N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment	**Patient Initials**	**Date & Time of Birth**	**Age (in hours at the time of assessment)**
05/20/2021 1940	N.K.	05/19/2021 22:53:16	20 hours
Gender	**Weight at Birth**	**Weight at Time of Assessment**	**Age (in hours) at the Time of Last Weight**
Male	3275 gm (7 lb 3.5 oz)	3300 gm (7 lb 4.4 oz)	20 hours
Race/Ethnicity	**Length at Birth**	**Head Circumference at Birth**	**Chest Circumference at Birth**
White/Caucasian	51 cm (20.08 inches)	33.6 cm (13.19 inches)	33 cm (12.99 inches)

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:

GTPAL: G2 T1 P0 A0 L1

When prenatal care started: Week 8

Abnormal prenatal labs/diagnostics: The mother tested positive for Group Beta *Streptococcus*, so the infant was placed on ampicillin and gentamicin after delivery. Hemoglobin: 11.4, Hematocrit: 32.8, Membrane Rupture (Spontaneous): Positive, Chest Radiograph: Peripheral streaking

Prenatal complications: The mother presented with debilitating iliac instability unrelated to the infant.

Smoking/alcohol/drug use in pregnancy: The mother has never smoked and denies alcohol and drug use.

Labor History of Mother:

Gestation at onset of labor: 37 weeks and 1 day

Length of labor: 13 hours and 19 minutes

ROM: Spontaneous and partial membrane rupture followed by artificial membrane rupture.

Medications in labor: Oxytocin, Fentanyl & Ropivacaine Epidural

Complications of labor and delivery: Slight right labial tear

Past Surgical History: Tonsillectomy

Family History: Asthma, depression, post-partum psychosis

Pertinent to infant: Post-partum psychosis prior pregnancy

Social History (tobacco/alcohol/drugs): The mother has never smoked and denies alcohol and drug use.

Pertinent to infant: N/A

Father/Co-Parent of Baby Involvement: Involved

Living Situation: Father and mother married and live with their 5-year-old daughter.

Education Level of Parents (If applicable to parents' learning barriers/care of infant): The mother has some college education and has worked in healthcare. The father: N/A.

Birth History (10 points)

Length of Second Stage of Labor: O hours and 19 minutes

Type of Delivery: Induced Vaginal Delivery

Complications of Birth: Nuchal cord x1

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: Cleared fluid was suctioned from the patient's airway.

Feeding Techniques (10 points)

Feeding Technique Type: The patient is currently NPO; however, the mother plans to breastfeed when able.

If breastfeeding: N/A

LATCH score: N/A

Supplemental feeding system or nipple shield: N/A

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: The patient did not lose wait; he gained 0.9 ounces due to intravenous fluids in the form of 10% Dextrose.

****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? N/A

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

Intake and Output (8 points)

Intake

If breastfeeding: N/A

Feeding frequency: N/A

Length of feeding session: N/A

One or both breasts: N/A

If bottle feeding: N/A

Formula type or Expressed breast milk (EBM): N/A

Frequency: N/A

Volume of formula/EBM per session: N/A

If EBM, is fortifier added/to bring it to which calorie content: N/A

If NG or OG feeding: An orogastric tube was inserted; however, the patient received no feeding.

Frequency: N/A

Volume: N/A

If IV:

Rate of flow: 9.6 mL/hr

Volume in 24 hours: The neonate received 192 mL for the first 20 hours of his life. If the clinical experience continued until 2400 on 05/20/2021, the patient would have received 230.4 mL if the 10% Dextrose infusion continued.

Output

Age (in hours) of first void: 0 hours (at birth)

Voiding patterns: Every 2-4 hours

Number of times in 24 hours: 6 voids

Age (in hours) of first stool: 2 hours and 7 minutes

Stool patterns: Every 6-8 hours

Type: Meconium

Color: Dark green

Consistency: Thick, loose

Number of times in 24 hours: 3

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	This test assesses the neonate for hypoglycemia.	45-90 mg/dL	56 mg/dL	The blood glucose level is within normal limits (Ricci et al., 2020).
Blood Type and Rh Factor	The blood type and the Rhesus factor are determined to prevent hemolytic syndrome of the newborn.	O-	O Rh-	The neonate matches his mother's blood type and rhesus factor (Ricci et al., 2020).
Coombs Test	The Coombs test assesses for immunoglobins directed towards the newborn's erythrocytes.	The neonate does not have immunoglobulins directed towards his erythrocytes.	N/A	The Coombs test has not been conducted.
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	The bilirubin level assesses liver function and checks to see if the newborn is undergoing hemolysis.	The neonate is not undergoing hemolysis. Bilirubin: <8.0 mg/dL	N/A	The bilirubin level has not been conducted.
Newborn Screen	The newborn screen assesses	The newborn does not have any fatal	(If available—these may be	The newborn screen is not

(At 24 hours)	birth defects unnoticeable prior to arrival.	birth conditions that were unable to be detected prior to arrival.	not available until after discharge for some clients) N/A	accessible until after the neonate is discharged.
Newborn Hearing Screen	This test assesses neonatal otologic functioning.	The neonate has intact hearing.	N/A	The hearing screen has not been conducted.
Newborn Cardiac Screen (At 24 hours)	This test detects neonatal cardiac defects.	The neonate has zero cardiac defects.	N/A	The cardiac screen has not been conducted.

Lab Data and Diagnostics Reference (1) (APA):

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

Newborn Medications (7 points)

Brand/ Generic	**Vitamin K/ Aquamephyton**	**Ilotycin/ Erythromycin Ointment**	**Recombivax / Hepatitis B Vaccine**	**Omnipen/ Ampicillin**	**Insta-Glucose/ Dextrose 10%**
Dose	0.5 mL = 1 mg	1 drop/eye	0.5 mL	219 mg/7.3 mL	9.5521 mL/hr
Frequency	One time	One time	One time	Every 8 hours	Contiuous infusion
Route	Intramuscular	Topical Ointment	Intramuscular	Intravenous	Intravenous
Classification	Vitamin	Macrolide Antibiotic	Inactivated Viral Vaccine	Penicillin Antibiotic	Glucose-elevating Carbohydrate
Mechanism of Action	This medication increases the patient's	This medication binds with a ribosomal	This immunization triggers the body's	This medication inhibits the synthesis of	This medication increases the amount of

	coagulability by initiating hepatic prothrombin synthesis.	subunit of 70S in aerobic and anaerobic bacteria, causing RNA synthesis inhibition.	immune system to form antibodies resistant to the hepatitis B virus.	bacterial cell walls.	circulating blood glucose and causes an increase in calories and fluids simultaneously.
Reason Client Taking	Vitamin K deficiency hemorrhage prophylaxis	Gonorrhea and chlamydia prophylaxis	Hepatitis B prophylaxis	Group Beta *Streptococcus*-positive mother	Nothing by mouth status
Contraindications (2) **The infant does not have any known allergies to medications, and there are no other remotely pertinent contraindications.**	Hypersensitivity to phytonadione, hypercoagulability	Hypersensitivity to erythromycin, lovastatin therapy	Hypersensitivity to the vaccine, encephalopathy	Hypersensitivity to any penicillin preparation, hypersensitivity to any cephalosporin preparation	Hyperglycemia, intracranial hemorrhage
Side Effects/Adverse Reactions (2)	Dyspnea, tachycardia	Hepatotoxicity, ventricular dysrhythmias	Seizures, syncope	Agranulocytosis, epistaxis	Hyperglycemia, bronchospasm
Nursing Considerations (2)	Monitor the patient for serious adverse reactions. This medication may contain benzyl alcohol, which can trigger a fatal reaction.	This medication can cause liver damage. This medication can cause ototoxicity.	Understand the mother's hepatitis status. Immunosuppressed individuals may need multiple doses.	Discontinue the medication in the event of anaphylaxis. Monitor the patient's renal function.	Rapid infusion of this medication may cause intracranial hemorrhage. This medication can cause hypervolemia.

