N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 07/14/2022 @ 1158	**Patient Initials** **SD**	**Date & Time of Birth 07/14/2022 @ 1158**	**Age (in hours at the time of assessment) 11 hours old**
Gender **Female**	**Weight at Birth** **(gm) ___4,090_____** **(lb.) _9___ (oz.) _0__**	**Weight at Time of Assessment (gm) ___4,090_____** **(lb.) __9__ (oz.) _0___**	**Age (in hours) at the Time of Last Weight 11 hours**
Race/Ethnicity **Caucasian**	**Length at Birth** **Cm __54_____** **Inches ___21.6_____**	**Head Circumference at Birth** **Cm _____36_____** **Inches ____14.1_____**	**Chest Circumference at Birth** **Cm ___33_____** **Inches __13_____**

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: G1P0T0A0L0

When prenatal care started: 12 weeks gestation

Abnormal prenatal labs/diagnostics: Gestational diabetes, positive Coombs test

Prenatal complications: Gestational diabetes and obesity, positive coombs

Smoking/alcohol/drug use in pregnancy: Denies any alcohol, smoking or drug use

Labor History of Mother:

Gestation at onset of labor: 36 weeks

Length of labor: 22 hours

ROM: Premature Rupture of Membranes

Medications in labor: Oxytocin, fentanyl, Ropivacaine, Zofran, Ampicillin

Complications of labor and delivery: premature rupture of membranes

Family History:

Pertinent to infant: Mother's obesity, as far as the mother knows, the father has no specific health history problems.

Past Surgical History: Mother- laparoscopy at age 20 for an ovarian cyst and wisdom teeth removed at age 18

Past Medical History: Mother- history of obesity

Social History (tobacco/alcohol/drugs): The patient denies any use of substances or alcohol.

Pertinent to infant: None

Father/Co-Parent of Baby Involvement: Father is not involved and the mother doesn't want him to be.

Living Situation: Mother lives with her parents, who are supportive and available in St. Joseph, Illinois.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): The mother attends a local community college.

Birth History (10 points)

Length of Second Stage of Labor: 2 hours

Type of Delivery: vaginal

Complications of Birth: N/A

APGAR Scores:

1 minute: 8

5 minutes: 9

10 minutes: 9

Resuscitation methods beyond the normal needed: None

Feeding Techniques (10 points)

Feeding Technique Type: Breastfeeding

If breastfeeding:

LATCH score: N/A

Supplemental feeding system or nipple shield: None

If bottle feeding:

Positioning of bottle: N/A

Suck strength: N/A

Amount: N/A

Percentage of weight loss at time of assessment: ____0_____%

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

9 lb 0 oz – 9 lb 0 oz= 0
0 x 100= 0

What is normal weight loss for an infant of this age? Normal weight loss for a newborn is about 7%-10% of weight loss.

Is this neonate's weight loss within normal limits? This newborn baby's weight loss is lower than expected but does not express any immediate concerns.

Intake and Output (8 points)

<u>Intake</u>

If breastfeeding:

Feeding frequency: 5 to 6 times

Length of feeding session: 19 minutes

One or both breasts: both

If bottle feeding:

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:

Frequency: N/A

Volume: N/A

If IV:

Rate of flow: N/A

Volume in 24 hours: N/A

<u>Output</u>

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

Voiding patterns:

Number of times in 24 hours: 1 wet diaper

Age (in hours) of first stool: 1 hour old

Stool patterns:

Type: Large Meconium

Color: Meconium

Consistency: Meconium

Number of times in 24 hours: 2

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	Newborns with prematurity, slower-than-expected womb growth, hypoglycemia symptoms, or mothers with a history of gestational diabetes have their blood glucose levels examined (Ricci et al., 2021).	In the first 24 hours of life, less than 30 mg/dL and less than 40 mg/dL afterward are signs of hypoglycemia. Hyperglycemia is defined as a value more than 125 mg/dL.	Client was at 56 right after breastfeeding, another accu check was performed which was then 40 and the serum blood sugar was 42. This baby could be experiencing complications from the mother gestational diabetes.	Clients' results were assessed for low blood sugar. This is also because the mother had gestational diabetes, the baby was premature at 36 gestation and LGA (Holman et al., 2019).

