

N432 Newborn Care Plan
Lakeview College of Nursing
Happy Kalavadia

Demographics (10 points)

Date & Time of Clinical Assessment 10/11/2021 1600	Patient Initials BD	Date & Time of Birth 10/11/2021 19:44	Age (in hours at the time of assessment) 21 hours
Gender Male	Weight at Birth (gm) ___3490___ (lb.) ___7__ (oz.) ___11.1_	Weight at Time of Assessment (gm) ___3480___ (lb.) ___7__ (oz.) ___10.8_	Age (in hours) at the Time of Last Weight 21 hours
Race/Ethnicity African American	Length at Birth Cm _____53.3 cm _____ Inches ___21 _____	Head Circumference at Birth Cm ___33.5___ Inches ___13.1___	Chest Circumference at Birth Cm ___34___ Inches ___13.3___

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: G3T2A1L2

When prenatal care started: 10/04/2021

Abnormal prenatal labs/diagnostics:

WBC- 13.9

RBC- 3.17

Hgb- 11.4

Hct 31.2

Prenatal complications: None

Smoking/alcohol/drug use in pregnancy: Smoker- 5 packs per year.

Drug: Marijuana

Alcohol: Once a month.

Labor History of Mother:

Gestation at onset of labor: 37 weeks and 2 days

Length of labor: 5 hours

ROM: Spontaneous

Medications in labor:

- **Oxytocin (Pitocin) in NS premix 30 units 500 mL**
- **Fentanyl (Sublimize) injection 25 mcg every 2 hours PRN**
- **Ondansetron 50 mg every 6 hours PRN.**

Complications of labor and delivery: There was no complications during and after labor for mother as well as the baby.

Family History:

Pertinent to infant: There is no family story pertinent to the infant.

Social History (tobacco/alcohol/drugs):

Pertinent to infant: Mother is a smoker , 5 packs a year. She used Marijuana 3 days ago. She drinks alcohol once a month, but she refused to reveal the quantity.

Father/Co-Parent of Baby Involvement: Boyfriend

Living Situation: Lives with boyfriend and friend.

Education Level of Parents (If applicable to parents' learning barriers or care of infant):

Both parents have high school diploma.

Birth History (10 points)

Length of Second Stage of Labor: 6 minutes

Type of Delivery: Vaginal birth with epidural

Complications of Birth: None

APGAR Scores:

1 minute: 9

5 minutes: 9

Resuscitation methods beyond the normal needed: None

Feeding Techniques (10 points)

Feeding Technique Type: Bottlefeeding

If breastfeeding: N/A

LATCH score: N/A

Supplemental feeding system or nipple shield: N/A

If bottle feeding:

Positioning of bottle: The position of the bottle is holding upright

Suck strength: Strong

Amount: 1 Oz

Percentage of weight loss at time of assessment: ___ 29_____ %

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

Formula:

birth weight – current weight divided by birth weight* 100

3490- 3480/3490 times 100 = 28.6 = 29

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

The normal weight loss for the infant is 10 % of birth weight by 3 -4 days of life (Ricci et al. (2021),

Is this neonate's weight loss within normal limits? Yes, it is within normal limits.

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

Wolters Kluwer

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 hours

Volume of formula/EBM per session: 200 cal/1 oz

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

If NG or OG feeding: N/A

Frequency: N/A

Volume: N/A

If IV: N/A

Rate of flow: N/A

Volume in 24 hours: N/A

Output

Age (in hours) of first void: Number of times in 24 hours: The baby was 2 minutes of age when he first voided because he voided at 1946.

Voiding patterns: Every 8 hours.

Age (in hours) of first stool: 3

Stool patterns:

Type: Meconium

Color: Black

Consistency: Soft

Number of times in 24 hours: 4

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 is measured in order to rule out neonatal hypoglycemia in a mother	>45	They are not completed currently.	The mother is not diabetic and hence her blood glucose levels were not monitored regularly (Ricci et al., 2021).

	with gestational diabetes.			
Blood Type and Rh Factor	The blood type and Rh factor determine Rh status as well to rule out hemorrhagic disease of the newborn.	A, B, AB, O		The mother and baby are O positive which rule out risk of hemolytic disease of newborn.
Coombs Test	The Coombs's test is used to identify hemolytic disease of the newborn. Positive results indicate that the newborn's red blood cells have been covered with antibodies and	Positive/ Negative	Negative	The test is negative which indicates that baby does not have hemolytic disease of the newborn.

	<p>at risk for hemorrhagic diseases of the newborn (Ricci et al., 2021).</p>			
<p>Bilirubin Level (All babies at 24 hours)</p> <p>*Utilize bilitool.org for bilirubin levels*</p>	<p>The Bilirubin level test is used to determine the risk of jaundice in the newborn (Ricci et al., 2021).</p>	<p>12-15 mg/dl</p>	<p>It is not completed currently.</p>	<p>There are no signs of jaundice in the baby boy and it is not currently completed.</p>
<p>Newborn Screen (At 24 hours)</p>	<p>Newborn screening is done to assess for any genetic abnormality . It also helps for early prevention of the disease as the treatment is started</p>	<p>Pass/ Fail</p>	<p>They are not completed currently.</p>	<p>According to Ricci et al. (2021), a PKU test is done between 24 - 48 hours after birth to detect any genetic issue. The newborn is 21 hours age and hence his newborn screening is not completed.</p>

	immediately upon the diagnosis .			
Newborn Hearing Screen	Left ear- passed Right ear- passed	Pass/Fail	Passed	Newborn screening is done to asses for hearing. He passed his hearing test for both ears. (Ricci et al. (2021),
Newborn Cardiac Screen (At 24 hours)	Newborn cardiac screen is done to early detected and manage congenital heart disorders such as tetralogy of Fallot , VSD and ASD (Ricci et al., 2021).	The pulse oximetry should be greater than 95 %.	They are not completed currently.	The baby’s pulse oximetry is 98%. It is usual for her age; she does not show any sign of congenital heart failure (Ricci et al., 2021).

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

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.).

Wolters Kluwer.

Newborn Medications (7 points)

Brand/Generic	Aquamephyton (Vitamin K) (Jones & Bartlett, 2020).	Illotycin (Erythromycin Ointment) (Jones & Bartlett, 2020).	Hepatitis B Vaccine (Jones & Bartlett, 2020).		
Dose	1 mg	5mg/1g Half in left and another half in right eye	0.5 ml		
Frequency	Once	Once	Given at birth, at 1-2 months, and at 6months.		
Route	IM	Topical ointment in both eyes	IM		
Classification	Vitamins and minerals	Antibacterial	Viral inactivated vaccine		
Mechanism of Action	It helps in clotting blood by carboxylation of gamma in clotting enzyme cascade.	It binds to 50 s subunit of bacterial rRNA complex inhibiting the bacterial growth.	It provides protection against Hepatitis B by producing antibodies against it .		
Reason Client Taking	To prevent hemorrhagic disease of newborn.	Prophylactic given to newborns in prevention of ophthalmia neonatorum, which can cause blindness.	To prevent Hepatitis B and it is a universal vaccination.		

