

N432 Newborn Care Plan
Lakeview College of Nursing
Jerry Williams

Demographics (10 points)

Date & Time of Clinical Assessment 7/9/21 – 1430 hours	Patient Initials B. G. A. C.	Date & Time of Birth 7/5/21 – 0729 hours	Age (in hours at the time of assessment) 79
Gender female	Weight at Birth (gm) ___2590___ (lb.) ___5___ (oz.) 11.4_	Weight at Time of Assessment (gm) ___2449___ (lb.) ___5___ (oz.) _6.4_	Age (in hours) at the Time of Last Weight 60 hours
Race/Ethnicity Caucasian	Length at Birth Cm ___49.5___ Inches ___19.5___	Head Circumference at Birth Cm ___32.5___ Inches ___12.8___	Chest Circumference at Birth Cm ___31___ Inches ___12.2___

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: G3 T2 P1 A0 L4

When prenatal care started: February 10, 2021; 14w 1d

Abnormal prenatal labs/diagnostics: none

Prenatal complications: twins

Smoking/alcohol/drug use in pregnancy: Mother denies smoking, drinking alcohol or drug use.

Labor History of Mother:

Gestation at onset of labor: 35w 6d

Length of labor: Stage 1 = 2hr 41min; Stage 2 = 18min;
Stage 3 = 6min; scheduled cesarean

ROM:	Preterm prelabor rupture of membranes; ruptured during mother's cesarean
Medications in labor:	labetalol; fentanyl; ketorolac; oxytocin
Complications of labor and delivery:	Twins: baby girl A was breech; baby girl B was transverse.
Family History:	no family history
Pertinent to infant:	no impact on infant
Social History (tobacco/alcohol/drugs):	No social history
Pertinent to infant:	No impact on infant
Father/Co-Parent of Baby Involvement:	Father is not involved in any relationship with the twin girls.
Living Situation:	Mother lives by herself; grandmother will be visiting when mother arrives home with twins.
Education Level of Parents (If applicable to parents' learning barriers or care of infant):	
	Mother states she graduated from high school and no college. Mother states newborns' father did not graduate from high school. Mother appears having no learning barrier.

Birth History (10 points)

Length of Second Stage of Labor:	18 minutes
Type of Delivery:	scheduled cesarean
Complications of Birth:	Twins: baby girl A was breech; baby girl B was transverse.

APGAR Scores:

1 minute: 7

5 minutes: 8

Resuscitation methods beyond the normal needed: No extra needs

Feeding Techniques (10 points)

Feeding Technique Type: bottle feeding

If breastfeeding:

LATCH score: n/a

Supplemental feeding system or nipple shield: n/a

If bottle feeding:

Positioning of bottle: Client states, "Head in elbow." Cradle position

Suck strength: strong, vigorous suck

Amount: Client states she has had 30 to 40 ml of bottled milk.

Percentage of weight loss at time of assessment: 5.44 %

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

One hundred percent times the difference between grams at birth weight minus grams at current weight divided by birth weight equals percentage: $100\% \times [(2590 - 2449) / 2590] = 5.44\%$

What is normal weight loss for an infant of this age?

Normally, term newborns lose 5% to 10% of their birth weight as a result of insufficient caloric intake within the first week after birth, shifting of intracellular water to extracellular space, and insensible water loss (VitalSource Bookshelf Online, n.d.).

Is this neonate's weight loss within normal limits? yes

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:

Formula type or Expressed breast milk (EBM): Similac

Frequency: every 2 to 3 hours

Volume of formula/EBM per session: 30 to 40 ml

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

If NG or OG feeding:

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: 5.5 hours (1254 hours)

Voiding patterns:

Number of times in 24 hours: 3 pads (since 0749 hours)

Age (in hours) of first stool: 11.5 hours (1900 hours)

Stool patterns:

Type: meconium

Color: greenish black

Consistency: thick

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
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<p>Blood Glucose Levels</p>	<p>During the first 24 to 48 hours of life, as normal newborns transition from intrauterine to extrauterine life, their plasma glucose levels are typically lower than later in life. Temporary low plasma glucose concentrations are common in healthy newborns. It is defined as a blood glucose level of less than 30 mg/dL or a plasma concentration of less than 45 mg/dL in the first 72 hours of life.</p>	<p>Late preterm > 25 Term > 45</p>	<p>32 63/56/58</p>	<p>Newborn does not have diabetes</p>
<p>Blood Type and Rh Factor</p>	<p>To determine Rh status and any incompatibility of the newborn.</p>	<p>Positive/negative; A, AB, B, O</p>	<p>B⁺</p>	<p>Mother is B⁺ No Rh issue.</p>
<p>Coombs Test</p>	<p>To identify hemolytic disease of the newborn; positive results indicate that the newborn's red blood cells have been coated with antibodies and thus are sensitized.</p>	<p>Positive/negative</p>	<p>Negative</p>	<p>No antibodies are present</p>
<p>Bilirubin Level (All babies at 24 hours)</p>	<p>Pathologic jaundice is manifested</p>			

<p>*Utilize bilitool.org for bilirubin levels*</p>	<p>within the first 24 hours of life when total bilirubin levels increase by more than 5 mg/dL/day and the total serum bilirubin level is higher than 20 mg/dL in a full-term infant.</p>	<p>< 20 mg/dL</p>	<p>6.2</p>	<p>BiliTool states “low risk” (age = 79 hours; total bilirubin = 6.2); No phototherapy.</p>
<p>Newborn Screen (At 24 hours)</p>	<p>The most common screening test are for PKU, hypothyroidism, galactosemia, and sickle cell disease.</p>	<p>Positive/negative</p>	<p>(If available—these may be not available until after discharge for some clients)</p> <p>Screening was performed; results are not back.</p>	<p>Unknown currently</p>
<p>Newborn Hearing Screen</p>	<p>Hearing loss is the most common birth disorder in the United States: approximately 3 to 5 newborns out of every 1,000 live births have some degree of hearing loss. Early identification and intervention can prevent severe psychosocial, educational, and language development</p>	<p>Pass/fail</p>	<p>Passed</p>	<p>Newborn passed hearing test.</p>

	delays.			
Newborn Cardiac Screen (At 24 hours)	Newborn screening for critical congenital heart defects (Critical CHDs) can identify newborns with these conditions before signs or symptoms are evident and before the newborns are discharged from the birth hospital. A pulse oximeter is used to measure the percentage of hemoglobin in the blood that is saturated with oxygen.	Pass/fail Results within 3 and > 95.	Passed: 99 - 99	Newborn passed cardiac screening.

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

Centers for Disease Control and Prevention. (2020, November 17). *Congenital Heart Defects Information for Healthcare Providers*. Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/heartdefects/hcp.html>

Ricci, S., Kyle, T., & Carman, S. (2020). Labor and Birth Process. In *Maternity and Pediatric Nursing* (4th ed.). Wolters Kluwer.

Newborn Medications (7 points)

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin Ointment)	Hepatitis B Vaccine Engerix-B		
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Dose	1 mg	0.5 mg	10 mcg / 0.5ml		
Frequency	once	once	once		
Route	IM	Applied to both eyes	IM		
Classification	vitamin	antibiotic	interferon alpha		
Mechanism of Action	Provides the newborn with vitamin K during the first week of birth until newborn can manufacture it.	Binds with the 50S ribosomal subunit of 70B ribosome in many types of aerobic, anerobic, G ⁺ and G ⁻ . This action inhibits RNA-dependent protein synthesis in bacterial cells, causing them to die.	Exact mechanism of action unknown; binds to type 1 interferon receptor receptors and activates tyrosine kinase, producing antiviral, antiproliferative, and immunomodulatory effects.		
Reason Client Taking	Vitamin K promotes blood clotting. It is necessary for production of adequate clotting factors II, VII, IX, and X by the liver.	To prevent <i>Neisseria gonorrhoeae</i> , <i>Chlamydia trachomatis</i> , and ophthalmia neonatorum	Anti-infective vaccine		
Contraindications (2)	1) Hypersensitivity to any component of this medication.	1) Hypersensitivity to erythromycin;	1) History of allergic reactions to hep B or to any ingredient in vaccine. 2) Hypersensitivity to yeast.		
Side Effects/Adverse Reactions (2)	1) Anaphylaxis; 2) Scleroderma-like patch at the	Edema and inflammation and inability to focus. Usually	Soreness at injection site, erythema, swelling, warmth,		

	site of injection.	disappears in 24-48 hours.	induration, irritability, slight fever.		
Nursing Considerations (2)	1) Administer the vitamin K within 1 to 2 hours after birth; 2) Assess for bleeding at injection site after administration.	1) Be alert for chemical conjunctivitis for 1 to 2 days; 2) Close the eye to make sure the medication permeates.	1) Administer acetaminophen, as prescribed, to prevent or treat fever or headache; 2) Give within 12 hours of birth to infants with infected mothers.		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1) Observe for jaundice and kernicterus, especially in preterm infants; 2) Protect med from light.		1) Obtain parental consent. 2)		
Client Teaching needs (2)			1) Parents need to know the risks, benefits and the adverse effects; 2) Parents need to know to bring the newborn back for their 1-month and 6-month period to complete the series.		

Medications Reference (1) (APA):

Flashcard machine - create, study and share online flash cards. OB Newborn Flashcards. (n.d.).

<https://www.flashcardmachine.com/ob-newborn.html>

Loebl, S. (2020). *2020 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

VitalSource Bookshelf Online. (n.d.).

<https://coursepoint.vitalsource.com/#/books/9781975156688/cfi/6/40!/4/2/150/2@0:0>

Newborn Meds. Quizlet. (n.d.). <https://quizlet.com/13485572/newborn-meds-flash-cards/>

Vitamin K. Newborn Nursery. (n.d.).

<https://med.stanford.edu/newborns/clinical-guidelines/vitamink.html>

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	Even tone and color; no bruises; no acrocyanosis	Normal: smooth, flexible, good skin turgor, well hydrated, warm	n/a
Head	Symmetrically roundish, short blond hair	Normal: varies with age, gender, and ethnicity	n/a
Fontanel	Soft, non-bulging, non-sunken	Normal: soft, non-bulging or non-sunken	n/a
Face	Symmetrical; full cheeks	Normal: full cheeks, facial features symmetric	n/a
Eyes	Round; symmetrical	Normal: clear and symmetrically placed on face; online with ears	n/a
Nose	Centered on face; symmetrical appearance; nose breathing	Normal: small, placement I the midline and narrow, ability to smell	n/a
Mouth	Symmetrical movement; no lesions noted	Normal: aligned in midline, symmetric, intact soft and hard palate	n/a
Ears	Soft, pliable; resets when placed against head	Normal: soft and pliable with recoil when folded and released	n/a
Neck	Able to support the head; short; moves freely in all directions	Normal: short, creased, moves freely, baby holds	n/a

		head in midline	
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Chest	Symmetrical, nipples parallel to armpits; barrel shaped	Normal: round, symmetric, smaller than head	n/a
Breath Sounds	Clear bilaterally; eupneic	Normal: abdominal breather	n/a
Heart Sounds	S ₁ and S ₂ present; no irregularity noted	Normal: between 110 – 160 beats per minute	n/a
Abdomen	Soft, symmetrical	Normal: protuberant contour soft	n/a
Bowel Sounds	No distention; scant bowel sounds	Normal: bowel sounds in all four quadrants; no masses or tenderness on palpation	n/a
Umbilical Cord	Clamp attached; three umbilical cords noted	Normal: three vessels in umbilical cord	n/a
Genitals	Labia and clitoris noted; vernix caseosa between labia	Labia and clitoris usually edematous as a result of maternal estrogen	n/a
Anus	Patent anus noted (had passed meconium in the past)	Patent anal opening	n/a
Extremities	Extend and flex equally; no deficit in upper or lower extremities; ten digits to toes and fingers, which appear normal; 3 palmar creases noted in hands; no clubfoot noted	Normal: symmetric with free movement	n/a
Spine	No deformity noted	Normal: no lateral curvature	n/a
Safety • Matching ID bands with	ID and alarm bands on ankle; ID band matched mother's ID	ID and alarm bands on ankle; ID band matched mother's ID	n/a