Blood Type and Rh Factor	**In addition to determining the newborn's blood type and rh factor for future needs, this lab also measured the rh factors of the mother and newborn (Ricci et al., 2021). This mother also has a positive coombs test so the baby will need to be checked.**	**Both of those ranges should apply to the newborn's blood glucose levels. It is preferable for the infant to share the mother's blood type and rh factor. Rhogam is administered to the mother automatically if she has rh negative (Ricci et al., 2021).**	**Positive**	**This can cause jaundice since the blood of the mother is negative and the baby is positive. This can cause liver dysfunction for the baby and can be why the baby is jaundiced and levels of bilirubin level is elevated (Holman et al., 2019).**
Coombs Test	**Routinely carried out on newborns whose blood types differ from those of their mothers, which could result in severe jaundice after birth (Ricci et al., 2021).**	**Negative**	**Positive**	**This test is positive because the babies blood type is rh negative and the mother is A positive, so this interpretation is that the mother and baby have incompatibility of the blood. This baby also is diagnosed with hyperbilirubinemia (Holman et al., 2019).**
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	**Checked to see if the newborn has jaundice to determine whether measures like phototherapy are necessary (Ricci et al., 2021).**	**Less than 5.3 mg/dl is expected**	**6.1 mg/dl**	**Additional bilirubin level checks should be performed before release (Burgos & Turner, 2022). The baby is slight jaundice so this baby will need phototherapy.**
Newborn	**Determine the**	**Within normal**	**(If available—**	**N/A**

Screen (At 24 hours)	**likelihood of inheriting diseases that could lead to serious problems if not treated (Ricci et al., 2021).**	**limits, no abnormal present**	**these may be not available until after discharge for some clients)** **N/A**	
Newborn Hearing Screen	**Babies are examined for hearing loss (Ricci et al., 2021).**	**Passes in her left ear and right ear**	**N/A**	**N/A**
Newborn Cardiac Screen (At 24 hours)	**Calculates the blood oxygen content of the infant (Ricci et al., 2021).**	**100% in upper and lower extremities**	**N/A**	**N/A**

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

Burgos, T., & Turner, S. (2020). BiliTool™. https://bilitool.org/

Holman, H. C., McMichael, M., Johnson, J., Williams, D., Sommer, S., Wheless, L. K., McMichael, M. G., & Barlow, M. S. (2019). *Rn Maternal newborn nursing: Review module*. Assessment Technologies Institute.

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

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**	**Oral Glucose (dextrose gel)**	
Dose	**0.5 mL**	**0.5%**	**0.5 mL**	**N/A *Not provided on the case study or**	

				within drug book*	
Frequency	**Once**	**Once**	**Once**	**PRN (per the baby's glucose levels)**	
Route	**IM**	**Ophthalmic**	**IM**	**Oral**	
Classification	**Fat-Soluble vitamin**	**Macrolide Antibiotics**	**Vaccines, inactivated, viral**	**Monosaccharide (simple sugar)**	
Mechanism of Action	**Aids in the production of the proteins required for blood coagulation**	**Inhibits growth of bacteria**	**Leads to the body's own antibodies being produced to fight hepatitis B.**	**Aids in disturbing glucose through the tissues and provides a prompt increase in circulating blood sugar.**	
Reason Client Taking	**Essential to promote healthy blood clotting in infants**	**Prevents bacterial eye infections in newborns**	**To protect infant from hep b since the baby's immune system is compromised due to being just born**	**This is essential in helping newborn regulate body mechanisms for baby since mother had gestational diabetes and helps prevent baby from becoming hypoglycemic**	
Contraindications (2)	**Hyperbilirubinemia and brain injury**	**N/A* This patient would have no contraindic**	**This medication is not recommended for**	**N/A *Could not find per drug book, ATI Maternal book, class book or**	

		ations for taking this medication unless the patient is allergic which is not stated in case study.	**babies that weight less than an average of 4.7 lb.**	**google).***	
Side Effects/Adverse Reactions (2)	**Shortness of breath and pain or swelling at site**	**Nausea and vomiting and redness**	**Baby may experience low blood pressure and the baby may experience an allergic reaction to Hep B resulting in anaphylaxis**	**N/A *Could not find per drug book, ATI Maternal book, class book or google).***	
Nursing Considerations (2)	**Make sure to administer 6 hours of life for infant Administer in the vastus lateralis of infant**	**Administer from inner to outer canthus Make sure to provide this medication within an hour of delivery**	**Give in the thigh of the baby and make sure to administer within 12 hours of delivery**	**Observe clinical condition closely for signs of hypoglycemia. Monitor blood glucose of baby before pre-feeding**	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Check respiratory rate, and do a neurological assessment on infant**	**Eye assessment of the infant**	**Weight Assessment of the infant**	**Monitor blood glucose levels**	
Client Teaching needs (2)	**Make sure mother monitors for bleeding and knows that this medication prevents excessive bleeding.**	**Have mother monitor baby for side effects of the medication and make sure mother**	**Have mother watch for side effects of vaccine and make sure the mother knows that**	**Mother will need to be educated on feeding every 2-3 hours for the first 24 hours of life. Mother also**	

		avoids touching/wiping away medication on baby's eyes.	**this is a three series vaccination.**	**needs educated that skin-to-skin contact will promote breastfeeding and thermoregulation to stabilize blood sugar levels.**	