Key Nursing Assessment(s) /Lab(s) Prior to Administration	Review the patient's baseline PT/INR. Assess the patient for hemorrhagic tendencies.	Review the patient's liver function tests. Review the patient's potassium levels and heart rhythm.	Review the patient's hepatitis B surface antigen test. Assess the patient for a yeast allergy.	Review the patient's renal function. Review the patient's white blood cell count.	Review the patient's baseline electrolyte levels. Assess the patient's blood glucose levels.
Client Teaching needs (2)	Vitamin K is not produced in the stomach until a microbiome develops. This medication can interact with anticoagulants.	This ointment prevents transmission of gonorrhea or chlamydia from the mother to the newborn. Do not touch the eyes with the tube during administration.	This immunization will provide immunity for the hepatitis B virus. This immunization is given in a series of 2-4 injections.	This medication may cause diarrhea. This medication may cause blood-tinged stools several months after therapy.	This medication requires blood glucose monitoring. This medication may cause fluid volume overload.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

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, dry, warm (temperature in expected range), tight turgor, slightly jaundiced, small hemangioma on right upper extremity, irritation on wrists due to devices and equipment	Smooth, flexible, and the color should be consistent with genetic background Variations: Vernix caseosa, stork bites, milia, Mongolian spots, erythema toxicum, harlequin sign, nevus flammeus, nevus vasculosus,	Zero abnormalities present
Head	Smooth, normocephalic with slight molding	Gender, age, ethnicity variation, normocephalic and symmetrical Variations: molding, caput succedaneum, cephalhematoma	Zero abnormalities present
Fontanels	Soft, flat, open triangular shaped posterior fontanelle and diamond-shaped anterior fontanelle	Soft diamond-shaped anterior fontanelle and triangular-shaped posterior fontanelle	Zero abnormalities present
Face	Symmetrical features with full cheeks	Symmetrical features with full cheeks	Zero abnormalities present
Eyes	Clear, symmetrical, pupils equal, round, and reactive to light bilaterally	clear and symmetrical, pupils should be equal, round, and reactive to light bilaterally Variations: transient strabismus, searching nystagmus, chemical conjunctivitis related to erythromycin ointment	Zero abnormalities present
Nose	Small, narrow, midline placement, patent nares intact septum, equal-sized nares, patent	Small, narrow, midline placement, patent nares intact septum, equal-sized nares, patent	Zero abnormalities present
Mouth	Symmetrically midline and intact lips, no lesions pink and moist mucosa, vacuum	Symmetrically midline and intact lips, no lesions pink and moist mucosa, symmetrical	Zero abnormalities

	formation of lips while sucking, intact soft and hard palate, midline uvula	mandible, intact soft and hard palate, sucking pads inside the cheeks, a midline uvula, a free-moving tongue, and working gag, swallow, and sucking reflexes Variation: Cleft lip, neonate teeth	present
Ears	Soft, pliable, quick recoil, folded and released, aligned with outer canthi of eyes	Soft, pliable, quick recoil, folded and released, aligned with outer canthi of eyes	Zero abnormalities present
Neck	Creases, move freely in all directions, capable of holding the head in a midline position	Creases, move freely in all directions, capable of holding the head in a midline position	Zero abnormalities present
Chest	Round, symmetric, slight barrel shape	Round, symmetric, and 2 to 3 cm smaller than the head circumference, apparent ziphoid process, barrel shaped, equal anteroposterior and lateral diameters, symmetrical, Variations: supernumerary nipples, white discharge,	Zero abnormalities present
Breath Sounds	Fine crackles in bases bilaterally, bronchovesicular breath sounds in all other fields	Bronchovesicular breath sounds Variations: fine crackles (amniotic fluid)	Zero abnormalities present in hopes the fine crackles dissipate

