N432 Newborn Care Plan

Lakeview College of Nursing

Sarah Brown

Demographics (10 points)

Date & Time of Clinical Assessment	**Patient Initials**	**Date & Time of Birth**	**Age (in hours at the time of assessment)**
9/31/2020	Boy S.	9/30/2020 06:28	1.5 Hours old
Gender	**Weight at Birth**	**Weight at Time of Assessment**	**Age (in hours) at the Time of Last Weight**
Male	**(gm) ___**4235**___** **(lb.) __**9**__ (oz.)** 5.4__	**(gm) __**4235**____** **(lb.) __**9**_ (oz.) _**5.4**__**	At birth
Race/Ethnicity	**Length at Birth**	**Head Circumference at Birth**	**Chest Circumference at Birth**
White/Caucasian	**Cm ___**53.5**___** **Inches** ___21.06**____**	**Cm __**36**____** **Inches __**14.17_____	**Cm __**35.5**_____** **Inches __**14**_____**

There are times when the weight at the time of your assessment will be the same as birth

Mother/Family Medical History (15 Points)

Prenatal History of the Mother:

When prenatal care started: 2/18/2020

Abnormal prenatal labs/diagnostics: none per chart

Prenatal complications: none per chart

Smoking/alcohol/drug use in pregnancy: per mother and chart, no tobacco, smokeless tobacco, vape, drug use or current alcohol use during pregnancy.

Labor History of Mother:

Gestation at onset of labor: 40w4d

Length of labor:

"1st stage: 1 hour, 52 minutes

2nd stage: 0 hours, 8 minutes

3rd stage: 0 hours, 7 minutes," per the chart

ROM: Artificial rupture of membranes at 06:24 on 9/30/2020

Medications in labor: Anesthesia: epidural analgesics; fentanyl-bupivacaine epidural

Complications of labor and delivery: "Nuchal cord x1 that was easily reduced," per chart

Family History: none, no Tay sachs or Sickle cell disease in family history

Pertinent to infant:

Social History (tobacco/alcohol/drugs):

Pertinent to infant: per mother and chart, no tobacco, smokeless tobacco, vape, drug use or current alcohol use during pregnancy.

Father/Co-Parent of Baby Involvement: Husband is with the mother at bedside and involved with labor and baby.

Living Situation: Mother and baby live at home with Husband/Father of baby boy.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): The parents have no learning barriers in relation to education of care for newborn infant.

Birth History (10 points)

Length of Second Stage of Labor: "0 hours, 8 minutes," per the chart

Type of Delivery: vaginal spontaneous delivery per mother and chart

Complications of Birth: none

APGAR Scores:

1 minute: 8 per the chart

5 minutes: 9 per the chart

Resuscitation methods beyond the normal needed: none beyond the normal were needed

Feeding Techniques (10 points)

Feeding Technique Type: breast feeding per the mother

If breastfeeding:

LATCH score: 10 per the nurse and chart

If bottle feeding: N/A

Positioning of bottle: N/A

Suck strength: N/A

Amount: N/A

Percentage of weight loss at time of assessment: ____0____%

****Show your calculations; if today's weight is not available, please show how you would calculate weight loss (i.e. show the formula)****

What is normal weight loss for an infant of this age? It is normal for a newborn to lose 7%-10% of birth weight in the first 1-2 days and regain in the first few weeks. This infant hadn't been weighed again since birth during clinical hours on 9/31/2020.

Is this neonate's weight loss within normal limits? N/A

Intake and Output (8 points)

<u>Intake</u>

If breastfeeding:

Feeding frequency: "one demand," per the nurse as this infant is only a few hours old there is not a pattern yet.

Length of feeding session: "Right breast=45 min and left breast=20 min," per mother

One or both breasts: both

If bottle feeding: N/A

Frequency: N/A

Volume of formula per session: N/A

If NG or OG feeding: N/A

Frequency: N/A

Volume: N/A

If IV:

Rate of flow: N/A

Volume in 24 hours: N/A

Output

Age (in hours) of first void: 8.5 hours old

Voiding patterns: None established yet, the expected voiding pattern of typical newborn is 1 void on day 1.

