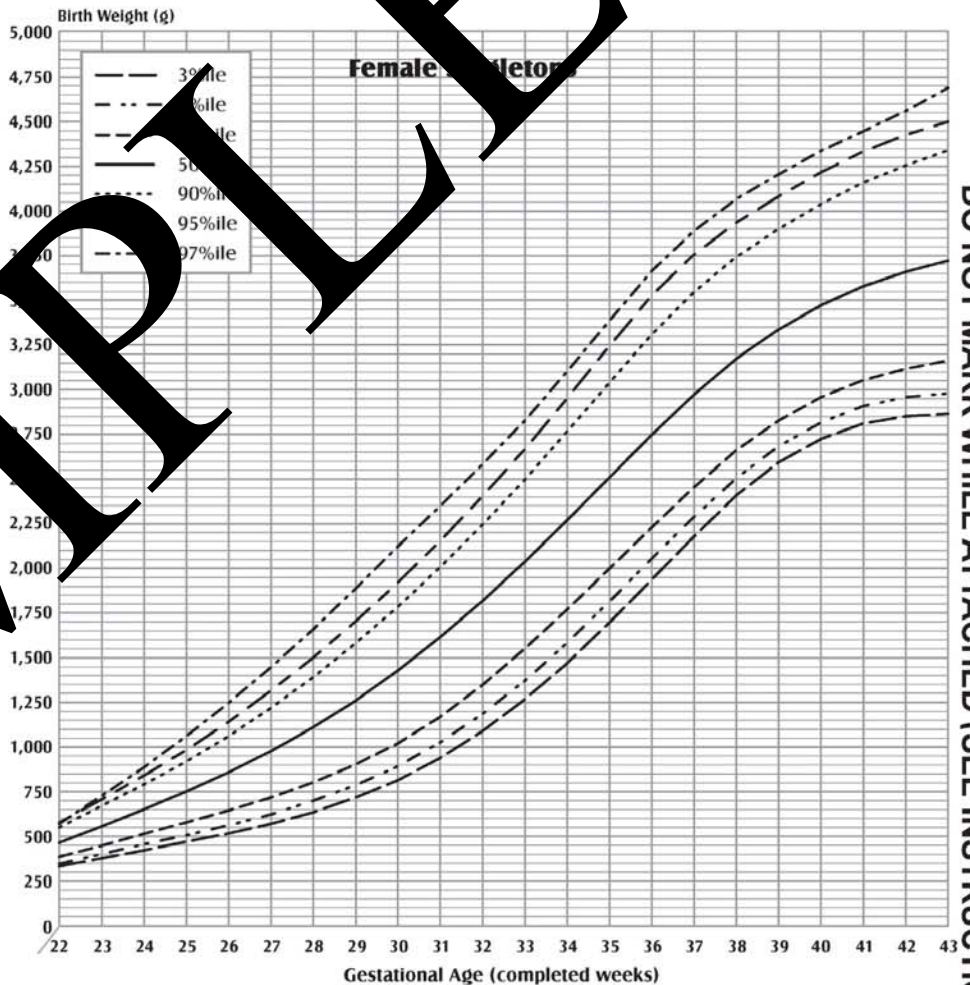


Figure 1
Birthweight percentiles for female singleton live births



DO NOT MARK WHILE ATTACHED (SEE INSTRUCTIONS)

SAMPLE

Source of information:
Michael S.Kramer et al.
A New and Improved Population-based
Canadian Reference for Birth Weight for Gestational Age. Pediatrics.
Electronic version August 2001.
<http://pediatrics.org/cgi/content/full/108/2/e35>