<ul style="list-style-type: none"> • parents • Hugs tag • Sleep position 	band. Sleep position was on her back.	band. Asleep on her back.	
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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? Newborn is AGA in all three categories.

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

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	36.6°C (97.8°F)	170	36
4 Hours After Birth	36.6°C (97.8°F)	120	40
At the Time of Your Assessment	37.3°C (99.2°F)	142	40

Vital Sign Trends: Heart rate tachycardic at birth; later became within normal limit (110 – 160 beats per minute); temperature is steady and is within normal limits (36.5 – 37.5); respirations are normal and within normal range (30 – 60).

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1400 hours	N-Pass	n/a	no pain	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 newborn (one of two females twins) was delivered on 7/5/21 at 0749 hours by cesarean delivery. This newborn was in the breech position. APGAR was 7 and 8, at 1- and 5-minutes respectfully. EDD 8/3/21. At birth, this newborn was 35w 6d; weighed 2590 g (5 lb 11.4 oz); length 49.5 cm (19.5 in); head circumference 32.5 cm (12.8 in); chest circumference 31 cm (12.2in). This newborn is appropriate for gestational age in weight, length, and head circumference. Today’s assessment shows the newborn’s systems are within normal limits. Last set of vitals: T=37.3; HR=142; RR=40. BS X 3 after delivery WNL with lowest being 56. The newborn is bottle feeding. The newborn’s mother states she consumes 30 to 40 ml every 2 to 3 hours. Bilirubin level at 24 hours per scan was 6.2. This newborn is expected to stay another night, be discharged soon to mother’s home, and will visit the pediatrician in the office for first well baby check within 48 hours.

This neonate was delivered on 5.15.14 at 0522 by normal spontaneous vaginal delivery (NSVD). Nuchal cord x1. Apgar scores 1/3/9. EDD 5.10.14 by US. Dubowitz revealed neonate is 39 2/7 weeks and LGA. Prenatal hx complicated by PIH and GDM (diet controlled). Birth weight 9 lbs 4 ozs (4440 grams), 21” long (53.34 cms). Upon assessment all systems are within normal limits. Last set of vitals: 38.4/155/48. BS x3 after delivery WNL with lowest being 52. Neonate is breastfeeding and nursing well with most feedings 20”/20” q2-3 hrs. Bilirubin level at 24 hours per scan was 4.9. Neonate expected to be discharged with mother later today 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.
swaddling - N	Often. Currently sleeping.	Swaddling provides a sense of security and comfort.
blood glucose test	Performed shortly after birth and rechecked three times afterward.	This test showed that the neonate’s blood sugar was 32 at birth. Subsequent blood sugars were within normal limits: 63/56/58.

Skin-to-skin (kangaroo) holding	Frequently	Provides newborn comfort and security.
Nonnutritive sucking (dipped in sucrose)	Periodically	Provides newborn with a pain management strategy. Also, it provides temporary relief when distressed.

Discharge Planning (2 points)

Discharge location: home

Equipment needs (if applicable): bottles, nipples, formula, bottle brush, nipple brush

Follow up plan (include plan for newborn ONLY): Newborn to see the pediatrician within 48 hours.