<p>Contraindications (2)</p>	<p>Allergy to vitamin K Hypercoagulability</p>	<p>Hypersensitivity to Erythromycin Statins therapy as it interacts with it.</p>	<p>Hypersensitivity to Hepatitis B</p>		
<p>Side Effects/Adverse Reactions (2)</p>	<p>Bleeding Rash</p>	<p>Jaundice Hepatotoxicity</p>	<p>Client has allergy after the first dose Any allergy of eggs or yeast.</p>		
<p>Nursing Considerations (2)</p>	<p>Administer within 1 to 2 hours after birth. Administer I.M in the outer third of the vastus lateralis muscle at a 90° angle.</p>	<p>Don gloves and make sure from inner to outer canthus of the eye. Apply once when the newborn is born or according to the protocol of the hospital.</p>	<p>Teach the purpose of Hepatitis B vaccine to make sure that are aware that this vaccine is administered in series. Administer medication IM in the anterolateral thigh .</p>		
<p>Key Nursing Assessment(s)/Lab(s) Prior to Administration</p>	<p>Blood vitamin K levels</p>	<p>Check the liver functions tests</p>	<p>Check for antibodies such as HBsAg and HBsAg if the mother is HBSAg positive.</p>		
<p>Client Teaching needs (2)</p>	<p>Teach the parents to monitor the infant for respiratory distress as it could be sign of allergic reaction.</p>	<p>Teach parents that this is the universal prophylaxis to prevent blindness in newborn.</p>	<p>Teach parents that mild fever and irritability of the newborn after vaccine is normal. Educate the</p>		

	<p>Teach the parents the purpose of vitamin K is to provide coagulation or in other words prevent hemorrhagic disease of the newborn.</p>	<p>Teach parents that tears and mild redness in the eyes are common after applying the medication.</p>	<p>parents that this medication is in series and they should schedule follow up appointment before leaving the hospital.</p>		
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Medications Reference (1) (APA):

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

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	The skin is pink and moist and has good skin turgor. The capillary refill is less than 3 seconds.	Smooth, flexible, good skin turgor, well hydrated, warm, skin color consistent with client race/ethnicity. Variations: Rash, Mongolian spots and freckles. In newborn acrocyanosis are considered normal.	No abnormality noted.
Head	The size of the head is appropriate for his age without cephalohematoma.	Varies with age, gender, ethnicity. Symmetrical and normocephalic. Variations: If the newborn has micro or macro- cephalaly.	No abnormality noted.
Fontanel	Anterior and posterior open and within defined limits. Head is soft with anterior posterior fontanelles palpated.	Diamond-shaped anterior fontanel, triangular shaped posterior fontanel. Variations: If the fontanelles are enlarged.	No abnormality noted.
Face	Symmetrical facial features within defined limits	Facial features in line and symmetrical. No evidence of low set ears.	No abnormality noted.

		Variations: Rash on face and facial paralysis is considered normal.	
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Eyes	Clear, equal symmetrical eyes and pupils lined up with ears.	Symmetrical eyes with no to little discharge. Variations: Subconjunctival hemorrhage and mild redness is considered normal.	No abnormality noted.
Nose	Nose is midline and nares look round and symmetrical.	Small, midline and narrow, ability to smell. Variations: Blockage of the nose is considered normal.	No abnormality noted.
Mouth	Symmetrical, oral mucosa pink and moist. Intact hard and soft palate noted. Sucking reflex strong .	Midline, symmetric, intact soft and hard palate. Variations: Mild oral thrush and teeth are considered normal.	No abnormality noted.
Ears	Soft and pliable with quick recoil when folded and released.	Soft and pliable with quick recoil when folded and released. Variations: Mild hearing loss is considered normal .	No abnormality noted.
Neck	Short, moves freely and is not stable.	Short, moves freely and is not stable. Variations: Restricted movement is considered normal.	No abnormality noted.
Chest	High pattern of breathing but no evidence of any abnormal breathing	Round, symmetric, smaller than head. Variations: Some whitish discharge in nipple is considered normal.	No abnormality noted.
Breath Sounds	Bronchovesicular	Bronchovesicular	No abnormality

