



## MOTHER'S INFORMATION : During Labour

(Put Same as in Case Record Sheet)

Antenatal Steroids : \_\_\_\_\_ Number of Doses : \_\_\_\_\_ Foul Smelling Discharge : \_\_\_\_\_  
Leaking P.V. > 24 Hours : \_\_\_\_\_ PIH : \_\_\_\_\_ Course of Labour : \_\_\_\_\_  
E/O Fetal Distress : \_\_\_\_\_ Type of Delivery : \_\_\_\_\_ Indication of Caesarean, If Applicable  
Course of Labor : \_\_\_\_\_ Delivery Attended by : \_\_\_\_\_ [ \_\_\_\_\_ ]

## BABY'S INFORMATION : At Birth

(Put Same as in Case Record Sheet)

Cried Immed. after Birth : \_\_\_\_\_ Wt. at Birth : \_\_\_\_\_ Kgs. Gestational Age \_\_\_\_\_ (in completed weeks)  
Maturity : \_\_\_\_\_  
Resuscitation Required : \_\_\_\_\_ Vitamin K Given : \_\_\_\_\_ Breast Fed within 1 Hour : \_\_\_\_\_

## BABY'S INFORMATION : On Admission

(Put Same as in Case Record Sheet)

### GENERAL EXAMINATION

General Condition : \_\_\_\_\_ Temperature : \_\_\_\_\_ °C Heart Rate : \_\_\_\_\_ /min Apnea: \_\_\_\_\_ RR : \_\_\_\_\_ /min  
Grunting : \_\_\_\_\_ Chest Indrawing : \_\_\_\_\_ Head Circumference : \_\_\_\_\_ c.m.  
Color : \_\_\_\_\_ Cry : \_\_\_\_\_ CRT > 3 secs : \_\_\_\_\_  
Skin pinch > 2 secs : \_\_\_\_\_ Tone : \_\_\_\_\_ Convulsions : \_\_\_\_\_  
Jaundice : \_\_\_\_\_ Bleeding : \_\_\_\_\_ Bulging Anterior Fontanel : \_\_\_\_\_ Taking Breast Feed : \_\_\_\_\_  
Sucking : \_\_\_\_\_ Attachment : \_\_\_\_\_ Umbilicus : \_\_\_\_\_ Skin Pustules : \_\_\_\_\_  
Congenital Malformation : \_\_\_\_\_ Blood Sugar : \_\_\_\_\_ Oxygen Saturation : \_\_\_\_\_

## SYSTEMIC EXAMINATION

CVS : .....  
RESPIRATORY : .....  
PER ABDOMEN : .....  
CNS : .....  
OTHER SIGNIFICANT FINDING : .....

This Card has to be filled on Discharge by Doctor on Duty

### TREATMENT GIVEN

1. Oxygen : Yes / No ( If yes duration.....)
2. Phototherapy : Yes / No ( If yes duration.....)
3. KMC : Yes / No ( If yes duration.....)
4. Antibiotics : Yes / No ( If yes fill the details below)

	Treatment Given	No. of Days
a)	.....	.....
b)	.....	.....
c)	.....	.....
d)	.....	.....

- .....
- .....
- .....
- .....
- .....
- .....

### COURSE DURING TREATMENT

### RELEVANT INVESTIGATIONS

### CONDITION ON DISCHARGE (Mention Vitals, Provisional Diagnosis, General Condition, Persisting Health Problems)

### IMMUNIZATION STATUS

RI Card  BCG  OPV (0 Dose)  Hepatitis B (Birth Dose)

### TREATMENT ADVISED ON DISCHARGE

1. Exclusive Breast Feeding till 6 months of Age.
2. Burp well after feed.
3. Maintain Temperature.
4. Immunization as per Schedule.

- .....
- .....
- .....
- .....
- .....

Doctor's Name and Signature

## Any other information

This Card has to be filled on Discharge by Doctor on Duty