APPENDIX
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DEPARTMENT OF PAEDIATRICS,
MAHARANI LAXMI BAI MEDICAL COLLEGE & ALLIED HOSPITAL,
JHANSI

WORKING FORM

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn's/Mother's</td>
<td></td>
</tr>
<tr>
<td>MRD / OPD No.</td>
<td>Ward/Bed No.</td>
</tr>
<tr>
<td>Name of Newborn</td>
<td>Sex - Male/Female</td>
</tr>
<tr>
<td>Mother's name</td>
<td>Age</td>
</tr>
<tr>
<td>Father's name</td>
<td>Age</td>
</tr>
<tr>
<td>Address:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
<th>Hours/days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apgar score: (i) 1 min.</td>
<td>(ii) 5 min.</td>
<td></td>
</tr>
<tr>
<td>Resuscitation done</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Endotracheal Intubation</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Parenteral fluid given</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Obstetrical history</td>
<td>Gravida</td>
<td>Parity</td>
</tr>
<tr>
<td></td>
<td>Abortion</td>
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Antenatal History:
1. History of Febrile Illness: Trimester
   Duration
   Accompanied by

2. History of any systemic disease:
   Cardiac :
   Respiratory :
   Metabolic :
   Others :
3. **History of Antepartum Haemorrhage**: Yes/No
   **Duration**: 

4. **History of eclamptic toxemia**: Yes/No

5. **History of Multiple pregnancy**: Yes/No

6. **History of ABC or Rh blood group incompatibility**: Yes/No
   - **If yes Blood group of**
     - Baby -
     - Mother -
     - Father -

7. **History of Exposure to radiation**: 

8. **Duration of leaking**: 12 hrs/12-24 hrs/ 24 hrs.

9. **Colour of liquor**: Colourless/Meconium stained/ blood stained.

10. **Odour of liquor**: Colourless / foul smelling

11. **Number of P/v done**: 

12. **History of vaginal infection**: 

**Natal History**: 

   (i) **Place of Delivery**: Home/Hospital
   (ii) **Mode of presentation of fetus**: Vertex/Breech/ Any other
   (iii) **Mode of Delivery**: Normal vaginal/ Forceps/Caesarean
   (iv) **History of Birth Asphyxia**: 
   (v) **Mode of cutting of Cord**: 
   (vi) **Birth Trauma**: 

POST NATAL HISTORY:

1. Refusal of feeds: Yes/No
2. Loose motion: Yes/No
3. Vomitting: Yes/No
4. Cry: Immediate/Delayed
5. Hyperthermia/Hypothermia:
6. Cyanosis: Yes/No
7. Convulsions: Yes/No

EXAMINATION OF NEWBORN:

1. General Appearance:
   Colour: 
   Activity: 
   Cry: 
   Posture: 

2. Anthropometric Examination:
   Weight: 
   Head Circumference: 
   Chest circumference: 
   Length: 

3. Gestational Age:
   (i) By LMP: 
   (ii) By Usher's criteria: 

4. General Examination:
   Skin - Sclerema: 
   Bleeding: 
   Pustules: 
   Abscesses: 
   Any other:
Anterior Fontanelle : 
Caput/Cephalhaematoma : 
Face : 
Oral cavity : 
Neck & Trunk : 
Limbs : 
Jaundice : 
Cyanosis : 
Umbilical Cord : 
Ear : 

4. Systemic Examination:

A. Cardiovascular system : Heart rate.../min
Apex beat... ICS
Pallor
Cyanosis
Cold Clamy Skin
Any murmur

B. Respiratory system : Respiratory rate
......./min.
Apnoic Spells
Grunting
Intercostal/sub-costal recession
Crepts

C. Abdomen & GIT : Abdominal distension
Liver
Spleen
Any other palpable lump
Bowel sounds
D. Haematological system:
- Petechiae
- Purpura
- Bleeding from orifices

E. Central Nervous System:
- Irritability
- Lethargy
- Tone - Hypotonia/
  Hypertonia
  Normal
- Reflexes - Hyperreflexia/
  Hyporeflexia
  Normal
- Respiration - Regular/
  Periodic/
  Apnoea
- Seizures - Tonic/
  Clonic/
  Subtle.

F. Neonatal reflex:
   (i) Feeding reflex:
       - Sucking
       - Rooting
   (ii) Extensor reflexes:
       - Moro's
   (iii) Cranial Nerve reflex:
   (iv) Progressive reflex:
       - Stepping
       - Placing

G. Any obvious congenital anomaly:

CLINICAL IMPRESSION:
INVESTIGATION:

(1) m ESR = ............ mm Ist (hr.)
(2) C Reactive Protein = ............ ugm/ml
(3) LAP Score .................in 100 consecutive cells

ADDED INVESTIGATION:

(1) TLC, DLC, Hb
(2) Blood culture
(3) X-ray chest
(4) Urine : Routine
            Microscopic Culture
(5) C.S.F.

(6) Swab culture from ear, umblicus, discharge

Comments: