



New Born Care Corner Register

Sister Incharge.....

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

New Born Care Corner Register

Date

S.No.	IPD No.	Mothers Name	Time of Birth (am/pm)	Sex	Weight in kg	Apgar at 1min /5 min	Maturity (In weeks)	Resuscitation Required (Y/N) If yes give details (Tactile stimulation/ O2/Bag & Mask/Chest compression/ Drugs) including duration	Vitamin K given (Yes/ No)	Congenital Malformation (Yes / No) If yes give details	Any significant risk factor or abnormal examination findings	Routine Advise (Breast Feeding/ cord care/Keep Baby warm)	Special Advise / treatment (If Any) In case of SNCU transfer give reason	Seen By (Name, designation and signature)

Note: This register should be kept in Labor room and filled with in 30 minutes of delivery by Nurse receiving the baby and SNCU doctor on duty who has to compulsorily examine the baby.