

# Pediatric Newborn Summary

Baby Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Time: \_\_\_\_\_

Significant Pregnancy Hx: \_\_\_\_\_

GBS + antibiotic Yes No Anemic \_\_\_ weeks gestation Abnormal Labs Rh- mother

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Labor summary: Length of labor \_\_\_ days \_\_\_ hrs. \_\_\_ min. Active labor/delivery <3hrs ≥ 20 hrs.

ROM: \_\_\_ days \_\_\_ hrs. \_\_\_ min. Antibiotics used: No Yes (type) \_\_\_\_\_

Complications: \_\_\_\_\_ Meds/herbs used: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Newborn info:

NSVD

Sex: \_\_\_\_\_

Birth Weight: \_\_\_\_\_ lbs./oz. or grams Length: \_\_\_\_\_ in \_\_\_\_\_ cm head \_\_\_\_\_ cm chest

APGAR: 1 min \_\_\_ 5 min \_\_\_ 10 min \_\_\_ Blood type: \_\_\_\_\_ +/- Cord Cut: \_\_\_\_\_ min

Complications: PROM Shoulder dystocia Other: \_\_\_\_\_ Water birth: Yes No

Birth presentation: \_\_\_\_\_ Compound \_\_\_\_\_ Nuchal cord No Yes \_\_\_x Nuchal hand Yes No

Resuscitation: (type/s) \_\_\_\_\_ Time: \_\_\_\_\_ min Transport: Yes No

Hep B vaccine: Yes No Declined Date \_\_\_\_\_ Reaction \_\_\_\_\_

Vitamin K: Declined Injection R or L thigh other \_\_\_\_\_ Oral (freq./dose) \_\_\_\_\_

Eye ointment: Declined Yes SPO2: \_\_\_% foot \_\_\_% hand No Hearing test: \_\_\_L \_\_\_R No

Feeding: Exclusive breastfeed Formula/breast Formula

Breastfeeding issues: \_\_\_\_\_ Lip tie Tongue tie Resolved Yes No

Latch: \_\_\_\_\_ min Quality \_\_\_\_\_ Frequency 1 2 3 4 hr. Duration \_\_\_\_\_ min

Referral: \_\_\_\_\_

WA Metabolic Newborn Screen: Yes No Dates: \_\_\_\_\_ Results: see notes\*

Referrals: \_\_\_\_\_

Lab: \_\_\_\_\_ Results \_\_\_\_\_ Labs: \_\_\_\_\_ Result \_\_\_\_\_

Procedures: \_\_\_\_\_

Weight check: \_\_\_\_\_ lbs./oz. or grams Date: \_\_\_\_\_ Days old \_\_\_ CPT 99391 2-3 day WCC

Weight check: \_\_\_\_\_ lbs./oz. or grams Date: \_\_\_\_\_ Days old \_\_\_ CPT 99391 2 week WCC

Weight check: \_\_\_\_\_ lbs./oz. or grams Date: \_\_\_\_\_ Days old \_\_\_ CPT 99213 WT check

Weight check: \_\_\_\_\_ lbs./oz. or grams Date: \_\_\_\_\_ Days old \_\_\_ WCC - well check-up

\*Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother Name: \_\_\_\_\_

F/U:  1 day c` PCP  2-3 day c` PCP

Father Name: \_\_\_\_\_

1 week c` PCP  6-8 week c` PCP

Special considerations: \_\_\_\_\_  
\_\_\_\_\_

Midwife: \_\_\_\_\_

Report date: \_\_\_\_\_

Attached documents: Lab results NBS results

LC report Hearing report Other: \_\_\_\_\_

NB Exam: Discharge exam: