

NEONATAL ADMISSION

All prompts should be circled / ticked / answered

Stick baby address label here or write
 NHS Number
 Hospital Number
 Date of birth
 Surname
 Forename
Male / Female

Each page requires one baby address label

General information

Birth Order of

Date and Time of Birth

- Birth Location
- | | |
|--------------------------------------|---|
| <input type="radio"/> Labour Ward | <input type="radio"/> Obstetric Theatre |
| <input type="radio"/> Main Theatre | |
| <input type="radio"/> Antenatal Ward | <input type="radio"/> Postnatal Ward |
| <input type="radio"/> Home | <input type="radio"/> Other |

Estimated gestation at birth Weeks Days

Birth weight grams

(For Repatriations) Corrected Gestational Age on admission to St. Peter's Weeks Days

- Vitamin K given
- | | |
|---------------------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Parents refused | |

- Route of administration of vitamin K
- | | |
|------------------------------------|------------------------------------|
| <input type="radio"/> im injection | <input type="radio"/> iv injection |
| <input type="radio"/> Oral | <input type="radio"/> Unknown |

Admission to Unit

Date and Time Admitted

Admission Type

- | | |
|---------------------------------------|---|
| <input type="radio"/> Inborn booked | <input type="radio"/> Inborn booked elsewhere (specify)..... |
| <input type="radio"/> Inborn unbooked | <input type="radio"/> Home admission |
| <input type="radio"/> Readmission | <input type="radio"/> Postnatal transfer in - booked |
| | <input type="radio"/> Postnatal transfer in - unbooked |
| | <input type="radio"/> Postnatal transfer in - booked elsewhere..... |

- Where admitted from
- | | |
|--------------------------------------|--------------------------------------|
| <input type="radio"/> Labour ward | <input type="radio"/> Theatre |
| <input type="radio"/> Postnatal ward | <input type="radio"/> Childrens ward |
| <input type="radio"/> SCBU / NNU | <input type="radio"/> Other _____ |

Admission Details

Principal category of admission

- | | |
|---|---|
| <input type="radio"/> Neonatal intensive care | <input type="radio"/> Neonatal high dependency care |
| <input type="radio"/> Neonatal special care | <input type="radio"/> Transitional care |

Stick baby address label here or write NHS Number Hospital Number Date of birth Surname Forename Male / Female
--

ADMISSION CHECKLIST

Parents aware of admission to neonatal unit	<input type="checkbox"/>
Cord clamp secure	<input type="checkbox"/>
Photograph taken	<input type="checkbox"/>
OG / NG tube sited.....centimetres	<input type="checkbox"/>
Swabs taken	Ear <input type="checkbox"/>
	Nose <input type="checkbox"/>
	Umbilicus <input type="checkbox"/>
	Groin <input type="checkbox"/>
MRSA form generated	<input type="checkbox"/>
Entered onto PAS	<input type="checkbox"/>
Cot card completed	<input type="checkbox"/>
Red book started (local babies only)	<input type="checkbox"/>
Parentcraft checklist	<input type="checkbox"/>
Skin assessment	<input type="checkbox"/>
Weight chart	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

PAS Admission	<input type="checkbox"/>
Badger Admission	<input type="checkbox"/>
Name bands printed	<input type="checkbox"/>
Admission book	<input type="checkbox"/>
Notes tracked on PAS	<input type="checkbox"/>
Social Record	<input type="checkbox"/>
Pain assessment	<input type="checkbox"/>
Blood Spot (Day 5-8) Date	<input type="text"/>
Blood Spot (Day 28) Date	<input type="text"/>

Mother	Father	
<i>Stick address label or complete details</i>	Name	
Name	Date of birth	
Hosp ID	Age	
NHS number	Address (if different)	
DoB, Age		
Address		
Telephone	Telephone	
Occupation	Occupation	
Ethnicity	Ethnicity	
Religion	Religion	

