## Delivery Information

<table>
<thead>
<tr>
<th>Maternal age:</th>
<th>G</th>
<th>P</th>
<th>Maternal meds:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mode of delivery:</td>
<td>NSVD</td>
<td>Forceps</td>
<td>Vacuum</td>
</tr>
<tr>
<td>Presentation:</td>
<td>Vertex</td>
<td>Breach</td>
<td>Other (describe):</td>
</tr>
<tr>
<td>Apgar score:</td>
<td>1 min</td>
<td>5 min</td>
<td>10 min</td>
</tr>
<tr>
<td>Meconium:</td>
<td>none</td>
<td>thin</td>
<td>thick</td>
</tr>
<tr>
<td>Delivery Room:</td>
<td>Routine care</td>
<td>Oxygen</td>
<td>Bag / mask</td>
</tr>
<tr>
<td>Additional details:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Admission

<table>
<thead>
<tr>
<th>Weight</th>
<th>Length</th>
<th>HC</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(gm)</td>
<td>(cm)</td>
<td>(cm)</td>
<td></td>
</tr>
<tr>
<td>(lbs)</td>
<td>(in)</td>
<td>(in)</td>
<td></td>
</tr>
</tbody>
</table>

(✓ normal, X= abnormal & comments)

- Activity/Appearance
- Color
- Head/Fontanelles
- Eyes/red reflex
- Nose
- Mouth/palate
- Clavicles
- Respirations/breath sounds
- Heart
- Pulses
- Abdomen/umbilicus
- Anus
- Genitalia
- Extremities / hips
- Neurological
- Spine
- Other

Comments:

Assessment / Diagnosis:

Plan: Routine care { }

Additional:

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## Discharge

<table>
<thead>
<tr>
<th>Weight</th>
<th>HC</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(gm)</td>
<td>(cm)</td>
<td></td>
</tr>
<tr>
<td>(lbs)</td>
<td>(in)</td>
<td></td>
</tr>
</tbody>
</table>

(✓ normal, X= abnormal & comments)

- Activity/Appearance
- Skin/rashes
- Head/Fontanelles
- Eyes/red reflex
- Respirations/breath sounds
- Heart
- Pulses
- Abdomen/umbilicus
- Genitalia
- Hips
- Extremities
- Neurological
- Other

Significant lab results / tests:

- Hearing screen: Pass ☐ Refer: R ☐ L ☐ Both ☐
- Circumcision: Yes ☐ No ☐
- Highest bilirubin (mg / dl) Date: 
- Discharge bilirubin (mg / dl) Date: 
- Treatment:

Discharge Instructions: Reviewed (if done)

- Breast/Bottle feeding ☐ Sleep Position ☐
- Car seat trial (if >37 wks) ☐ Pass ☐ Fail ☐
- Pediatrician:
- Follow-up visits:
- Medications:

Diagnosis:

Comments:

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MD Date: Time: MD Date: Time: