

N432 Newborn Care Plan
Lakeview College of Nursing
Name: Richard Kumpi

Demographics (10 points)

| | | | |
|---|---|---|---|
| Date & Time of Clinical Assessment 09/13/21 0315 | Patient Initials BB | Date & Time of Birth 09/12/21 2223 | Age (in hours at the time of assessment) 17h 38min |
| Gender Male | Weight at Birth (gm) ____3065____ (lb.) __6__ (oz.) __12.1__ | Weight at Time of Assessment (gm) ____Baby not weighted____ (lb.) __ Baby not weighted ____ (oz.) _____ | Age (in hours) at the Time of Last Weight Baby weighted only once at birth. |
| Race/Ethnicity Caucasian | Length at Birth Cm: 49.5 Inches 19.49 | Head Circumference at Birth Cm: 33.5 Inches: 13.19 | Chest Circumference at Birth Cm: 31 Inches: 12.20 |

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: G1T1P0A0L1

When prenatal care started: 02/15/21

Abnormal prenatal labs/diagnostics: Group Beta Streptococcus positive, WBC 12.58

>, Absolute neutrophile 9.08 ^, protein creatinine 222 ^, HCT 30.4% <, 32.9% <, HGB

10.1g/dl <, 10.8g/dl <.

Prenatal complications: Gestational hypertension.

Smoking/alcohol/drug use in pregnancy: never smoker, alcohol not currently, but used to drink 2 to 4 drinks per month before pregnancy.

Labor History of Mother:

Gestation at onset of labor: 37 weeks and 3 days.

Length of labor: 22h 21min.

ROM: spontaneous membrane rupture at the onset of labor.

Medications in labor: Fentanyl ropivacaine (epidural) 20 mcg/hr, Oxytocin 500 ml, cervidil.

Complications of labor and delivery: Chorioamnionitis, failure to descent after dilatation, lengthy of second stage (3h 55min of pushing).

Family History:

Pertinent to infant: N/A

Social History (tobacco/alcohol/drugs): never smoker

Pertinent to infant: N/A

Father/Co-Parent of Baby Involvement: the father is involved; he is in the patient's room.

Living Situation: the mother and the father are married and lives with the father of the baby in Champaign where they rent an appartement.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): both parents have attended university.

Birth History (10 points)

Length of Second Stage of Labor: 3h 55 min

Type of Delivery: C-section, low transverse

Complications of Birth: hypothermia

APGAR Scores:

1 minute: 8

5 minutes:9

Resuscitation methods beyond the normal needed: placing on radiant warmer, stimulation, oral suctioning.

Feeding Techniques (10 points)

Feeding Technique Type: expressed breast milk, breastfeeding.

If breastfeeding:

LATCH score: 1

Supplemental feeding system or nipple shield: not indicated

If bottle feeding:

Positioning of bottle: not indicated

Suck strength: not indicated

Amount: not indicated

Percentage of weight loss at time of assessment: $\text{birth weight} - \text{current weight} / \text{by birth weight} \times 100\%$

****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? Newborns can lose up to 10% of birthweight after 3 or 4 days (Ricci et al., 2020, p. 607), this client is 17h old and has not been weighted for the second time.

Is this neonate's weight loss within normal limits? Baby weighted only once at birth.

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

Intake and Output (8 points)

Intake

If breastfeeding: not available

Feeding frequency: every two hours

Length of feeding session:10 min

One or both breasts: 1

If bottle feeding: not indicated

Formula type or Expressed breast milk (EBM): not indicated

Frequency: not indicated

Volume of formula/EBM per session: not indicated

If EBM, is fortifier added/to bring it to which calorie content: not indicated

If NG or OG feeding: not indicated

Frequency: not indicated

Volume: not indicated

If IV:

Rate of flow: not indicated

Volume in 24 hours: not indicated

Output

Age (in hours) of first void:12h 22min old

Voiding patterns:

Number of times in 24 hours: 2

Age (in hours) of first stool:12h 22min old

Stool patterns:

Type: meconium

Color: green

Consistency: tarry

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 is looking for hypoglycemia in the newborn (Ricci et al., 2020). | 45-90mg/dL | Blood glucose test has not been completed yet. | Blood glucose test has not been completed yet. |
| Blood Type and Rh Factor | This test is to assess for potential Rh incompatibility between the newborn and the mother. Also, screens for hemolytic disease of the newborn (Ricci et al., 2020). | O negative or positive, A, B, AB with a positive or negative Rh factor. | O RH+ | The blood type matched the mother and the newborn |

| | | | | |
|--|---|--|--|---|
| <p>Coombs Test</p> | <p>Coombs test is performed to assess for foreign antibodies in the infant’s blood attacking the newborn’s erythrocytes, used to check for hemolytic disease of the newborn (Ricci et al., 2020).</p> | <p>Negative for immunoglobins attacking the newborn’s erythrocytes</p> | <p>DAT+</p> | <p>Positive DAT indicates that the client has antibodies that act against their red blood cells, which can be due to autoimmune hemolytic anemia, blood diseases in newborns. The client might be a risk of developing bilirubin overload (Ricci et al., 2020).</p> |
| <p>Bilirubin Level (All babies at 24 hours)</p> <p>*Utilize bilitool.org for bilirubin levels*</p> | <p>This test is used to assess for liver function and to check the newborn’s RBC are going through hemolysis (Ricci et al., 2020).</p> | <p>Total bilirubin <5mg/dL</p> | <p>Total bilirubin is 5 at 12 Hrs of age. Direct Bili 0.5 ></p> | <p>The total bilirubin is slightly high. The results may suggest hemoglobin breakdown or a pathologic or physiologic jaundice (Ricci et al., 2020).</p> |
| <p>Newborn Screen (At 24 hours)</p> | <p>This test is performed shortly before discharge to detect for birth defects in healthy looking newborns but could be at risk of developing health complications (Ricci</p> | <p>Negative genetic or inborn defects</p> | <p>not available, baby is less than 24h</p> | <p>not available, baby is less than 24h</p> |

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|---|--|-------------------------------|---------------|---------------|
| | et al., 2020). | | | |
| Newborn Hearing Screen | Hearing loss is a common birth disorder. This screening is to detect infants who are likely to have a hearing loss and need further evaluation (Ricci et al., 2020). | Negative hearing defects. | Not available | Not available |
| Newborn Cardiac Screen (At 24 hours) | This test is performed to detect defects in the newborn heart/cardiac system (Ricci et al., 2020). | No congenital cardiac defects | Not available | Not available |

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

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

Newborn Medications (7 points)

| Brand/Generic | Aquamephyton (Vitamin K) | Illotycin (Erythromycin Ointment) | Hepatitis B Vaccine | | |
|----------------------|---------------------------------|--|----------------------------|--|--|
| Dose | 1 mg | A line of the ointment in each eye | 5mg/0.5 ml | | |
| Frequency | Once | Once | Given at | | |

| | | | | | |
|------------------------------|---|---|--|--|--|
| | | | birth, at 1-2 months, and at 6months. | | |
| Route | I.M | Topical ointment in both eyes | I.M | | |
| Classification | Vitamin | Antibiotic | Viral inactivated vaccine | | |
| Mechanism of Action | Utilized by the body to create clotting factor as carbanion mimics the proton abstraction from gamma position of glutamate protein bounding. (Jones & Bartlett., 2020). | Bactericidal to potential contact with gonorrhea or chlamydia during birth. | Hepatitis B vaccine induces protective anti-hepatitis B antibodies in infants. | | |
| Reason Client Taking | Prophylactic medication given to increase the coagulability of the newborn's blood. | Prophylactic given to newborns in prevention of ophthalmia neonatorum, which can cause blindness. | The vaccine is given for immunization against infections caused by hepatitis B virus | | |
| Contraindications (2) | Hypersensitivity to vitamin K, Hypercoagulability. | Hypersensitivity to Erythromycin or other macrolide antibiotics. Concurrent simvastatin therapy. | Newborn with severe allergic reaction after a previous dose or to component. Severe allergic reactions to yeast. | | |
| Side Effects/Adverse | Hypercoagulat | Hepatotoxicity, | Pain at | | |

