

Newborn Record : Physical Examination & Progress Note

Delivery History : Birth date : Time APGAR score at 1' = ; 5' = ; 10' =

Birth weight gm , Length.....cm , Head circumference.....cm || BT.....°C , HR...../min , RR...../min

Physical Examination	Normal	Description of Abnormal finding
General Appearance (maturity , activity , tone , cry , nutrition , edema)		
Skin (rash , hematoma , jaundice)		
Head & Neck (molding , caput , craniotabes , cephal)		
Eyes (abnormalities , conjunctivitis)		
Ears , Nose , Throat (lips , gum , palate)		
Thorax (include breast)		
Lungs		
Heart		
Abdomen (include umbilicus)		
Genitalia (testes , meatus , clitoris)		
Trunk spine		
Extremities (include clavicles , hips)		
Reflexes (Moro , grasp , sucking , swallowing)		
Anus		

Problem list :

Diagnosis :

Plan :

By Doctor.....

Problem and Progression

Progress note/...../...../...../...../.....
Subjective (กิน ขับถ่าย)	<input type="radio"/> กินได้ ถ่ายได้	<input type="radio"/> กินได้ ถ่ายได้	<input type="radio"/> กินได้ ถ่ายได้	<input type="radio"/> กินได้ ถ่ายได้	<input type="radio"/> กินได้ ถ่ายได้
Objective	Jaundice				
	Pustules				
	Conjunctivitis				
	Omphalitis				
	Murmur				
	Normal PE				
				
Assessment	<input type="radio"/> normal child	<input type="radio"/> normal child	<input type="radio"/> normal child	<input type="radio"/> normal child	<input type="radio"/> normal child
Plan	<input type="radio"/> NB care	<input type="radio"/> NB care	<input type="radio"/> NB care	<input type="radio"/> NB care	<input type="radio"/> NB care
Doctor					

Clinical Summary on Dateat.....

Diagnosis	Hospital course
1. (<input type="radio"/> Term , <input type="radio"/> Preterm) (<input type="radio"/> Male <input type="radio"/> Female) Infant 2. Birth weight: <input type="radio"/> SGA <input type="radio"/> AGA <input type="radio"/> LGA <input type="radio"/> Low birth weight <input type="radio"/> Neonatal jaundice <input type="radio"/> อื่นๆระบุ.....	<input type="radio"/> routine new born care <input type="radio"/> MB.....mg/dl Hct.....% on photo.....วัน.....ชม. MB.....mg/dl Hct.....% off photo <input type="radio"/> อื่นๆระบุ.....

Plan : F/U PCU for well child care 4 wks

By Doctor.....

ชื่อ..... อายุ.....ปี HN..... AN.....

เตียง..... แพทย์..... หอผู้ป่วย ห้องคลอด แผนก กุมารเวชกรรม แผ่นที่.....