	<p>breath sounds in bilateral lungs.</p>	<p>breath sounds in bilateral lungs.</p> <p>Variations: Irregular breath sounds considered normal.</p>	<p>noted.</p>
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Heart Sounds	No murmur present. S1 and S2 present.	S1, S2 heart sounds. Absent S4. Regular rate/rhythm. Variations: S3 and S4 heart sounds are considered normal.	No abnormality noted.
Abdomen	Protuberant, contour, soft. Abdominal movements with respirations.	Protuberant, contour, soft. Abdominal movements with respirations. Variations: Protuberant abdomen is considered normal .	No abnormality noted.
Bowel Sounds	Bowel sounds in all 4 quadrants.	Bowel sounds in all 4 quadrants. Variations: Absent bowel sounds is considered normal.	No abnormality noted.
Umbilical Cord	Three vessels in the umbilical cord, large vein and 2 small arteries	Three vessels in the umbilical cord, large vein and 2 small arteries Variations: None	No abnormality noted.
Genitals	Patient is circumcised and both testes are descended.	Smooth glans, meatus centered at tip of penis. Variations: Mild Redness and Swelling is considered normal.	No abnormality noted
Anus	Normal position, patency evidenced by passing meconium.	Normal position, patency evidenced by passing meconium. Variations: Swelling around anus is considered normal. .	No abnormality noted.
Extremities	Symmetrical with free movement. All	Symmetrical with free movement. All	No abnormality

	20 digits intact. Full range of motion.	20 digits intact. Full range of motion. Variations: Hyperreflexia in newborn is considered normal.	noted.
Spine	Spine is closed without evidenced of spina bifida.	Spine is closed without evidence of spina bifida. Variations: Kyphosis in newborns is considered normal.	No abnormality noted.
Safety <ul style="list-style-type: none"> • Matching ID bands with parents • Hugs tag • Sleep position 	Patient has hug tag on left side of foot. He is wearing full onesies and is placed on his back.	Matching parental bands hugs tag on client’s foot. Sleeping on back swaddled.	No abnormality noted.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

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

Ballard scale is used to determine neonatal gestational age. It is usually done within 2 hours of birth. Scores are given for 6 physical, nerves and muscle development and all the three category scores are added to determine the newborn gestational age (Ricci et al., 2021).

What was your determination? The newborn is AGA.

The length of the newborn is 53.3 cm and his weight are 3490 gm . After plotting into the graph , the newborn is AGA (Appropriate for his gestational age).

Are there any complications expected for a baby in this classification? None

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
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Birth	97.9 F	120/min	40/ min
4 Hours After Birth	98.6 F	140/min	46/ min
At the Time of Your Assessment	98.8 F	152/min	44/ min

Vital Sign Trends: The vital sign trends are increasing order for pulse but not for temperature and respirations. The vital signs are normal and within age appropriate limit.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
12:35	Neonatal infant pain scale (NIPS)	N/A	0	Patient is comfortable currently.	No interventions were performed.

Summary of Assessment (4 points)

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

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

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

The neonate was delivered on 10.10.21 at 1944 by normal spontaneous vaginal delivery. Nuchal cord x1. Apgar Scores 9 at one minute and 9 at 5 minutes. EDD 11/10.2021 by US Sonography. Dubowitz revealed neonate is 37 w 2/7 weeks and AGA. Prenatal complications was none. Birth weight 7 lbs 11.1 oz (3490 grams), 21 “ long (53.34 cms). Upon assessment of all systems are within normal limits. Last set of vitals : 37.1/152/44. BS x 3 after delivery WNL. Neonate is bottle feeding with feeding of 1 oz q2-3 hrs. Total bilirubin level was 3 at 12 hours of age and coombs test negative. Neonate is expected to be discharged with the mother later tomorrow and to follow up with a pediatrician within the next 24 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.
To teach swaddling the newborn - N	Once	Newborn swaddling is important because it promotes warmth and protects from startle reflex.
To apply diaper rash cream - T	Once	It is important to apply diaper rash cream such as Aquaphor to prevent diaper rash .
Erythromycin ointment - T	Once	This intervention was performed to prevent ophthalmia neonatorum.
Bottle feeding technique and burping- N	Once	Hold the bottle upright and to teach burp to prevent aspiration of the milk.