| | | | | | |
|---|---|---|--|--|--|
| Reactions (2) | ion, Tachycardia. | Jaundice. | injection site. Low fever | | |
| Nursing Considerations (2) | Administer within 1 to 2 hours after birth. Administer I.M in the outer third of the vastus lateralis muscle at a 90° angle. | Wear gloves and administer into conjunctival sac from the inner canthus to the outer canthus. Be careful not to touch the tube to the eye. | Administer drug I.M at the anterolateral thigh muscle but not IV or intradermal. Provide a vaccine information statement to the parents/guardians of the client. | | |
| Key Nursing Assessment(s)/Lab(s) Prior to Administration | Monitoring for client's PT and client's platelet count. | Checking for hepatic functions before administration. Assess the patient's heart rate/rhythm. | Immediate treatment for anaphylactic reactions should be available during vaccine use. Check for HBsAg and antibodies to HBsAg in clients born to mothers with positive HBsAg | | |
| Client Teaching needs (2) | Report any signs of respiratory distress or rash because adverse reactions can happen very quickly, Medication is given to newborns to provide their | Inform parents/caregivers, that this medication is given as a universal prophylaxis in prevention of potential blindness. Teach parents that this vaccine is given in sequences and they need to | Teach parents to report any rashes or other adverse reactions. Confirm the hepatitis status of mother. Check client's surface antigen test. | | |

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| | bodies with elements they need to produce clotting factors | follow the scheduled sequence of administration. | Teach parents that hep B is not protective against hep A or C. | | |
|--|---|---|---|--|--|

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 Nurse’s drug handbook* (19th ed.).

Ricci, S. 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 622 in Ricci, Kyle, & Carman 4 th ed 2020. | If assessment finding different from expectation, what is the clinical significance? |
|----------|--|---|--|
| Skin | Skin is smooth, good skin turgor, within defined limits | Smooth, flexible, good skin turgor, well hydrated, warm, skin color consistent with client race/ethnicity. | No abnormal findings. |
| Head | Visible bump, bruising over the occipital area, normocephalic within defined limits. | Varies with age, gender, ethnicity. Symmetrical and normocephalic. | No abnormal findings. |
| Fontanel | Anterior and posterior open and within defined limits. | Diamond-shaped anterior fontanel, triangular shaped posterior fontanel. | No abnormal findings. |
| Face | Symmetrical facial features within defined limits | Full cheeks with symmetrical facial features. | No abnormal findings. |
| Eyes | Clear, equal symmetrical eyes and pupils lined up with ears. | Clear and symmetrically lined up with ears. | No abnormal findings. |
| Nose | Small, midline and narrow, ability to smell. | Small, midline and narrow, ability to smell. | No abnormal findings. |
| Mouth | Symmetrical, midline, lips intact. Oral mucosa moist with hard and soft palate intact. | Midline, symmetric, intact soft and hard palate. | No abnormal findings. |

| | | | |
|----------------------|---|---|------------------------------|
| Ears | Soft and pliable with quick recoil when folded and released. | Soft and pliable with quick recoil when folded and released. | No abnormal findings. |
| Neck | Short, creased, moves freely, baby holds head midline. | Short, creased, moves freely, baby holds head midline. | No abnormal findings. |
| Chest | Clear, equal breath sounds bilaterally, no respiration distress. | Round, symmetric, smaller than head. | No abnormal findings. |
| Breath Sounds | Anterior clear equal bilaterally. | Bronchovesicular breath sounds in bilateral lungs. | No abnormal findings. |