Number of times in 24 hours: N/A

Age (in hours) of first stool: 2 hours old

Stool patterns: None established yet

Type: small

Color: dark brown/black

Consistency: creamy

Number of times in 24 hours: N/A

Laboratory Data and Diagnostic Tests (15 points)

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Name of Test	Why was this test ordered for THIS client? *Complete this even if these labs have not been completed*	Expected Results	Client's Results	Interpretation of Results
Blood Glucose Levels	The blood glucose test is only performed in newborns who are pre-term, low birth weight, or if mothers had diabetes during pregnancy (Checking blood glucose in newborn babies, 2004).	N/A	N/A	Not performed, was not ordered
Blood Type and Rh Factor	According to Rh factor blood test (2020), this test is performed on the infant to see if they are Rh negative or Rh positive. If the mother is Rh negative and the infant is born Rh positive, the health care provider might recommend immune globulin injections for the mother.	ABO	A+, negative antibodies per chart	Normal

Coombs Test	"The direct Coombs test also may be done on a newborn baby with Rh-positive blood whose mother has Rh-negative blood. The test shows whether the mother has made antibodies and if the antibodies have moved through the placenta to her baby" ("Coombs antibody test (Indirect and direct)," n.d.).	N/A	N/A	Not performed, was not ordered since the infant's blood was negative for antibodies.
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	Infection, lack of important proteins, mother and bleeding under the newborn scalp from birth complications, and blood incompatibility of mother and newborn Rh factor (Newborn jaundice: MedlinePlus medical encyclopedia, n.d.)	N/A	N/A	Not performed yet
Newborn Screen (At 24 hours)	The newborn screen is performed to catch major illnesses with the intention to cure or treat them early (Newborn screening process, n.d.).	N/A	**(If available—these may be not available until after discharge for some clients)**	Not performed yet
Newborn Hearing Screen	The hearing screen is done a a part of the overall newborn screen. This hearing test is performed to check for hearing loss and abnormalities. The newborn is referred to a specialist if they fail the hearing test (Newborn screening process, n.d.).	N/A	N/A	Not performed yet
Newborn Cardiac Screen	According to Harold (2014), the	N/A	N/A	Not performed yet

(At 24 hours)	cardiac newborn screen is performed by pulse oximetry on the infant during assessments at 24 hours of age. The pulse oximetry can show congenital heart defects with results of blood oxygenation and heart rate.			

Lab Data and Diagnostics Reference (APA):

References

Checking blood glucose in newborn babies. (2004). *Pediatrics & child health*, *9*(10), 718–748.

Coombs antibody test (Indirect and direct). (n.d.). University of Michigan | CS Mott Children's Hospital | Michigan Medicine. https://www.mottchildren.org/health-library/hw44015#hw44023

Harold, J. G. (2014, August 26). *Screening for critical congenital heart disease in newborns*. Circulation. https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.113.008522

Newborn jaundice: MedlinePlus medical encyclopedia. (n.d.). MedlinePlus - Health Information from the National Library of Medicine. https://medlineplus.gov/ency/article/001559.htm

Newborn screening process. (n.d.). Newborn Screening | Newborn Screening. https://newbornscreening.hrsa.gov/newborn-screening-process#hearing

Rh factor blood test. (2020, June 17). Mayo Clinic - Mayo Clinic. https://www.mayoclinic.org/tests-procedures/rh-factor/about/pac-20394960

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)** **Mother refused**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine** **Mother refused**	**Sucralose solution 24%** **Tootsweet**	
Dose	1 mg	Ribbon of ointment	10 mcg	0.5mL	
Frequency	once	Once at birth	Within 12 hours of birth	PRN for painful procedures	
Route	IM injection	Ointment in both eyes of the newborn	IM injection	Oral	
Classification	vitamin	anti-infectives	vaccines/immunizing agents	analgesic	
Mechanism of Action	Stimulates the liver to produce prothrombin	Suppress growth of bacteria	Create immunity and prevents hepatitis infection	The sweet taste does the same thing to the newborn brain as opioids for pain management	
Reason Client Taking	Prevention of hemorrhagic diseases in the newborn	Prevent infections	Create immunity and prevents hepatitis infection	Pain relief for procedures	
Contraindications (2)	Hypersensitivity to phytonadione	Hypersensitivity Concurrent use of pimozide, ergotamine, dihydroergotamine, or procainamide	Hypersensitivity to immune globulins Hypersensitivity to glycine or thimerosal.	Do not administer to any infant with respiratory distress, problems with glucose metabolism, feed intolerance or at risk of NEC. Do not administer to infants undergoing major	

