Your Hospital's Logo Here

POTENTIALLY VIABLE LIVE BIRTH NURSING CARE RECORD

PATIENT IDENTIFICATION

NAME:	SEX: ☐ M ☐ F	BIRTH DATE:	TIME:	ID BRACELET #:
WEIGHT: ________ LBS ________ GRAMS	LENGTH:	G.A.:	APGARS: 1 MIN ________ 5 MIN ________ 10 MIN ________	

DATE / TIME	HR	RES	TEMP/(W//I)	COMMENTS	NURSE'S SIGNATURE / TITLE

NURSING NOTES

DATE / TIME	TIME	

PICTURES:	FOOTPRINTS:	DISPOSITION FORM:	AUTOPSY FORM:	ANATOMICAL GIFT FORM:	BAPTISED:
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

BAPTISED BY:

PRONOUNCED ON: _____ ______ / ______ at: ______________ by: _________________,MD

WHITE = Infant Record **YELLOW = Maternal**

TO MORGUE: BY: ______ / ______ / ______ at: ______________

PLACE WITH INFANT RECORD AND TAKE TO ADMITTING OFFICE

PART OF THE MEDICAL RECORD