Methodist Healthcare

attach patient label

Newborn Nursery History & Physical.

FOLLOWUP PEDIATRICIAN: _____ Group: _____

HISTORY: Gestational Age _____wks Maternal Age_____ yrs G _____P _____Ab _____ L _____

MBT_____ GBS _____ RPR_____ Rub_____ HIV_____ Hep B_____ Antibody_____

Delivery: Vaginal / Forceps / Vacuum / C-section ROM _____ hrs Apgar: 1 min_____5min_____ 10 min_____

Risk Factors & Complications: _____

_____

_____

_____

_____

PE: DOL#_____ WT: _____ gms _____lbs_____oz Length: _____cm OFC: _____ cm

Head: [ ] Normal or Findings _____

Eyes: [ ] Bilateral red reflex Other: _____

ENT: [ ] Normal or Findings _____

Chest & Back: [ ] Normal or Findings _____

Heart: [ ] Normal or Findings _____

Lungs: [ ] Normal or Findings _____

Abd: [ ] Normal or Findings _____

Hips: [ ] Normal or Findings _____

Extremities: [ ] Normal or Findings _____

CNS: [ ] Normal or Findings _____

Genitalia: [ ] Normal [ ] Testes descended or Findings _____

Skin: [ ] No lesions or Findings _____ Color: [ ] Pink [ ] Jaundiced

Other: _____

Voided: Yes / No Stooled: Yes / No Feeding: Breast / Bottle [ ] Well or Other: _____

Assessment / Plan: _____

_____

_____

_____

_____

Physician Signature:_____ ID # _____Date:_____Time:_____

Discharge Diagnosis: [ ] Asymptomatic Term Infant [ ] Asymptomatic Pre-term Infant [ ] Multiple Birth
[ ] Suspected Infection [ ] Hyperbilirubinemia [ ] Transient Hypoglycemia [ ] Feeding difficulty
[ ] Other: _____

Physician Signature _____ ID # _____ Date:_____ Time:_____

CIRCUMCISION:

Date:_____ Time out performed with_____

Mode:_____ Plastibell_____ Gomco_____ Size_____

Mogan_____

Physician Signature:_____ ID # _____

Date:_____ Time:_____

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