Education needs: Make sure that each twin is fed. Be able to differentiate the twins. Alternate arm position with each child when feeding. Maintain body-to-body contact while feeding. Each twin needs approximately 20 minutes of feeding. Milk should have iron-fortified formula until the age of 1 year old. Understand that powdered and concentrated formulas need to be mixed with water appropriately. Make sure the nipple hole is the correct size and dispenses the proper amount of milk during feeding. Keep bulb syringe nearby if choking occurs. Support the newborn's head in the crook of the arm for proper feeding. Hold the bottle of milk in the position of a pencil, keeping it tipped to prevent air from entering the newborn. The nipple remains filled with milk all of the time. Burp the infant after every few ounces to allow air swallowed to escape.

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

<p>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</p>	<p>Rational (1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>Intervention/Rational (2 per dx) (1 pt each) Interventions should be specific and individualized for his 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.</p>	<p>Evaluation (2 pts each)</p> <ul style="list-style-type: none"> How did the patient/ family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for infection related to break in her skin as evidenced by cesarean section.</p>	<p>Knowing early what infection signs and symptoms to look for can possibly reduce long term recovery.</p>	<p>1. Instruct the mother on how to examine her cesarean section wound to note any changes in appearance, odor, or drainage. Rationale The mother can identify presence of healing or infection by observing wound. 2. Instruct the mother how often to take her antibiotic. Rationale Taking medication will assist in healing and minimize infection.</p>	<p>1) The mother recited things like redness, warmth, swelling, or drainage from the cesarean section necessitate calling the provider. Goal met. 2) The mother will get her prescription and take her medications as prescribed. Goal met.</p>
<p>2. Risk for acute pain related to break in her skin as evidenced by cesarean section.</p>	<p>Knowing what pain controls to do for her incision will promote healing.</p>	<p>1. Instruct the mother in proper relaxation techniques and proper positions of comfort. Rationale May help in decreasing anxiety and tension; may promote comfort and enhance sense of well-being. 2. Instruct the mother how often to take her pain medication. Rationale Medication promotes comfort by blocking pain impulses.</p>	<p>1) The mother returned demonstrated techniques on proper positions of comfort and splinting abdomen when needed. Goal met. 2) The mother will get her prescription and take her medications as prescribed. Goal met.</p>
<p>3. Knowledge deficit related to bottle</p>	<p>The mother will understand</p>	<p>1. Assist the mother to utilize adequate bottle feeding technique with each</p>	<p>1) The mother return properly demonstrated different bottle feeding</p>

<p>feeding as evidenced by the mother asking about proper bottle positioning.</p>	<p>proper feeding techniques and information while caring for her newborn.</p>	<p>feeding. Rationale Proper feeding technique will reduce incidences of otitis media, colic, lower respiratory infections, and other conditions. 2. Instruct the mother in proper storage of bottled milk to clarify misconceptions. Rationale Stress of where bottled milk should go and how long it can remain clears up any misconceptions.</p>	<p>techniques to nurse. Goal met. 2) The mother recited how long milk can be maintained avoiding spoilage.</p>
<p>4. Risk for situational low self-esteem related to motherhood as evidence by absent father.</p>	<p>The mother will maintain a positive demeanor despite children's father is no longer a home fixture.</p>	<p>1. Have the mother communicate with the social worker to find any assistance in raising her children, like WIC, etc... Rationale The social worker may find assistance from social programs. 2. Instruct the mother to utilize her mother in caring for the new twins and previous two children. Rationale By having the grandmother assisting in rearing the children may decrease the mother from having postpartum depression.</p>	<p>1) Collaborative meeting. Goal not met yet. 2) Grandmother will meet the mother's home upon discharge. Goal not met yet.</p>

Other References (APA):

Wayne, G. (2019, June 1). *10 Cesarean Birth Nursing Care Plans*. Nurseslabs.

<https://nurseslabs.com/cesarean-birth-nursing-care-plans/>

Wayne, G. (2019, June 1). *10 Cesarean Birth Nursing Care Plans*. Nurseslabs.

<https://nurseslabs.com/cesarean-birth-nursing-care-plans/3/>

Wayne, G. (2019, June 1). *10 Cesarean Birth Nursing Care Plans*. Nurseslabs.