Heart Sounds	Audible S1 and S2, regular rhythm	Point of maximal impulse lateral to midclavicular line located at the fourth intercostal space, audible S1 and S2 Variations: heart murmurs (foramen ovale closure)	Zero abnormalities present
Abdomen	Inspected, auscultated percussed, palpated all four quadrants, protuberant, supple, movements are synchronous with respirations	Protuberant, movements are synchronous with respirations, palpable liver 1 to 3 cm below the costal margin in the midclavicular line, palpable kidneys 1 to 2 cm above and to both sides of the umbilicus.	Zero abnormalities present
Bowel Sounds	Active in all four quadrants	Active in all four quadrants	Zero abnormalities present
Umbilical Cord	Two arteries and one vein, vein is larger than the two umbilical arteries, n No bleeding, infection, inflammation	Two arteries and one vein, vein is larger than the two umbilical arteries No bleeding, infection, inflammation, redness, swelling, purulent drainage or bleeding, erythema around the umbilicus, granuloma, or abnormal communication with the intra-abdominal organs	Zero abnormalities present
Genitals	Foreskin covers the glans, testes firm, smooth, equal in size on both sides of the scrotal sac	Smooth glans with central meatus if circumcised. It will appear reddened until it heals. For the uncircumcised male, the foreskin should cover the glans, well-formed ruggae over the scrotum, testes firm, smooth, equal in size on both sides of the scrotal sac	Zero abnormalities present
Anus	Patent as evidenced by meconium passing, no redness	Patent as evidenced by meconium passing	Zero abnormalities present
Extremities	all 20 digits present	Three palmar creases per hand,	Zero

	and individual, arms and hands symmetrical, move through the range of motion Equal length, symmetrical lower extremities	all 20 digits present and individual, arms and hands symmetrical, move through the range of motion Equal length, symmetrical lower extremities	abnormalities present
Spine	Symmetrical, no evidence of scoliosis, lordosis, or kyphosis	Symmetrical, no evidence of scoliosis, lordosis, or kyphosis	Zero abnormalities present
Safety • **Matching ID bands with parents** • **HUGS tag** • **Sleep position**	**Safety Risk:** All IDs match, HUGS tag present, sleeping supine while swaddled Incubation chamber secure with rails elevated, nasal canula secured, suction is available.	All IDs match, HUGS tag present, sleeping supine while swaddled	Zero abnormalities present

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? Appropriate for Gestational Age (40)

Are there any complications expected for a baby in this classification? No, there are no expected complications.

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	98.1 Fahrenheit (36.7 Celsius)	152 beats/minute	48 breaths/minute
4 Hours After Birth	98.7 Fahrenheit	130 beats/minute	38 breaths/minute

	(37.1 Celsius)		
At the Time of Your Assessment (1943)	98.3 Fahrenheit (36.8 Celsius)	132 beats/minute	79 breaths/minute

Vital Sign Trends: The neonate's heart rate has trended downward since birth, and it has stabilized around 130 beats/minute. The neonate's temperature has remained stable since birth. The neonate's respirations have trended downward since birth; however, they rise with crying.

Pain Assessment, 1 set (2 points)

Tim	Scale	Location	Severity	Characteristics	Interventions
1725	NIPS (Neonatal Infant Pain Scale)	N/A	0 Facial Expression: - Relaxed: 0 Cry: - No cry: 0 Breathing Patterns: - Relaxed: 0 Arms: - Relaxed: 0 Legs: - Relaxed: 0 State of Arousal: Awake: 0	Neonate does not appear distressed, no crying or grimacing, no flailing of extremities	No further interventions necessary
1930	NIPS (Neonatal Infant Pain Scale)	N/A	0 Facial Expression: - Relaxed: 0 Cry: - No cry: 0 Breathing Patterns: - Relaxed: 0 Arms: - Relaxed: 0 Legs: - Relaxed: 0 State of Arousal: - Awake: 0	Neonate does not appear distressed, no crying or grimacing, no flailing of extremities	No further interventions necessary

Summary of Assessment (4 points)

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

This neonate was delivered on 5.19.21 at 2253 by induced vaginal delivery (IVD). Nuchal cord x1. Apgar scores 8/9. EDD 6.6.21 by US. Dubowitz revealed neonate is 37 1/7 weeks and AGA. Prenatal history was uncomplicated. Birth weight 7 lb 3.5 oz (3275 grams), 20.08" long (51 cm). Upon assessment all systems are within normal limits. Last set of vitals: 37.8/130/38. BS x1 after delivery WNL with lowest being 56. Neonate is receiving 10% Dextrose intravenously at an infusion rate of 9.6 mL/hr. Bilirubin level at 24 hours per scan was not conducted at this point time. Neonate expected to be discharged with mother and father in one week's time and to see a family practice physician.

