

# NEWBORN CARE INFORMATION SHEET

Mother's Name \_\_\_\_\_ Room # \_\_\_\_\_

Information for the following items should come from newborn's medical record as well as the mother's medical record. **Refer to the 'Medical Definitions Guideline' for definitions, keywords, abbreviations and acceptable sources to abstract this information from.** Please do not provide information from sources other than those listed unless instructed.

Child's Sex  Male  Female  Undetermined Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Time of Birth \_\_\_\_\_:\_\_\_\_\_ Child's Birth Weight(s) Grams \_\_\_\_\_ & \_\_\_\_\_ Lbs \_\_\_\_\_ Oz

Birth Type (Single, Twin, Triplet, etc.) \_\_\_\_\_ Birth Order \_\_\_\_\_  
SFN of 1<sup>st</sup> infant born (use this SFN for all live multiples of this delivery) \_\_\_\_\_ If multiple birth how many babies were born alive \_\_\_\_\_

Gestational Weeks \_\_\_\_\_  
APGAR 1 minute \_\_\_\_\_ APGAR 5 minute \_\_\_\_\_ APGARS 10 minute \_\_\_\_\_ (if 5 minutes APGAR is less than 6)

Infant Transferred from your facility to another facility after delivery. If "Yes" Facility Name \_\_\_\_\_ Facility State \_\_\_\_\_

Infant Deceased If "Yes" Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ State of Death \_\_\_\_\_ List Mortuary in Medical Notes

Hepatitis Vaccination Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Hepatitis Refused

Newborn Screening Number \_\_\_\_\_  Newborn Screening Refused

Place Newborn Metabolic Kit Label Here

## Abnormal Conditions of Newborn

- Anemia
- Assisted Ventilation Required Immediately Following Delivery (first 30 minutes)
- Assisted Ventilation Required For More Than 6 Hours
- Meningitis
- NICU admission **24 Hours or Less** at hospital of birth (includes Special Care Nursery/Neonatal Care Unit or Pediatric Care Unit)
- NICU Admission **24 Hours or Greater** at hospital of birth (includes Special Care Nursery/Neonatal Care Unit or Pediatric Care Unit)
- Perinatal Substance Abuse (baby tests **positive** for illicit drugs)
- Respiratory Distress Syndrome (RDS)/Hyaline Membrane Disease (diagnosed/confirmed RDS)
- Seizure or Serious Neurological Dysfunction
- Significant Birth Injury
- Surfactant Replacement Therapy
- Antibiotics for Suspected Neonatal Sepsis
- None
- Unknown

CCHD Screen:  PASS  FAIL  Not Screened

## Congenital Anomalies of Newborn

- Anencephaly
- Hydrocephalus
- Diaphragmatic Hernia
- Omphalocele
- Gastroschisis
- Renal Agenesis
- Club Foot
- Central Nervous System (specify) \_\_\_\_\_
- Cyanotic Congenital Heart Disease (specify) \_\_\_\_\_
- Other Congenital Heart Disease (specify) \_\_\_\_\_
- Other Gastrointestinal (specify) \_\_\_\_\_
- Malformation of Genitalia (specify) \_\_\_\_\_
- Other Urogenital Anomalies (specify) \_\_\_\_\_
- Limb Reduction- exclude amputation and dwarfism specify) \_\_\_\_\_
- Other Limb Anomalies (specify) \_\_\_\_\_
- Other Musculoskeletal Anomalies (specify) \_\_\_\_\_
- Down's Syndrome  Karyotype **Confirmed**  Karyotype **Pending**
- Chromosomal Anomaly (specify) \_\_\_\_\_
- Chromosomal  Karyotype **Confirmed**  Chromosomal Karyotype **Pending**
- Cleft Lip  Cleft Palate  Cleft Lip With Cleft Palate
- Other Congenital Anomalies (specify) \_\_\_\_\_
- None  Unknown

*This form may not be modified or **altered** by any means without the **prior** written consent of the Utah Department of Health Office of Vital Records and Statistics.*