<https://nurseslabs.com/cesarean-birth-nursing-care-plans/5/>

Wayne, G. (2019, June 1). *10 Cesarean Birth Nursing Care Plans*. Nurseslabs.

<https://nurseslabs.com/cesarean-birth-nursing-care-plans/6/>

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

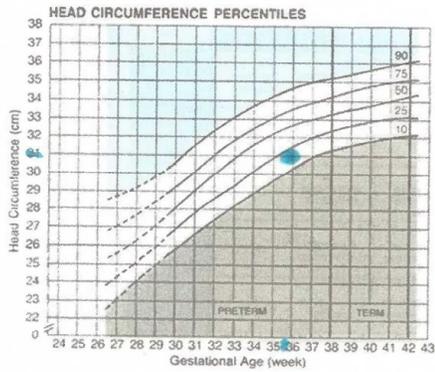
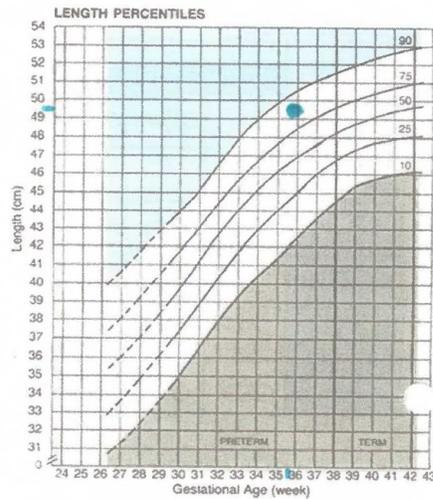
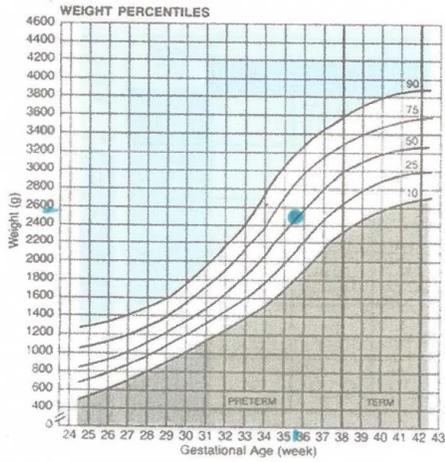
Skin	Sticky, friable, transparent	Gelatinous, red, translucent	Smooth, pink; visible veins	Superficial peeling and/or rash; few veins	Cracking, pale areas; rare veins	Parchment, deep cracking; no vessels	Leathery, cracked, wrinkled
Lanugo	None	Sparse	Abundant	Thinning	Bald areas	Mostly bald	Maturity Rating
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	Slipped areola, 1-2 mm bud	Raised areola, 3-4 mm bud	Full areola, 5-10 mm bud	Score
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	Weeks
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	-10 20
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	-5 22
							0 24
							5 26
							10 28
							15 30
							20 32
							25 34
							30 36
							35 38
							40 40
							45 42
							50 44

N432 NEWBORN CARE PLAN

17

**CLASSIFICATION OF NEWBORNS (BOTH SEXES)
BY INTRAUTERINE GROWTH AND GESTATIONAL AGE^{1,2}**

NAME BGAC DATE OF EXAM 7-5-21 LENGTH 49.5
 HOSPITAL NO. _____ SEX F HEAD CIRC. 31
 RACE CAUCASIAN BIRTH WEIGHT 2590 GESTATIONAL AGE 35w 6d
 DATE OF BIRTH 7-5-21



CLASSIFICATION OF INFANT*	Weight	Length	Head Circ.
Large for Gestational Age (LGA) (>90th percentile)			
Appropriate for Gestational Age (AGA) (10th to 90th percentile)	X	X	X
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, Lofchikino LO. A practical classification of newborn infants by weight and gestational age. J Pediatr 1967; 71: 153-155

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