				procedures such as insertion of chest drains.	
Side Effects/Adverse Reactions (2)	Pain, swelling, and tenderness at the injection site Rapid and weak pulse, hypotension, cyanosis	Ototoxicity seizures	Dizziness Redness at injection site	none	
Nursing Considerations (2)	Monitor for occult bleeding Monitor for side effects and adverse reactions	Assess for infection Monitor bowel function	Assess patient for signs of anaphylaxis Assess for infection at injection site	The nurse is responsible for administering the medications The nurse must monitor for an issues and chart when the medication is given	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor prothrombin time (PT) prior to and throughout vitamin K therapy to determine response to and need for further therapy.	Monitor liver function tests periodically on patients receiving high-dose, long-term therapy	Check for thrombocytopenia before administration	Do not use in infants who are sedated and at risk for aspiration3 Do not use to comfort or settle an infant	
Client Teaching needs (2)	Advise patient to report any symptoms of unusual bleeding or bruising Educate mother of the newborn on importance of the newborn receiving this injection.	Caution patient to notify health care professional if fever and diarrhea occur, especially if stool contains blood Advise patient to report signs of superinfection (	Explain to parents the use and purpose of hepatitis B immune globulin therapy. Inform parents that pain, tenderness, swelling, and erythema at the injection site may occur after IM injections.	This medication works best when paired with comforting hold of parent This medication is a good substitute for other pain medications	

Medications Reference (APA):

Vallerand, A. H., Company, F. A., & Sanoski, C. A. (2020). *Davis's drug guide for nurses*.

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings *This can be found in your book on page 645*	If assessment finding different from expectation, what is the clinical significance?
Skin	Smooth and warm	Normal: smooth, flexible, good skin turgor, well hydrated; warm	Jaundice, acrocyanosis, milia, Mongolian spots, stork bites
Head	Round and not soft away from fontanels	Normal: varies with age, gender, ethnicity	Microcephaly, macrocephaly, enlarged fontanels
Fontanels	Soft for both anterior and posterior fontanels	Soft for both anterior and posterior fontanels	Not soft, broken skin, bulging at soft spot of fontanels
Face	full cheeks, facial features symmetric	Normal: full cheeks, facial features symmetric	Facial nerve paralysis, nevus flammeus, nevus vasculosus
Eyes	clear and symmetrically placed on face; online with ears	Normal: clear and symmetrically placed on face; online with ears	Chemical conjunctivitis, subconjunctival hemorrhages
Nose	small, placement in the midline and narrow	Normal: small, placement in the midline and narrow, ability to smell	Malformation or blockage
Mouth	aligned in midline, symmetric, intact soft and hard palate	Normal: aligned in midline, symmetric, intact soft and hard palate	Epstein pearls, erupted precocious teeth, thrush
Ears	soft and pliable with quick recoil when folded and released	Normal: soft and pliable with quick recoil when folded and released	Low-set ears, hearing loss
Neck	short, creased, moves freely, baby holds head in midline	Normal: short, creased, moves freely, baby holds head in midline	Restricted movement, clavicular fractures
Chest	round, symmetric, smaller than head	Normal: round, symmetric, smaller than head	Nipple engorgement, whitish discharge
Breath Sounds	Equal bilaterally. Clear.	Auscultate the lungs bilaterally for equal breath sounds. Normal breath sounds should be heard, with little difference between	Diminished breath sounds might indicate atelectasis or pneumonia

		inspiration and expiration. Fine crackles can be heard on inspiration soon after birth as a result of amniotic fluid being cleared from the lungs.	