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 "M" after you list them.)	**Frequency**	**Why was this intervention/ treatment provided to this patient? Please give a short rationale.**
Prescription for ampicillin "M"	Every 8 hours	The mother tested positive for Group Beta *Streptococcus* and the neonate was showing signs of respiratory distress.
Prescription for 10% dextrose "M"	Continuous	The neonate is taking nothing by mouth and needs nutrition.
Assess vitals on monitor "N"	Continuous	The vital signs will allow for an improving or worsening condition to be viewed.
Auscultate lung sounds "N"	Every 2-4 hours or as needed	The neonate is in respiratory distress, so it is important to assess the pulmonary function often.

Discharge Planning (2 points)

Discharge location: The neonate will be discharged to home with his parents.

Equipment needs (if applicable): N/A

Follow up plan (include plan for newborn ONLY): The neonate will follow up with his family physician**.**

Education needs: Although the mother has a 5-year-old daughter, breastfeeding education may still need to be given.

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

2 points for correct priority

Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational (1 pt each)** Explain why the nursing diagnosis chosen	**Intervention/Rational (2 per dx) (1 pt each)** Interventions should be specific and individualized for this patient. Be sure to include a time interval such as Assess vital signs q 12 hours." List a rationale for each intervention and using APA format, cite the source for your rationale.	**Evaluation (2 pts each)** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired gas exchange related to respiratory distress as evidenced by oxygen via nasal canula and high metabolic rate	A neonate is extremely susceptible to impaired gas exchange without problems; this neonate already has respiratory distress.	**1.** Monitored oxygen saturation levels and equipment every 2-4 hours **Rationale:** The neonate was receiving oxygen to maintain alveolar inflation, so it is important to monitor the oxygen system and levels. **2.** Auscultated lung sounds every 2-4 hours **Rationale:** Fine crackles were heard in the bases bilaterally, so it is important to frequently assess for change in respiratory status.	The neonate maintained an oxygen saturation above 98%. The neonate's fine crackles did not dissipate.
2. Active infection related to maternally positive Group Beta *Streptococcus* as evidenced by neonatal respiratory	The infection is compromising the neonate's airway.	**1.** Monitor white blood cell count daily **Rationale:** Trending the white blood cell count will hint at the condition of the infection in the body. **2.** Monitor vital signs continuously on the monitor **Rationale:**	The neonate's white blood count remained stable with the help of ampicillin and gentamicin. The neonate's vital signs

distress		Monitoring the vital signs, especially the temperature and respirations, will be indicative of the neonate's status.	remained stable except for the elevated respirations while crying.
3. Risk for impaired skin integrity related orogastric tube, HUGS band, and bracelets as evidenced by developing erythema.	A neonate's skin is very delicate and susceptible to injury.	**1.** Monitor neonate's integumentary system every 2 hours **Rationale:** Prevent worsening skin irritation **2.** Assess neonate's pain every 2-4 hours **Rationale:** Skin irritation can cause pain	The neonate's skin irritation did not worsen. The neonate did not appear in pain.
4. Risk for impaired parent/infant attachment related to nothing by mouth status as evidenced by lack of breastfeeding.	Skin-to-skin contact is crucial for thermoregulation and breastfeeding.	**1.** Encouraged the mother hold her infant every 4 hours **Rationale:** Thermoregulation will be provided by skin-to-skin contact **2.** Provide positive feedback once to the neonate's parents when physical attachment is initiated **Rationale:** Positive feedback reinforces the behavior that is desired	The parents were able to repeat the importance of attachment in growth and development of the infant.

Teaching Topics:

1. The neonate's parents will need to be provided with information regarding infant care upon the infant's departure. This information would be explained to the parents by the provider and nurses; they would also receive paperwork to reference. The goal of the teaching would be for the parents to raise a healthy infant who grows and develops properly.

2. The mother will need educated on breastfeeding techniques. She will be taught the different positions, proper attachment and latching, and the importance of skin-to-skin contact. The goal would be for the mother to provide feedback on what she was taught and repeat it correctly.

