NEONATAL CASE SHEET
BASIC DATA

• Baby of....... (Name of Mother) In Patient Number __________
• Mother’s IP Number _________________________________________
• Name of Father ______________________________________________
• Date and Time of Birth _________________________________________
• Age (in seconds/minutes/hours/days as the case may be) __________________________________
• Sex (male/ Female/ Ambiguous) _________________________________
• Date and time of Admission _________________________________
• Address with Phone Number (important for follow up) ____________________________________________
MATERNAL/ FAMILY HISTORY

• Age ______ years. Blood Group _____ Rh type _____ Gravida _____ Living children _____ Abortion ______

• If abortion, which trimester? Any Known reason?

• If any sibling deaths, at what age? Any known cause? Clinical details?

• Any other problem with previous children? (preterm delivery/ developmental delay/ seizure disorder/congenital anomaly) If yes, details?
MATERNAL/ FAMILY HISTORY

• Previous LSCS? If so, indication
• Consanguinity? If yes, degree of consanguinity
• Any medical Problem to mother
• Any long term medications
• Pedigree chart
• Any significant medical problem in family
PRESENT PREGNANCY

- LMP........ Expected Date of Delivery.....
- VDRL....HIV.....HBsAg.......Any other relevant tests
- Periconceptional Folic Acid Yes/No
- First Trimester- UTI/ vaginal bleeds/ any medication/ fever or/and rash/ USG done/findings
- Second Trimester- Fever and/or rash, PIH, USG, Medications, anaemia, diabetes
- Third Trimester- PIH/GDM/abnormal presentation/USG findings/ medications
LABOUR

• Hospital/ Home/ any other place

• Time taken for delivery after rupture of membranes

• Any h/o foetal distress/ decreased foetal movements

• Liquor- clear/ meconium stained/ foul smelling

• Number of per vaginal examinations done after rupture of membranes

• Any fever just before or after delivery? If yes, any reason known?

• Mother on any antibiotics?
LABOUR

• Mode of Delivery – Normal/ Vaccume/ Forceps/ LSCS

• Indication?

• If LSCS, elective/ Emergency

• Presentation

• Single/ multiple

• Medications to mother- spinal/ Epidural/ General anaesthesia, narcotics, any other
NATAL HISTORY

- Cried soon after delivery – Yes/ No
- If not, details of resuscitation done and how baby responded to that
- Meconium staining of amniotic fluid
- Whether handed over to relatives soon or admitted
- Birth weight?
- Apgar score at 1 minute/ 5 minute/ 10 minute
POST NATAL PERIOD

- Any respiratory distress? If yes, details
- Breast feeding initiated at what time? Sucked well? If not, details
- Urine passed at what time? Stream?
- Meconium passed at what time?
- Any problem with temperature maintenance?
- Whether noticed to have jaundice? If yes, at what hour of life? Severity? How managed?
- Any feeding problem?
ANY SYMPTOM NOTICED?

- Respiratory distress/ breathing difficulty/ apnoea
- Feeding problem
- Poor activity/poor feeding
- Any seizure/ seizure like episodes?
- Any congenital anomalies/ dysmorphism observed?
- Any jaundice?
- Any bleeding
- Fever/ cold to touch
- Abdominal distension/ constipation/ vomiting
PHYSICAL EXAMINATION

• General Appearance- whether looks sick or not?

• Vital signs: Heart rate, Respiratory rate, Temperature, Blood Pressure, Capillary Refill Time

• Anthropometry: Weight, Length, Head circumference, US:LS ratio, Chest circumference

• Weight gain adequate or not

• Ponderal index or Dyne’s formula (to decide symmetrical or asymmetrical)
HEAD TO FOOT EXAMINATION

- Head moulding/ fontanelle/ caput/ cephalhaematoma
- Eyes- haemorrhage, red reflex, any abnormality
- Ears- position, shape
- Nose- abnormal shape, size, hypertelorism
- Mouth: lips/ gums/ palate/ natal teeth
- Neck:
- Skin: jaundice/ cyanosis/ rashes/ haemangioma
PHYSICAL EXAMINATION

• Umbilicus

• Genitalia: testes descended/not, penis size, hypospadias, ambiguity, pigmentation

• Hernia/ hydrocele

• Hip: DDH present/ No

• Extremities

• Back and spine: myelomeningocele, spina bifida

• Others
ASSESSMENT OF GESTATIONAL AGE

• By Modified New Ballard Scoring system

• Physical maturity and neurological maturity assessed

• Soon after birth or at least within 72 hours
CLASSIFICATION OF BABIES BASED ON BIRTH WEIGHT AND GESTATIONAL AGE

1. Term SGA
2. Term AGA
3. Term LGA
4. Preterm SGA
5. Preterm AGA
6. Preterm LGA
7. Post term SGA
8. Post term AGA
9. Post term LGA

Fig. 8.13: Intrauterine growth curves. SD standard deviation
SYSTEMIC EXAMINATION

• Respiratory system
• Cardiovascular system
• Abdominal examination
• Nervous system
• Neonatal reflexes
• Musculo skeletal system
FINAL DIAGNOSIS

• Gestational age- term/ preterm
• AGA/LGA/SGA
• Male/ female
• Single/ first/second of twins
• With specific diagnosis
• Eg: 34 weeks preterm AGA, single male baby with neonatal hyperbilirubinaemia, probably due to ABO incompatibility
• Suggest relevant investigations and management
THANK YOU