Heart Sounds	Clear s1 & s2 apical.	Listen to the heart when the newborn is quiet or sleeping. S1 and S2 heart sounds are accentuated at birth. The point of maximal impulse is a lateral to mid clavicular line located at the fourth intercostal space.	A displaced point of maximal impulse may indicate tension pneumothorax or cardiomegaly. Murmurs are common during the first few hours as the foramen ovale is closing. Although cardiac murmurs in the neonatal period do not necessarily indicate heart disease, they should be evaluated if they persist
Abdomen	protuberant contour, soft, three vessels in umbilical cord	Normal: protuberant contour, soft, three vessels in umbilical cord	Distended, only two vessels in umbilical cord
Bowel Sounds	bowel sounds heard in all four quadrants and no masses or tender ness on palpation.	Normal findings would include bowel sounds in all four quadrants and no masses or tender ness on palpation.	Absent or hyperactive bowel sounds might indicate an intestinal obstruction. Abdominal distention might indicate ascites, obstruction, infection, masses, or an enlarged abdominal organ. The newborn may also show signs of abdominal tenderness
Umbilical Cord	two arteries and one vein present	(two arteries and one vein). The umbilical vein is larger than the two umbilical arteries.	Evidence of only a single umbilical artery is associated with renal and gastrointestinal anomalies, bleeding, infection, inflammation, redness, swelling, purulent drainage or bleeding, erythema around the umbilicus, granuloma, or abnormal communication with the intra-abdominal organs. Umbilical infections can occur because of an embryologic remnant or poor hygiene. Traditionally, gram-positive organisms, such as Staphylococcus aureus and Streptococcus pyrogens, were most commonly identified, but gram-negative and polymicrobial infections are seen today. An

			umbilical cord infection (omphalitis) can spread to adjacent tis sue, causing peritonitis, hepatic vein thrombosis, and hepatic abscess.
Genitals	meatus centered at tip of penis	Normal male: smooth glans, meatus centered at tip of penis Normal female: swollen female genitals as a result of maternal estrogen	Edematous scrotum in males, vaginal discharge in females
Anus	Passage of meconium indicates patency.	Inspect the anus in both male and female newborns for position and patency. Passage of meconium indicates patency.	Abnormal findings would include anal fissures or fistulas and no meconium passed within 24 hours after birth
Extremities	extremities symmetric with free movement	Normal: extremities symmetric with free movement	Congenital hip dislocation; tuft or dimple on spine
Spine	extremities symmetric with free movement	Normal: extremities symmetric with free movement	Congenital hip dislocation; tuft or dimple on spine
Safety • **Matching bands with parents** • **Hugs tag** • **Sleep position**	Band on newborn match with parents. Hug tag present on newborn. Newborn laid on back to sleep in bassinet that is free of blankets, stuffed animals or bedding that can suffocate.	• Band on newborn should match with parents. • Hug tag should be present on newborn. • Newborn should be laid on back to sleep in bassinet that is free of blankets, stuffed animals or bedding that can suffocate.	If bands do not match it could indicate that the wrong newborn or parents are together. If the hug tag is not on the newborn, they are at risk for abduction. If the newborn is not slept on their back in a basinet that is free from clutter, they can suffocate or suffer from SIDS.

Complete the Ballard Scale grid at the end to determine if this infant is SGA, AGA, or LGA—be sure to show your work

What was your determination? LGA, large for gestational age

Are there any complications expected for a baby in this classification?

According to McGuire (2017),“A macrosomic fetus signals risks for childbirth complications such as shoulder dystocia, brachial plexus injury, fractures, or birth asphyxia. Women with a macrosomic fetus are at increased risk for prolonged labor, vacuum assistance, birth canal laceration, cephalopelvic disproportion, postpartum hemorrhage, or a surgical birth.”

References

McGuire, S. F. (2017). Understanding the Implications of Birth Weight. *Nursing for Women's Health*, *21*(1), 45–49. https://ezproxy.lakeviewcol.edu:2097/10.1016/j.nwh.2016.12.005

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth 06:30am	97.7	155	60
4 Hours After Birth 10:30 am	97.9	126	42
At the Time of Your Assessment 07:30 am	99.3	148	46

Vital Sign Trends: Pule lowered each hour by 10 points from 155 at birth down to 126 at 10:30 am, 4 hours later.