Other contacts

Current Location	LW	SCU	JBW	Other hospital	Home
Siblings (names, ages)					
GP Name, Surgery			Visitors permitted to visit without parents (relationship to baby)		
Tour of unit	<input type="checkbox"/>	Parent information pack given	<input type="checkbox"/>	Photograph given	<input type="checkbox"/>
Informed of social record	<input type="checkbox"/>	Informed of parking permit	<input type="checkbox"/>		<input type="checkbox"/>

Intention to breast feed?	Yes / No
Consent for donor milk (if applicable)	Yes / No

Admitting nurse	Sign		Print name		Date	
-----------------	------	--	------------	--	------	--

Stick baby address label here or write
 NHS Number
 Hospital Number
 Date of birth
 Surname
 Forename
 Male / Female

Weight _____ grams

Head Circumference _____ cm

Temperature on admission _____ °C

Blood pressure _____ mmHg

Heart rate _____ /minute

Respiratory rate _____ /minute

SaO2 pre-ductal (right arm) _____ % AND post-ductal _____ % in FiO2 _____ %

Blood glucose _____ mmol/L

Parents seen by senior staff Name _____ Grade REG / CONS Time _____

Main clinical reason for admission?
 Tick all that apply
 (Do not use "other" without clearly specifying the reason)

- | | |
|--|---|
| <input type="radio"/> Preterm | <input type="radio"/> Respiratory disease |
| <input type="radio"/> Cardiovascular disease | <input type="radio"/> Failed oximetry screening |
| <input type="radio"/> Infection suspected/proven | <input type="radio"/> Jaundice |
| <input type="radio"/> Poor feeding | <input type="radio"/> Weight loss |
| <input type="radio"/> Hypoglycaemia | <input type="radio"/> Convulsions |
| <input type="radio"/> Asphyxia | <input type="radio"/> Poor condition at birth |
| <input type="radio"/> Neurology (specify)..... | <input type="radio"/> Congenital abnormality |
| <input type="radio"/> Social issues/foster care | <input type="radio"/> Surgery |
| <input type="radio"/> Cardiac disease | <input type="radio"/> Investigations |
| <input type="radio"/> Short observation | <input type="radio"/> Other |

Eligible for research study? Yes / No (Specify.....)

Attending Neonatal Consultant Dr. _____

Mother's Details

Stick mother's address label here or write
 NHS number
 Hospital Number
 Date of birth
 Surname
 Forename

Mother's age _____ years old

Previous Pregnancies

Year, details

Stick baby address label here or write

NHS Number

Hospital Number

Date of birth

Surname

Forename

Male / Female

Pregnancy Details

Mother's medical health, mental health, drug use

Maternal smoking? Yes / No if yes number _____/day

Maternal alcohol use in pregnancy? None / Social / Heavy

Known to Social Services? Yes / No

Pregnancy

Problems in pregnancy (fetal, infection, haemolytic, haemorrhage, hypertension, metabolic) _____

Consultant obstetrician _____

Antenatal

Blood group _____ Antibodies _____

Hepatitis B _____ Rubella _____

HIV _____ Syphilis _____

Hepatitis C _____ Other _____

Received antenatal care Yes / No

Booking Hospital St. Peter's / Other _____

Anomaly scan Not done / Normal / Abnormal _____

Doppler studies Not done / Normal / Abnormal _____

Date of first scan _____

EDD _____

Gestation _____

Antenatal Steroids Complete course / Incomplete course / None

Betamethasone / Dexamethasone

Labour and Delivery

Onset of labour Spontaneous / Induced / Not in labour

Meconium present? Yes, thick / Yes, thin / No

Risk factors for sepsis? PROM maternal GBS

Chorioamnionitis other (specify)

Duration of rupture of membranes _____

Stick baby address label here or write
 NHS Number
 Hospital Number
 Date of birth
 Surname
 Forename
Male / Female