Medications Reference (1) (APA):

Jones & Bartlett Learning., & Jones & Bartlett Publishers. (2021). *Nurse's drug handbook*. Sudbury, MA: Jones and Bartlett Publishers.

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 4th ed 2020.	If assessment finding different from expectation, what is the clinical significance?
Skin	**Jaundice color of the skin**	**Normal, no jaundice, no rashes, warm, flexible, with good skin turgor, and smooth.**	**The clinical significance of this is that the mother and baby had a blood incompatibility, and this causes the baby to have less liver function.**
Head	**Head circumference: 36 cm**	**Depending on one's age, gender, and race. 33-37 cm is the typical head circumference.**	**N/A**
Fontanels	**N/A**	**Anterior – open, soft, & flat Posterior – normal size, open, & soft**	**N/A**
Face	**N/A**	**Full cheeks, facial features are symmetrical**	**N/A**
Eyes	**N/A**	**Clear and symmetrically placed on the face; Online with ears**	**N/A**
Nose	**N/A**	**Small, placement in the midline and narrow**	**N/A**
Mouth	**N/A**	**Aligned in midline, symmetric, and intact soft and hard palate**	**N/A**
Ears	**N/A**	**Soft and pliable with quick recoil when folded and released**	**N/A**
Neck	**N/A**	**Short, creased, moves freely, baby holds head in midline**	**N/A**
Chest	**N/A**	**Round,**	**N/A**

		symmetrical, and smaller than head	
Breath Sounds	**N/A**	**40-60 breaths/min Clear & equal in all fields bilaterally**	**N/A**

Heart Sounds	**N/A**	**Normal S1 and S2 No murmurs, gallops**	**N/A**
Abdomen	**N/A**	**Protuberant contour and soft**	**N/A**
Bowel Sounds	**N/A**	**Normoactive bowel sounds**	**N/A**
Umbilical Cord	**N/A**	**Three vessels in umbilical cord**	**N/A**
Genitals	**N/A**	**Swollen female genitals because of maternal estrogen**	**N/A**
Anus	**N/A**	**patent**	**N/A**
Extremities	**N/A**	**Extremities symmetrical with free movement**	**N/A**
Spine	**N/A**	**Extremities symmetrical with free movement**	**N/A**
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	**Parent has matching ID band with the infant, hugs tags on newborns ankle and is present and infant is in prone sleep position when being transported** **Not stated in the case study, but it did say per rubric no safety assessment would result in a 0 for this whole section**	**Hugs tag is on the newborn's ankle and is present. Provided and verified electronic transponder number and identification band number within 12 hours matching parents' ID bands When napping or being transported for examinations, a newborn should be in a bassinet.**	**N/A**

Complete the Ballard Scale grid at the end to determine if this infant is SGA, AGA, or LGA-
Weight- 90% LGA
Length- 90% LGA
Head- 90% LGA

What was your determination? This infant is LGA.
Are there any complications expected for a baby in this classification? Yes, with the baby being LGA classification there can be complications for obesity, increased heart disease, hypoglycemia, birth injuries, and lung problems.

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	**97.6 axillary**	**155**	**56**
4 Hours After Birth	**97.6 axillary**	**146**	**46**
At the Time of Your Assessment	**98.3 axillary**	**138**	**54**

Vital Sign Trends:
These vital sign trends are running in a normal range for a newborn. The newborn's pulse was higher during birth due to the stress she was experiencing, the temperature of the newborn may be elevated due to having hyperbilirubinemia, but the temperature is not of concern as of right now. Newborn respirations are within the normal range for a newborn.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Summary of Assessment (4 points)

Discuss the clinical significance of the findings from your physical assessment:
****See the example below****

This neonate was delivered on 7.14.2022 at 1158 by normal spontaneous vaginal delivery. The EDD of baby 08/11/2022. The nuchal cord was around the neck x1. The Apgar scores were 8/9/9. The new Ballard scale assessment revealed neonate is 36 weeks and LGA. The prenatal

history shows this pregnancy was complicated by gestational diabetes and positive coombs test. The infant was assessed for signs and symptoms of low blood sugar. The birth weight was 9 lbs 0 ozs (4090 grams); the length was 21.6" (55 cms); head circumference was 14.1" (36 cms), and chest circumference was 13" (33 cms). Upon assessment all systems are within normal limits besides the skin coloration which was a yellowish color. The last set of vitals was: 98.4/138/54. Breath sounds x3 after delivery were WNL with the lowest being 52. The neonate is breastfeeding and nursing well with most feedings, the baby is showing signs of ready-to-eat by rooting and moving lips q2-3 hrs. The bilirubin level at 24 hours per scan was 6.1 mg/dl. The neonate is expected to stay in the hospital.