Discharge Planning (2 points)

Discharge location: Danville, IL. The infant will be discharged for home with the parents.

Equipment needs (if applicable): The family needs car seat for the safety of the infant.

Follow up plan (include plan for newborn ONLY):

The follow up appointment is after 24 – 48 hours . The parents must schedule infant’s appointment before leaving for home.

Education needs:

Teach the mother on holding the baby while bottle-feeding and how to burp the baby.

Baby should be on back and so presence of pillows and toys because it can increase the risk of SIDS(Sudden infant death syndrome).

Baby should be in the same room but not on same bed. He should in crib with proper safety measures.

Teach the mother that baby needs to feed every 2 hours and she should keep track of his feeds and diapers .

Give her provider’s office no and tell her that she should give a call or go to emergency room if any issue with her or 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. Risk of infection related to circumcision as evidenced by inflamed scrotal area.</p>	<p>This nursing diagnosis was chosen to prevent infection because the neonate is circumcised</p>	<p>Provide teaching to keep the skin dry to prevent infection by gently wiping the genital area with wet and dry wipe.</p> <p>Rationale: It is important to keep the skin dry to prevent infection due to</p>	<p>The mother agreed to implement the interventions to prevent any pain and inflammation.</p>

	<p>few hours ago and the scrotal area appeared red upon physical examination.</p>	<p>recent circumcision (Ricci et al., 2020).</p> <p>2. Provide teaching to apply warm compress to provide ease at inflamed area.</p> <p>Rationale: Warm compress promotes vasodilation leading to good blood flow resulting in increased healing of the infection (Ricci et al., 2020).</p>	
<p>2. Knowledge deficit of mother related to drug abuse as evidenced by use of marijuana abuse.</p>	<p>This nursing diagnosis was chosen because mother smoked marijuana 3 days ago and she mentioned during the history that she might smoke again after going home.</p>	<p>1. Provide teaching regarding detrimental effects of smoking marijuana on baby.</p> <p>Rationale: Smoking marijuana can cause decrease oxygen levels leading to difficulty breathing in newborn (Ricci et al., 2020).</p> <p>2. Provide teaching how to stop the urge by using alternate methods such as chewing gum.</p> <p>Rationale: It is important to stop the urge. It can be done by using alternate approach such as chewing gum or eating ice chips when the mother has urge to smoke (Ricci et al., 2020).</p>	<p>Mother verbalizes the understanding of the teaching and planning to implement it.</p>
<p>3. Deficit</p>	<p>This diagnosis was chosen</p>	<p>1. Provide proper</p>	<p>Mother verbalizes to implement the interventions.</p>

<p>knowledge related to burping as evidenced by mother verbalizing that she does not know how to burp the baby</p>	<p>because mother verbalized that she does not think that burping is important and did not know how to do it properly.</p>	<p>technique to burp the baby either by holding the baby in lap or hold the infant upright with his head on his shoulder.</p> <p>Rationale: It is important to burp the baby so that excess air is released to prevent any air embolism (Ricci et al., 2020).</p> <p>2. Provide teaching to mother to keep a daily diary to keep a record of feeding and burping patterns.</p> <p>Rationale: Keeping daily diary will help the mother to keep a track of her progress.</p>	
<p>4. Risk for impaired skin integrity related to hugs tag as evidenced by erythema.</p>	<p>This nursing diagnosis was chosen to prevent erythema and skin breakdown on neonate’s foot due to hug tag.</p>	<p>1. Inspect for redness around the limb and other parts of the body.</p> <p>Rationale: Early detection of skin irritation can prevent further breakdown and prevent infections (Ricci et al., 2020).</p> <p>2. Assess for skin breakdown every 4 to 6 hours.</p> <p>Rationale: Newborns move frequently and there is potential for skin breakdown when the hug rub against their 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. (2021). *Maternity and pediatric nursing* (4th ed.).
Wolters Kluwer.**

