



RUH  SCH  SPH Other \_\_\_\_\_

NAME: \_\_\_\_\_

HSN: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

### MATERNAL SERVICES NEWBORN DISCHARGE FORM

Clerical Staff to Complete:

Time of Birth: \_\_\_\_\_

Mother's Blood Group: \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ A \_\_\_\_\_ L \_\_\_\_\_ G \_\_\_\_\_

Antenatal Problems: \_\_\_\_\_

Gestation: \_\_\_\_\_ weeks Apgars: \_\_\_\_\_ GBS Status: \_\_\_\_\_ /Adequate Antibiotics:  Yes  No

Birth Concerns: \_\_\_\_\_

Birth Weight: \_\_\_\_\_ gm Head \_\_\_\_\_ cm Length: \_\_\_\_\_ cm

Newborn Blood group: \_\_\_\_\_ DAT: \_\_\_\_\_ Feeding: Breast \_\_\_\_\_ Formula \_\_\_\_\_

PHYSICAL EXAM (Practitioner to complete within 24 hrs of birth):

SYSTEM	YES	NO	1 <sup>ST</sup> DAY	DISCHARGE COMMENTS
<b>HEAD AND NECK:</b>				
<input type="checkbox"/> Fontanelle Patent				
<input type="checkbox"/> Palate Normal				
<input type="checkbox"/> Ears Normal				
<input type="checkbox"/> Thick/Prominent Lingual Frenulum				
<input type="checkbox"/> Tongue Tie Intervention Warranted?				
<b>CVS:</b>				
<input type="checkbox"/> Heart Sounds Normal				
<input type="checkbox"/> Fem Pulses Palpable				
<input type="checkbox"/> Perfusion Normal				
<input type="checkbox"/> Cord Vessels: 2 arteries/1 vein				
<b>RESP.:</b>				
<input type="checkbox"/> Breath Sounds Normal				
<b>GI:</b>				
<input type="checkbox"/> Abdomen Normal				
<input type="checkbox"/> Anus Patent				
<b>GU:</b>				
<input type="checkbox"/> Genitalia Normal				
<input type="checkbox"/> Testes Descended				
<b>MSK/SKIN:</b>				
<input type="checkbox"/> Clavicle Normal				
<input type="checkbox"/> Hips Normal				
<input type="checkbox"/> Spine Normal				
<input type="checkbox"/> Slate-grey Macule				
<input type="checkbox"/> Abrasions/Bruising				
<input type="checkbox"/> Other				
<b>NEURO:</b>				
<input type="checkbox"/> Suck Present				
<input type="checkbox"/> Grasp Present				
<input type="checkbox"/> Moro Present				
<input type="checkbox"/> Tone Normal				
<input type="checkbox"/> Red Reflex Present				

Summary of Abnormalities & Plan: \_\_\_\_\_

\_\_\_\_\_

FINAL DIAGNOSIS: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_

#### NURSING DISCHARGE ASSESSMENT

Discharge Weight \_\_\_\_\_ Gms Date: \_\_\_\_\_

Metabolic Screen:  Done  Not done

Healthy & Home to do

Parent to arrange

Bilirubin Screen:  TCB  TSB

Result \_\_\_\_\_ @ \_\_\_\_\_ hrs of age

Follow up:  Healthy & Home

Family Physician