Pain Assessment, 1 set (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
07:15 am	NIPS	N/A	N/A	N/A	N/A

Summary of Assessment (4 points)

Discuss the clinical significance of the findings from your physical assessment:

****See the example below****

This neonate was delivered on 9.31.2020 at 0628 by normal spontaneous vaginal delivery (NSVD). Nuchal cord x1. Apgar scores 8/9. EDD 9.26.2020 by US. Dubowitz revealed neonate is 40 weeks and LGA. Prenatal hx uncomplicated. Birth weight 9 lbs 5.4 ozs (4235 grams), 21.06" long (53.5 cms). Upon assessment all systems are within normal limits. Last set of vitals: 97.9/126/60. Neonate is breastfeeding and nursing well with first feeding. Neonate expected to be discharged with mother tomorrow and to see pediatrician in the office for first well baby check within 48 hours.

Nursing Interventions and Medical Treatments for the Newborn (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with "N" after you list them, identify medical treatments with "T" after you list them.)	**Frequency**	**Why was this intervention/ treatment provided to this patient? Please give a short rationale.**
Bathing and hygiene N	Delayed bathing after birth is common, and first bath is often done 24+ hours after birth.	This was not provided. Ricci et al. (2017), says this intervention is provided to newborns mainly for aesthetic reasons. In the past they were bathed immediately after broth to maintain their thermoregulation. This is no longer common practice, as they can be placed on a parent and thermoregulate fine.
Elimination and diaper area care N	Frequently and especially after feeding.	This is important to ensure that the newborn doesn't get a rash or irritated skin from urine and stool on their skin for too long.
Cord care N	As frequently as the diaper area and elimination care is done	Ricci et al. (2017), says cord care is important to visualize the cord and make sure it is changing color, exposed to air to dry, and intact.
Safety N	Constantly and ongoing the whole time the mother and newborn are in the hospital and education should be provided to safety once at home	Ricci et al. (2017), says checking the electronic hug tag system on the newborn every time they come in contact with them to ensure it is intact and working. The healthcare professional should instruct the parents to keep the newborn in the basinet on the side of the bed away from the door,

		be weary of all staff and visitors that enter the room, never transport the newborn outside of the basinet, and educate the parents/care givers about abduction and home safety measure to take after discharge.

References

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

Discharge Planning (2 points)

Discharge location: home with mother and father

Equipment needs (if applicable): Car seat properly installed into the vehicle to safely transport newborn home.

Follow up plan (include plan for newborn ONLY): Follow up with pediatrician in 48 hours.

Education needs: The importance of a newborn receiving vitamin K shot though not getting circumcised. The importance of vaccines in newborns, infants, and children and evidence-based practice that they do not cause autism.

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
Two of them must be education related i.e. the interventions must be education for the client."

2 points for correct priority

Nursing Diagnosis (2 pt each)	Rational (1 pt each)	Intervention/Rational (2 per dx) (1 pt each)	Evaluation (1 pt each)
Identify problems that are specific to this patient. Include full nursing diagnosis	Explain why the nursing diagnosis was chosen	Interventions should be specific and individualized for his patient. Be sure to include a time interval such	• How did the patient/ family respond to the nurse's actions? • Client response,