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|--|--|--|------------------------------|
| Heart Sounds | Within defined limits S1, S2 normal, no murmur | S1, S2 heart sounds. Absent S4, S4 or murmurs. Regular rate/rhythm. | No abnormal findings. |
| Abdomen | Protuberant and belly movements within defined limits | Protuberant, contour, soft. Abdominal movements with respirations. | No abnormal findings. |
| Bowel Sounds | Bowel sounds present within defined limits | Bowel sounds in all 4 quadrants. | No abnormal findings. |
| Umbilical Cord | Large umbilical vein and two small arteries within defined limits. | Three vessels in the umbilical cord, large vein and 2 small arteries. | No abnormal findings. |
| Genitals | patient is uncircumcised at this time, testes firm and equal size in both sides of scrotal sac. | Smooth glans, meatus centered at tip of penis. | No abnormal findings. |
| Anus | Patient is passing meconium and anus within defined limits | Normal position, patency evidenced by passing meconium. | No abnormal findings. |
| Extremities | Twenty digits intact. Hands arms, legs, feet all symmetrical. Full range of motion. | Symmetrical with free movement. All 20 digits intact. Full range of motion. | No abnormal findings. |
| Spine | Symmetrical, midline, no signs of abnormal spinal curvature. | Symmetrical and palpable along entire length. Nor curvature. | No abnormal findings. |
| Safety <ul style="list-style-type: none"> • Matching ID bands with parents • Hugs tag | Matching parental bands, hugs tag present on left foot, client is swaddled and sleeping supine. | Matching parental bands hugs tag on client's foot. Sleeping on back | No abnormal findings. |

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| • Sleep position | | swaddled. | |
|-------------------------|--|------------------|--|

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? Not completed

Are there any complications expected for a baby in this classification? Not completed

Vital Signs, 3 sets (6 points)

| Time | Temperature | Pulse | Respirations |
|---------------------------------------|--------------------|--------------|---------------------|
| Birth | 98.4 F | 148 | 49 |
| 4 Hours After Birth | 98.7 F | 132 | 46 |
| At the Time of Your Assessment | 97.5 F | 134 | 48 |

Vital Sign Trends:

Pain Assessment, 1 set (2 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|-------------|--|-----------------|-----------------|---|---------------------------------------|
| 0415 | Neonatal infant pain scale (NIPS) | N/A | 0 | Patient appears to be comfortable. | No interventions at this time. |

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 09/ 12/ 21 at 2223 by c-section, low transverse delivery. Nuchal cord x1, APGAR scores of 8/9. EDD 9/28/21 by U.S Dubowitz reveals neonate is 37 5/7 weeks and AGA. Prenatal hx complicated by gestational hypertension. Labor and delivery were

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complicated by chorioamnionitis and the length of the 2nd stage. Birth weight 6 lbs12 oz (3065gm), 49.5 cm (19.49in). Upon assessment all systems are within normal limits. Last vital signs: 97.5F/ 134/ 48. Total bilirubin level was 5 at 12 hours of age and coombs test DAT+. Neonate is expected to be discharged with the mother later tomorrow and to see a pediatrician within the next 24 hours.

Do we need to rewrite this so that t is complete sentences?

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. |
|--|-------------------|---|
| Breastfeeding teaching “N” | continuous | This intervention was provided to help the mother feed the newborn client. |
| Warm blanket to wrap the baby “N” | Once | The neonates can easily lose heat. This intervention was provided to warm up the baby. |
| Treatment of the eyes with erythromycin ointment “T” | Once | This treatment was ordered to prevent neonatal conjunctivitis |
| Hep B vaccination “T” | Once | The hep B vaccine was administered to this client to provide immunization against hepatitis virus. |

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Discharge Planning (2 points)

Discharge location: the infant will be discharged to go home with the parents.

