NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

सत्यमेव जयते

New Born Stabilization Unit

Giving chance to life..!

NEWBORN STABILIZATION UNIT (NBSU)

Community Health Center / Civil Hospital ....., District.....

Developed by National Health Mission

Admission Register

Sister Incharge.....

Start Date..... **End Date.....**

New Born Stabilization Unit, CHC / CH_____, District_____

Month……..Year…….

To be Filled at the Time of Admission by Sister on Duty																				To be Filled at the Time of Discharge by Sister on Duty				
Admission Date (DD/MM/YY) / Admission Time	Hospital IPD NO.	NBSU Reg. No.	Baby of : (Mother's Name)	Father's Name	Sex	Age	Wt. on Admission.	Caste	Complete Address	Contact No. (Relative / Parent)	Name of ASHA / AWW	Contact No.	Place of Delivery with Name	Type of Admission	Maturity	Indication for Admission	Provisional Diagnosis	Name and Sign. Of Person Entering Details	Final Diagnosis	Out Come	Date of DISCHARGE / LAMA / REFERRAL / DEATH	Time of DISCHARGE / LAMA / REFERRAL / DEATH	Doctor Incharge
		District/Year/ Monthly S.No./ Yearly S.No.			Male/ Female/ Ambigu -ous	In Days and Write in Hours if birth <48 Hrs.	In Kgs	GEN/OBC/SC/ST	MENTION FULL ADDRESS WITH BLOCK NAME / SHC / VILLAGE (MENTION WARD NO. FOR URBAN AREA)				Ambulance/ Home / (Pvt. Hospital / Govt. Hospital) Name	1. INBORN 2. OUTBORN (Hospital Referred) 3. OUTBORN (Community Referred)	PRETERM (<37 Wks)/ FULLTERM (37- <42 Wks)/ POSTTERM (=>42 Wks)	PICK UP FROM CASE SHEET	PICK UP FROM CASE SHEET		PICK UP FROM CASE SHEET	DISCHARGE / LAMA / REFERRAL / DEATH	DD/MM/YY		