with "related to" and "as evidenced by" components		as Assess vital signs q 12 hours." List a rationale for each intervention and using APA format, cite the source for your rationale.	status of goals and outcomes, modifications to plan.
1. Risk for bleeding related to insufficient vitamin K as evidence by the mother's refusal of the vitamin K shot	This nursing diagnosis was chosen due to the severity of risk for bleeding in the infant if any trauma were to occur.	**1.** Gather literature for the mother that explains the importance of vitamin k **Rationale** This gives the parents a chance to learn in private and come to their own conclusion **2.** Educate the mother and father together about what vitamin k does in the body and answer any of their questions they have **Rationale** This gives the parents a chance to ask questions in a non-judgmental environment to learn so that they can make an informed decision	The mother and father responded positively stating "we will look up information on vitamin k and seek the oral solution from the pediatrician at the appointments with them."
2. Risk for infection related to incomplete immunization series	This nursing diagnosis was chosen due to the severity of immunizations and the consequences of the newborn not receiving them,	**1.** Identify potential contraindications to needed vaccines. Review past reactions to vaccines. **Rationale** Reduces the risk for the child and other caretakers to have adverse reactions to vaccines. **2.** Identify all due vaccines that can be provided simultaneously **Rationale** Many vaccines can be given at the same visit to more adequately protect the child. This also saves health care trips for families.	The mother was not interested in getting the newborn vaccinated
Knowledge deficit (parent) related to potential side effects of vaccines.	This nursing diagnosis was chosen to knowledge deficit being common and can produce anxiety in parents	1. Educate the parents about the need for specific vaccines and the risk if not given. Obtain signed consent before giving vaccines. **Rationale** Informed consent is required for all treatments. 2. Review past reactions to vaccines and describe common potential reactions and why they occur.	The parents said they would look into vaccines, but they really don't want them for the newborn.

		Rationale Parents should expect common reactions and know they indicate the child's body is building protection to the illness.	
3. Risk for imbalanced nutrition less than body requirements related to expected weight loss	Newborns lose about 7–10% of their birth weight during the first few days of life	**1.** Educate the mother to supplement with bottle feeds if the newborn is having trouble with breast feeding **Rationale** It is important that the newborn gets enough to eat while the parents are reaching out for help with any breast-feeding issues **2. Educate the mother to call health care provider if she is having trouble breast feeding.** **Rationale** The parents may not realize they can reach out for help with breast feeding after they have been discharged and it is important that they use their resources and know them.	They parents voiced understanding

Other References (APA):

References

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

Ballard Gestational Age Scale

Neuromuscular Maturity

Score	–1	0	1	2	3	4	5
Posture							
Square window (wrist)	 > 90°	 90°	 60°	 45°	 30°	 0°	
Arm recoil		 180°	 140–180°	 110–140°	 90–110°	 < 90°	
Popliteal angle	 180°	 160°	 140°	 120°	 100°	 90°	 < 90°
Scarf sign							
Heel to ear							

Physical Maturity

Skin	Sticky, friable, transparent	Gelatinous, red, translucent	Smooth, pink; visible veins	Superficial peeling and/or rash; few veins	Cracking, pale areas; rare veins	Parchment, deep cracking; no vessels	Leathery, cracked, wrinkled
Lanugo	None	Sparse	Abundant	Thinning	Bald areas	Mostly bald	
Plantar surface	Heel-toe 40–50 mm: –1 < 40 mm: –2	> 50 mm, no crease	Faint red marks	Anterior transverse crease only	Creases anterior 2/3	Creases over entire sole	
Breast	Imperceptible	Barely perceptible	Flat areola, no bud	Stippled areola, 1–2 mm bud	Raised areola, 3–4 mm bud	Full areola, 5–10 mm bud	
Eye/Ear	Lids fused loosely: –1 tightly: –2	Lids open; pinna flat; stays folded	Slightly curved pinna; soft; slow recoil	Well curved pinna; soft but ready recoil	Formed and firm, instant recoil	Thick cartilage, ear stiff	
Genitals (male)	Scrotum flat, smooth	Scrotum empty, faint rugae	Testes in upper canal, rare rugae	Testes descending, few rugae	Testes down, good rugae	Testes pendulous, deep rugae	
Genitals (female)	Clitoris prominent, labia flat	Clitoris prominent, small labia minora	Clitoris prominent, enlarging minora	Majora and minora equally prominent	Majora large, minora small	Majora cover clitoris and minora	

Maturity Rating

Score	Weeks
–10	20
–5	22
0	24
5	26
10	28
15	30
20	32
25	34
30	36
35	38
40	40
45	42
50	44

CLASSIFICATION OF NEWBORNS (BOTH SEXES) BY INTRAUTERINE GROWTH AND GESTATIONAL AGE [1,2]