Equipment needs (if applicable): the family needs a car seat for the safety of the baby.

Follow up plan (include plan for newborn ONLY): parents have to setup an appointment to see a pediatrician the day following discharge.

Education need: parents need education on breastfeeding, nursing or bottle-feeding. Teach the parents on how to hold, change, and burp the baby.

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. Deficient knowledge related to lack of exposure to information as evidenced by mother being primipara</p> | <p>This nursing diagnosis was chosen because due to COVID-19, many new mothers have not received any education on newborn care that most</p> | <p>1.provide information about newborn's sleep patterns. Rationale: newborns develop their own sleep patterns and cycles, but it may take several months before the newborns have their day and night hours reversed and tend to sleep more during the daytime</p> | <p>Mother demonstrates appropriate care of the baby. Mother verbalizes understanding of safety measures to promote safety of the baby.</p> |

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| | <p>hospital facilities provide to new mothers.</p> | <p>and less during the night (Ricci et al., 2020).</p> <p>2. provide information about newborn’s safety. Rationale: newborns are completely dependent on those around them to ensure their safety. Their safety must be ensured while in the healthcare facility and after they are at home, especially as the newborns grow and develop and begin to respond to and explore their surroundings (Ricci et al., 2020).</p> | |
| <p>2. Risk of developing hemolytic disease and jaundice related massive breakdown of RBCs as evidenced by baby’s elevated bilirubin levels.</p> | <p>This diagnosis was chosen because an increased bilirubin load contributes to the development of physiologic jaundice.</p> | <p>1. Assess infant blood group and blood type. Rationale: ABO affect about 20% of pregnancies and mostly occur in mothers with type O blood (Ricci et al., 2020).</p> <p>2. observe infant on oral mucosa, sclera, and yellowing of skin. Rationale: newborns with elevated bilirubin need to be routinely monitored for the development of jaundice (Ricci et al., 2020).</p> | <p>Neonate displays indirect bilirubin levels less than 5mg/dl.</p> |
| <p>3. Ineffective feeding patterns related to newborn being unable to latch to mother’s breast as</p> | <p>This diagnosis was chosen because the newborn has difficulty latching on the mother’s breast, which puts the baby</p> | <p>1. instruct the mother on proper positioning for breastfeeding to facilitate latching-on. Rationale infants require a lot of nutrition to grow, and have very small stomach capacity, which means</p> | <p>Client’s mother verbalizes the importance of regular feedings every 2-4 hours while the infant is awake. Mother verbalizes newborn’s ability to suck and latch on.</p> |

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| <p>evidenced by a latch score of one.</p> | <p>at risk of malnutrition.</p> | <p>they require being fed every 2-4 hours (Ricci et al., 2020). 2. encourage mom to use several alternative positions for breastfeeding. Rationale: this can provide comfort and will facilitate the newborn to latch- on easily (Ricci et al., 2020).</p> | |
| <p>4. Risk for impaired skin integrity related to hugs tag as evidenced by erythema.</p> | <p>This diagnosis was chosen because newborns have hugs tag attached to them during hospital stay, which can lead to skin breakdown.</p> | <p>1. Inspect for redness around the limb and other parts of the body. Rationale: Early detection of skin irritation can prevent further breakdown and prevent infections (Ricci et al., 2020). 2. Frequently check the hugs and the overall skin every 2-4 hours. Rationale: the newborns frequently move and can easily rib the hug over the skin.</p> | <p>The baby is free of any skin breakdown. The hugs are checked frequently.</p> |

Other References (APA):

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

Wolters Kluwer.

