

See Reverse Side This Page For Newborn Risk Indicators



MNRS

Maternal/Newborn Record System™

Initial Newborn Profile

To order call: 1.800.247.2343

Re-order No. 5720N

Admit Data

Date ___/___/___ Time _____

ID/Band No. _____ Name _____

Admitted By _____

Medications None See Delivery Data

Date Time Medication Dose Route Inits

Eye Prophylaxis _____

Erythromycin _____

Vitamin K _____

Hepatitis B _____

Newborn Data

Male Breast
 Female Bottle

Birthdate ___/___/___ Time _____

Place of Birth Hospital

Vertex Breech Vaginal Cesarean

Forceps Vacuum

Subgaleal Protocol/Monitoring

Delivered By _____

Apgar ___ 1 Min ___ 5 min ___ 10 min

Cord Blood pH ___ Type/Rh ___ Coombs ___

Base Deficit/Excess

Intrapartum Problems Identified None

1. _____

2. _____

Maternal Data

G T Pt A L

Name _____

Age _____ Record No. _____

Room No. _____

Blood Type/Rh _____ Antibody + -

Screens Neg Pos Comments

STD

Urine Tox

Hepatitis B

GBS

HIV

Measurements/Gestational Age Assessment

See Delivery Data

Gest Age by Dates _____ Wks

Weight _____ lbs _____ gms

Gest Age by Exam _____ Wks

Length _____ cms _____ ins

Preterm

Head Circ _____ cms _____ ins

Term

Chest Circ _____ cms _____ ins

Postterm

Abd Circ _____ cms _____ ins

SGA AGA LGA

Physical Assessment

Date ___/___/___ Time _____ Age _____ hrs

Temp _____ Pulse Rate/Rhythm _____ Resp _____ BP Not done

Head/Neck

1. Fontanels Level Bulging Depressed

Anterior

Posterior

2. Sutures Approximated Closed Overriding Separated

3. Variations None Molding Caput Cephalhematoma

4. Laceration No Yes

5. Face

6. Eyes

7. Ears

8. Nose

9. Mouth

10. Neck

Chest

11. Breath Sounds

12. Thorax

13. Clavicles

Cardiovascular

14. Heart Sounds

15. Pulses

Abdomen

16. Bowel Sounds

17. Cord

18. Liver

19. Spleen

20. Kidneys

Genitalia

21. Female

22. Male

Musculoskeletal

23. Tone

24. Extremities

25. Hips

26. Spine

Neurologic

27. Reflexes

28. Cry

Skin

29. Condition Smooth Dry Peeling Vernix Mec Stain

30. Color Pink Ruddy Pale Mottled Cyanotic

Jaundice (Time noted _____)

31. Variations (i.e. rash, lesion, birthmark) _____

Elimination

32. Bowel Anus Patent Yes No

First Meconium (date, time) _____

33. Urine First Void (date, time) _____

34. CCHD (Congenital Cardiac Heart Disease) Screening:

Difference of greater than 3% between the pulse oximeter readings of the pre-ductal (right wrist or hand) and post-ductal sites ____%.

Any saturation value less than 90%.

Pre- and post-ductal saturations between 90% and 95% on three separate measures taken 1 hour apart:

____% saturation _____ time

____% saturation _____ time

____% saturation _____ time

Problems Identified None

1. _____

2. _____

3. _____

Comments/Plan

Examined By _____

Newborn Risk Indicators

Observable at birth

- No risk factors noted
- Assisted delivery (forceps, vacuum)
- Multiple birth
- Low birth weight
- Resuscitation at birth
- 1 min. Apgar less than 5
- 5 min. Apgar less than 7
- Placental Abnormalities
- Two cord vessels
- Difficult catheterization
- Greater than 20 ml. of gastric aspirate
- Small mandible with cleft palate
- Grunting
- Deep retractions
- Imperforate anus
- Pallor
- Jaundice
- Plethora
- Convulsions/Seizures
- Decreased tone
- Congenital malformations
- _____
- _____
- _____

Within 24 hrs. postpartum

- No risk factors noted
- Vomiting Color _____
- Failure to pass meconium
(if skin not stained)
- Melena
- Apneic episodes
(greater than 20 seconds)
- Tachypnea (transient)
- See-saw breathing
- Cyanosis
- Petechiae/Ecchymoses
- Jaundice
- Pallor
- Plethora
- Fever
- Hypothermia
- Arrhythmias
- Murmur
- Lethargy
- Tremors (jitters)
- Convulsions/Seizures
- _____
- _____
- _____

Signature _____

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