

REFERRAL SUMMARY

Name of NBSU.....

NBSU Reg. No.		Sex : M / F / A	Age :	Weight (grams) :
Baby of (Mother's Name)		Father's Name :		
Date & Time of Referral/...../20..... :	Place of Referral :		
Indication for Referral	Ventilation / Surgical Intervention / Diagnostic Work up / Metabolic Work up / Dialysis / Other			

***Final Diagnosis** (Encircle the most relevant single diagnosis, If multiple causes also mention all relevant numbers in the end as per priority)

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| <ul style="list-style-type: none"> • Other LBW (1000 gm – 2499 gm) : P 07.1 • Prematurity (28-<37 Weeks) : P 07.3 • Small for Gestational Age (IUGR) : P 05.1 • RDS of Newborn (HMD) : P 22.0 • Transient Tachypnoea of Newborn : P 22.1 • Acquired Pneumonia : J 15 • Birth Asphyxia : P 21.0 • HIE of Newborn : P 91.6 • Neonatal Sepsis : P 36.9 • Meningitis : G 00 • Convulsions of Newborn : P 90 (Hypoxic, Hypoglycaemic, Hypocalcaemic, CNS Infections, Birth Trauma, Metabolic, Other, Unknown Cause) | <ul style="list-style-type: none"> • Neonatal Jaundice : P 59 • Neonatal Diarrhoea : A 09 • Hypothermia of Newborn : P 80 • Environmental Hyperthermia of Newborn : P 81.0 • Congenital Malformation : <ul style="list-style-type: none"> (a) Cong. Hydrocephalus : Q 03 (b) Meningomyelocele : Q 05 (c) Imperforate anus : Q 42.3 (d) Cleft Palate : Q 35 (e) Cleft Lip : Q 36 (f) Cleft Palate with Cleft Lip : Q 37 (g) Congenital Deformities of Hip : Q 65 (h) Congenital Deformities of Feet : Q 66 (i) Other Malformation (.....) | <ul style="list-style-type: none"> • Any Other Diagnosis (.....) <p>• Multiple Diagnosis-
Mention All Relevant Codes :</p> <p>a b c d</p> |
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*(Based on WHO, ICD - 10 Version: 2010)

TREATMENT GIVEN

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

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

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PRESENTING COMPLAINTS & COURSE DURING TREATMENT

RELEVANT INVESTIGATIONS

CONDITION AT TIME OF REFERRAL

TREATMENT ADVISED ON WAY

1. Keep Baby Warm.
2. Take Care of Airway and Breathing.
3. Monitor Color / Heart Rate / Blood Glucose.

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Doctor's Name and Signature