Ballard Gestational Age Scale: Not completed

Neuromuscular Maturity

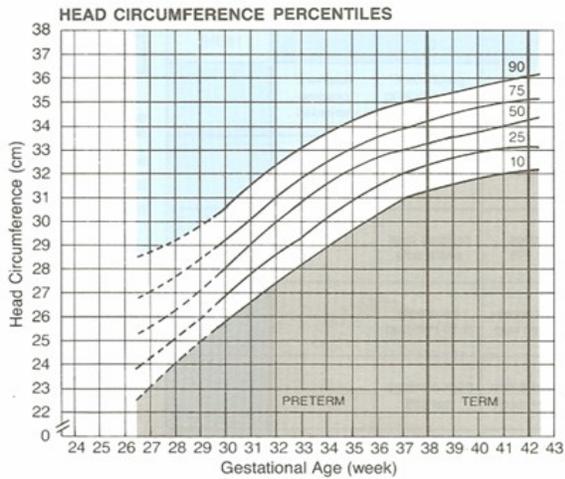
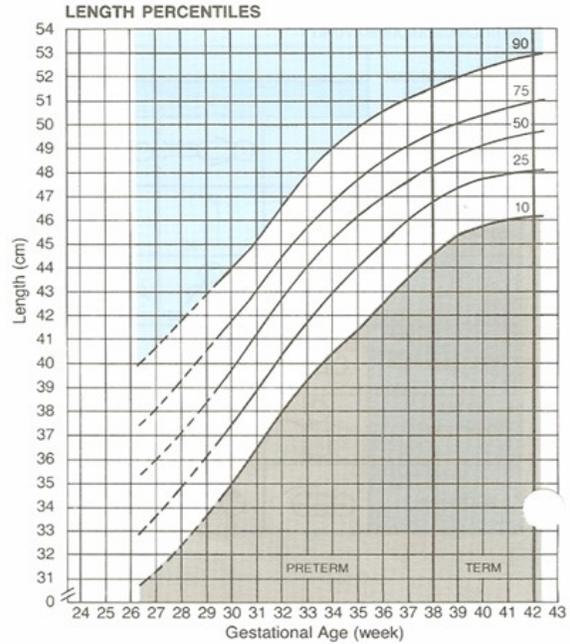
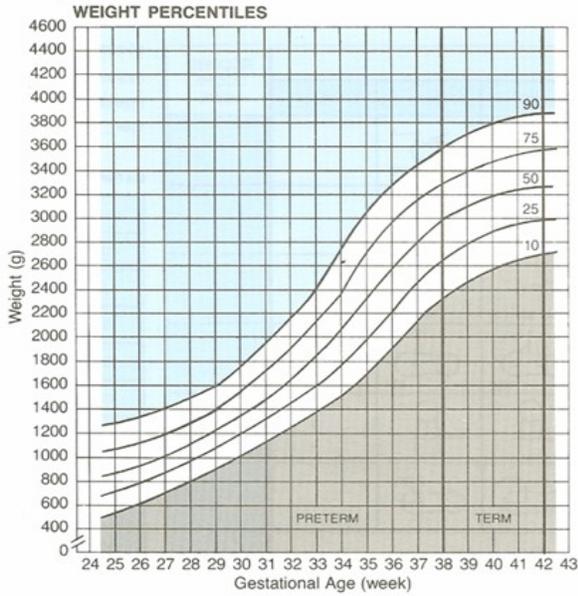
| Score | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
|-----------------------|-------|------|----------|----------|---------|-------|-------|
| Posture | | | | | | | |
| Square window (wrist) | > 90° | 90° | 60° | 45° | 30° | 0° | |
| Arm recoil | | 180° | 140-180° | 110-140° | 90-110° | < 90° | |
| Popliteal angle | 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 | Stippled areola, 1-2 mm bud | Raised areola, 3-4 mm bud | Full areola, 5-10 mm bud | -10 20 |
| 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 | -5 22 |
| 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 | 0 24 |
| 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 26 |
| | | | | | | | 10 28 |
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| | | | | | | | 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 _____



| 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; 71:1-10-123