



**MNRS**  
Maternal/Newborn  
Record System™

# Initial Newborn Profile

To order call: **1.800.245.4080**

Re-order No. **5861N**

## Basic Data

Infant's ID no. \_\_\_\_\_ Infant's record no. \_\_\_\_\_

Male  Female EDC    /    /    yr Delivery date    /    /    yr

Vaginal  C-section Time of birth    :    AM  PM Apgar at:    1 min.    5 min.

Place of Birth  Hospital  En route  At home  \_\_\_\_\_

Mother's name \_\_\_\_\_ Age \_\_\_\_\_

Mother's record no. \_\_\_\_\_ Blood Type and Rh 

G	T	Pt	A	L
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## Birthweight/Gestational Age Assessment

Weight    lbs.    gms.  
Length    in.    ozs.  
Head circ.    in.    cm.  
Gest. age by dates    wks.  
Gest. age by exam    wks.

This infant is classified as:  
 Pre-term (less than 37 weeks)  
 Term (37-42 weeks)  
 Post-term (greater than 42 weeks)  
 SGA  AGA  LGA

## Physical Examination

Date of exam    /    /    yr Time of exam    :    AM  PM Baby's age at exam    hrs.

Temperature \_\_\_\_\_ Pulse rate \_\_\_\_\_ Respiration rate \_\_\_\_\_

### SYSTEM

- |                           |                                     |                          |
|---------------------------|-------------------------------------|--------------------------|
|                           | Normal                              | Abnormal                 |
| Tone/Appearance.....      | <input type="checkbox"/>            | <input type="checkbox"/> |
| Skin: color, lesions..... | <input type="checkbox"/>            | <input type="checkbox"/> |
| Head/Neck.....            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eyes.....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ENT.....                  | <input type="checkbox"/>            | <input type="checkbox"/> |
| Thorax.....               | <input type="checkbox"/>            | <input type="checkbox"/> |
| Lungs.....                | <input type="checkbox"/>            | <input type="checkbox"/> |
| Heart.....                | <input type="checkbox"/>            | <input type="checkbox"/> |
| Abdomen.....              | <input type="checkbox"/>            | <input type="checkbox"/> |
| Umbilicus.....            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Femoral pulses.....       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Genitals.....             | <input type="checkbox"/>            | <input type="checkbox"/> |
| Anus.....                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| Trunk/Spine.....          | <input type="checkbox"/>            | <input type="checkbox"/> |
| Extremities/Joints.....   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Neurologic/Reflexes....   | <input type="checkbox"/>            | <input type="checkbox"/> |

Check and detail all positive findings

## Diagnosis and Plans

**Initial Risk Estimate** (Detail risk below)  
 No factors noted  At risk

Risk noted  
At birth After 24 hrs

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Risk Factors

## Diagnosis and Plans (cont.)

See reverse side this page for Newborn Risk Indicators

Physician's signature \_\_\_\_\_

**Newborn Risk Indicators** - Please review these along with the prior risk information available to you, in order to arrive at your Initial Risk Estimate.

**Observable at birth**

- No risk factors noted
- Abnormal presentation
- 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
- Decreased tone
- Congenital malformations

**Within 24 hrs. postpartum**

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