Maternal pyrexia >38°C _____

Intrapartum antibiotics? (What + how many hours before delivery) _____

Magnesium Sulphate given for neuroprotection? Yes / No (reason) _____

Delivery

Time of Delivery _____

Location Labour ward room / Labour ward theatre / Other _____

Presentation Vertex / Breech / Shoulder / Other _____

Mode of delivery

- | | | | |
|---|---|---|---|
| <input type="radio"/> Emergency caesarean - not in labour | <input type="radio"/> Emergency caesarean - in labour | <input type="radio"/> Vaginal - forceps assisted | <input type="radio"/> Vaginal - spontaneous |
| <input type="radio"/> Elective section - not in labour | <input type="radio"/> Elective section - in labour | <input type="radio"/> Vaginal - ventouse assisted | |

Delivered in water? Yes / No

Delayed cord clamping? Yes / No

Umbilical cord "milked/stripped" Yes / No

Apgar Scores _____ @1min _____ @5min _____ @10min

Resuscitation

Staff present at delivery (name, designation)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Stimulation | <input type="checkbox"/> Nasal High Flow | <input type="checkbox"/> Nasal CPAP |
| <input type="checkbox"/> Positioning managing airways | <input type="checkbox"/> Oxygen | <input type="checkbox"/> Face Mask CPAP | <input type="checkbox"/> Face Mask IPPV |
| <input type="checkbox"/> Suction | <input type="checkbox"/> Tracheal suction for meconium | <input type="checkbox"/> Intubation | <input type="checkbox"/> Cardiac compressions |
| | | <input type="checkbox"/> Epinephrine (Adrenaline) | <input type="checkbox"/> Other Drugs |

Surfactant given Yes / No (dose, time) _____

Resuscitation notes:

Cord gas V / A Time _____ pH _____ PCO2 _____ PO2 _____ HCO3 _____ BE _____ Lact _____

V / A Time _____ pH _____ PCO2 _____ PO2 _____ HCO3 _____ BE _____ Lact _____

Stick baby address label here or write
 NHS Number
 Hospital Number
 Date of birth
 Surname
 Forename

Admission Examination

Skin	Normal / Abnormal Not examined	
Cranium + Sutures	Normal / Abnormal Not examined	
Fontanelle	Normal / Abnormal Not examined	
Red reflexes	Normal / Abnormal Not examined	
Ears	Normal / Abnormal Not examined	
Palate / Suck	Normal / Abnormal Not examined	
Spine	Normal / Abnormal Not examined	
Breath Sounds	Normal / Abnormal Not examined	
Heart Sounds	Normal / Abnormal Not examined	
Femoral pulses	Normal / Abnormal Not examined	
Abdomen	Normal / Abnormal Not examined	
Genitalia	Normal / Abnormal Not examined	

Stick baby address label here or write NHS Number Hospital Number Date of birth Surname Forename Male / Female
--

Anus Normal / Abnormal Not examined	
---	--

Hands Normal / Abnormal Not examined	
--	--

Feet Normal / Abnormal Not examined	
---	--

Hips Normal / Abnormal Not examined	
---	--

Tone Normal / Abnormal Not examined	
---	--

Movements Normal / Abnormal Not examined	
--	--

Moro Normal / Abnormal Not examined	
---	--

Dysmorphism Yes / No / Possible Not examined	
--	--

Overall Normal / Abnormal Not examined	
--	--

Stick baby address label here or write

NHS Number

Hospital Number

Date of birth

Surname

Forename

Male / Female

Management Plans

Active problems

Ventilation

Cardiovascular

Fluids and infusions

Nutrition – PN and enteral

Sepsis

Neurology

Lab tests needed (including placenta) + intervals

Lines

Imaging

Planned review, repeat investigations

Remember to document registrar/consultant discussion with parent(s)

Signature _____ Print Name _____ Grade _____ Date _____