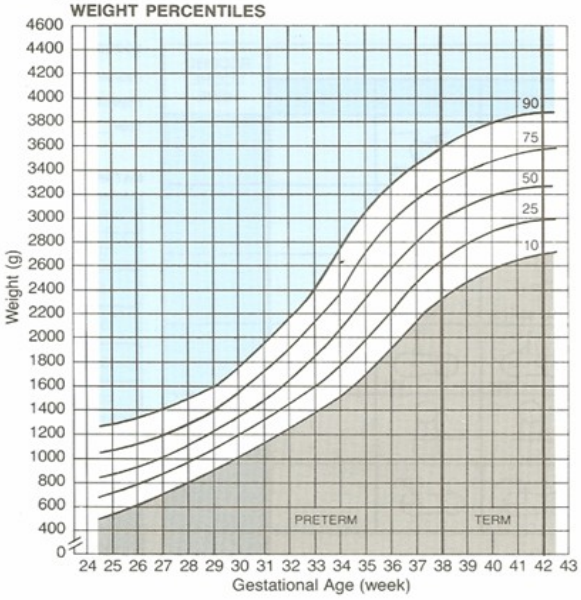
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

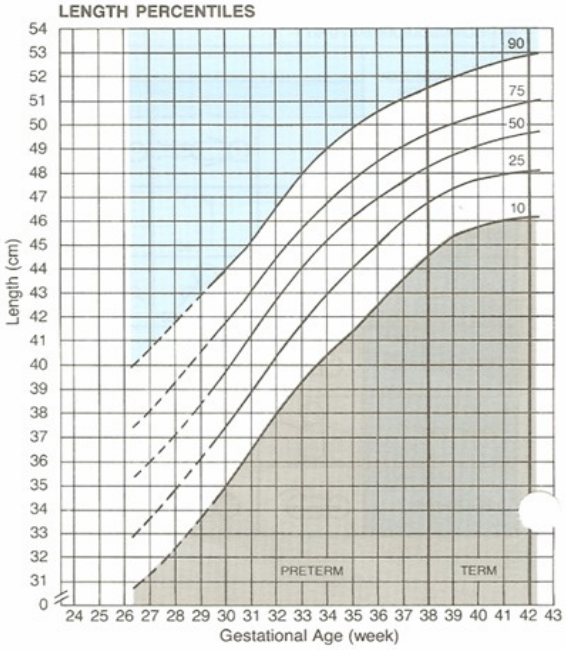
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

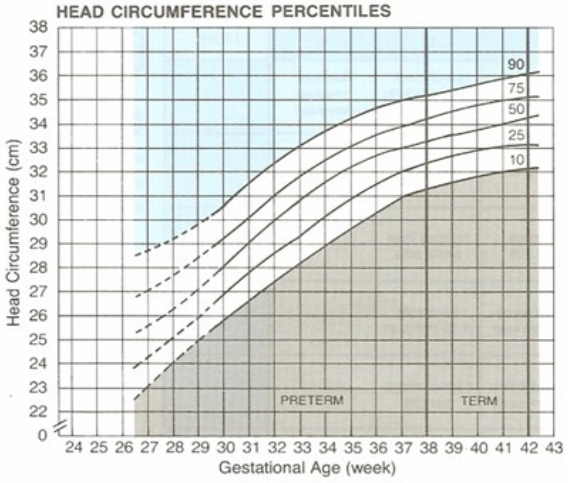
WEIGHT PERCENTILES



LENGTH PERCENTILES



HEAD CIRCUMFERENCE PERCENTILES



CLASSIFICATION OF INFANT*	Weight	Length	Head Circ.
Large for Gestational Age (LGA) (>90th percentile)			
Appropriate for Gestational Age (AGA) (10th to 90th percentile)			
Small for Gestational Age (SGA) (<10th percentile)			

*Place an "X" in the appropriate box (LGA, AGA or SGA) for weight, for length and for head circumference.

References
1. Battaglia FC, Lubchenco LO: A practical classification of newborn infants by weight and gestational age. J Pediatr 1967; 71:159-163