Ballard Gestational Age Scale

Neuromuscular Maturity

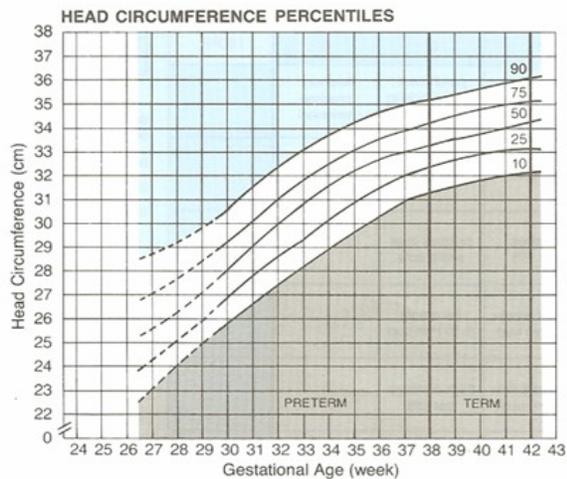
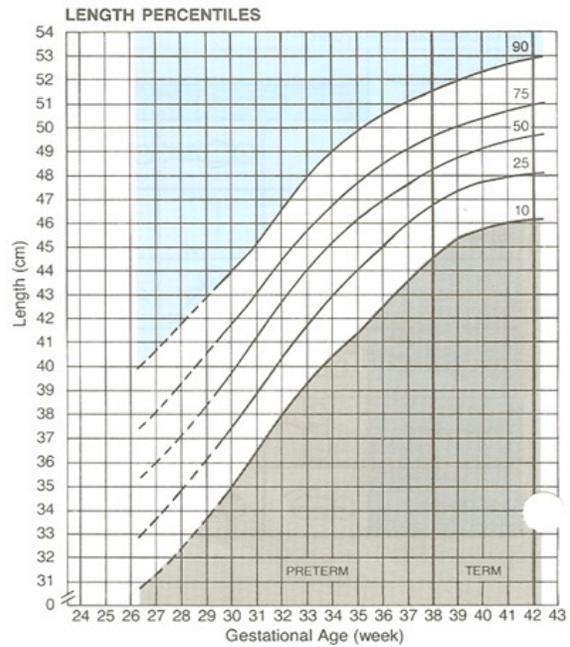
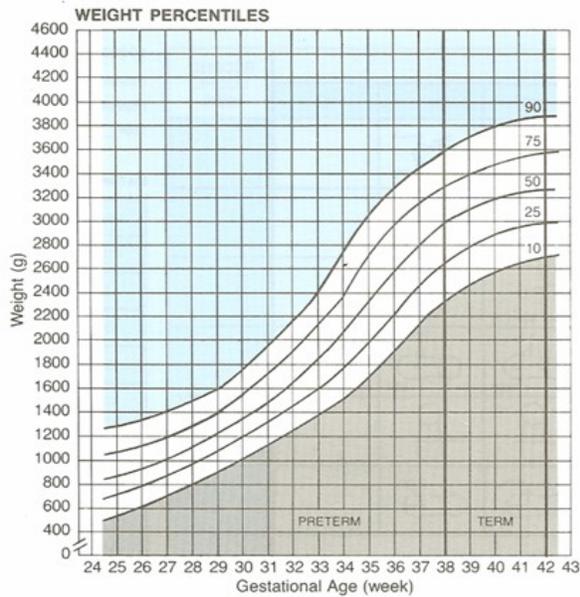
Score	-1	0	1	2	3	4	5
Posture							
Square window (wrist)	> 90°	90°	60°	45°	30°	0°	
Arm recoil		180°	140-180°	110-140°	90-110°	< 90°	
Popliteal angle	180°	160°	140°	120°	100°	90°	< 90°
Scarf sign							
Heel to ear							

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	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
							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 _____



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