Other References (APA): N/A

Ballard Gestational Age Scale

Neuromuscular Maturity

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

Physical Maturity

Skin	Sticky, friable, transparent	Gelatinous, red, translucent	Smooth, pink; visible veins	Superficial peeling and/or rash; few veins	Cracking, pale areas Y rare veins	Parchment, deep cracking; no vessels	Leathery, cracked, wrinkled
Lanugo	None	Sparse	Abundant	Thinning	Bald areas Y	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 ov Y entire sole	
Breast	Imperceptible	Barely perceptible	Flat areola, no bud	Stippled areola, 1–2 mm bud	Raised areola, 3–4 mm b Y	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 Y	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 ruga Y	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

Ballard Score: 40

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

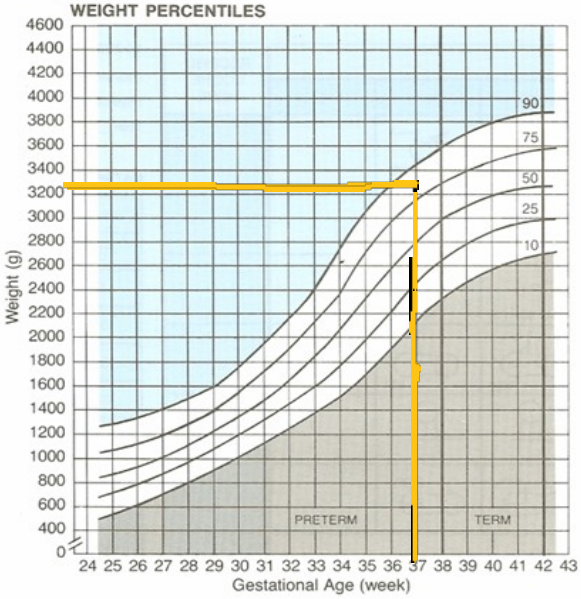
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

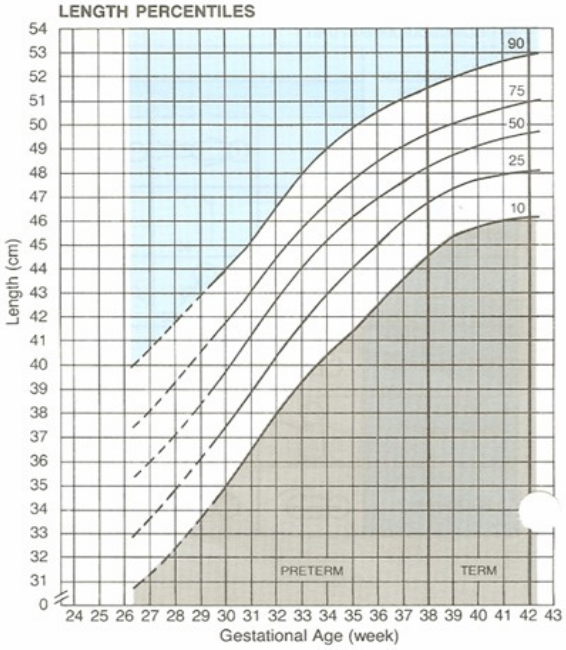
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

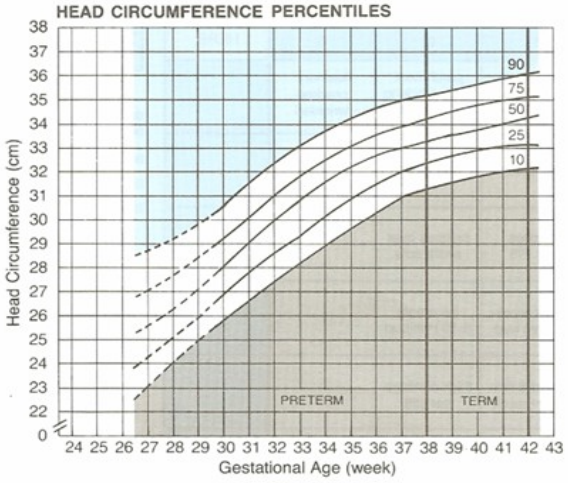
WEIGHT PERCENTILES



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