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.
Skin to skin (N)	**As soon as possible**	**This helps bonding with the mother and mom and helps relax both the baby and mother.**
Phototherapy (T)	**Only needs to be used for 24 hours or less depending on if the baby's bilirubin levels have decreased.**	**Boosting the baby's liver's ability to break down and eliminate bilirubin from the baby's blood, is used to treat jaundice. The baby's skin will be exposed to as much light as possible during phototherapy.**
Oral Glucose (T)	**PRN (per the baby's glucose reading)**	**The baby is at higher risk for hypoglycemia due to the mother's gestational diabetes and the premature gestation and LGA at 36 weeks. The baby is learning how to regulate its own sugar outside of the mom.**
Breastfeeding (N)	**As soon as possible**	**More frequent breastfeeding can increase the mother's milk supply, which will therefore increase the infant's calorie intake and hydration and lower the increased bilirubin.**

Discharge Planning (2 points)

Discharge location: Discharge location is to the mother parent's house.

Equipment needs (if applicable): Breast-pump will need to be provided

Follow up plan (include plan for newborn ONLY): When the baby can be discharged, given that this baby was hyperbilirubinemia, it is recognized to be important to arrange for prompt outpatient follow-up within 24 to 72 hours of release.

Education needs: Proper care seat use, mother needs to be educated on postpartum depression, breastfeeding techniques, and how often to feed. The mother also needs to be educated on when to seek medical attention and management for her baby if yellowing of the skin reappears. Also, the mom will need to be educated on signs and symptoms of low blood sugar for 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

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 was chosen	**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.	**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. Deficient	**This is the mother's**	**1.Assess the client's**	**The mother will**

knowledge related to lack of exposure to information as evidence by first baby	**first baby, and she would have a lack of knowledge related to the care that the baby must receive when being diagnosed with hyperbilirubinemia .**	**and family members' knowledge and level of understanding. Rationale This aids in identifying certain requirements and clarifies earlier information. The client's and her family's comprehension of the diagnosis and capacity for adjustment during the unanticipatedly prolonged period of recuperation are evaluated (Phelps, 2020).** **2. Demonstrate how to check the baby for rising bilirubin levels, weight tracking, behavioral changes, or blanching the skin with digital pressure to disclose the color of the skin. This is especially important if the baby is going to be discharged early. Rationale The development of jaundice from the face to the abdomen and feet must be noted and reported since it may signal rising bilirubin levels. This can help the mother and family determine when it is time to contact a provider or seek**	**express verbally her comprehension of the causes, prognoses, and therapies for hyperbilirubinemia. The mother will recognize any warning signs or symptoms that should be reported right away to the doctor. The mother will treat the baby with the proper care.**

		medical help (Phelps, 2020).	
2. Risk for injury related to the premature infant at 36 weeks gestation as evidence by immune dysfunction.	**Newborn had abnormal bilirubin levels which can indicate immune dysfunction of the liver, this can cause neurodevelopment if left untreated or if levels don't show a decrease. This baby also has low blood sugars which can affect the baby's health.**	**1. Assess for infant for progression of neurological signs and behavioral changes.** **Rationale** **The higher the bilirubin levels get the more dangerous it can be for the baby and her neurological progression (Phelps, 2020).** **2.Provide good nutrition for baby q2h-q5h** **Rationale** **Since mother is breastfeeding make sure it is often and when baby insists so it increases baby's nutritional levels. This also helps mother milk supply (Phelps, 2020).**	**The mother listened to and was educated on why it is important and necessary to feed her baby more often. She was accepting and wanting to learn more about breastfeeding, and she understood the information taught to her.**
3. Neonatal hyperbilirubinemia related to liver malfunction of baby as evidence by bilirubin levels and positive coombs test.	**This rationale was chosen because there was a maternal risk factor of incompatible blood for mother and baby and high bilirubin levels for baby.**	**1. Collect and evaluate laboratory blood specimens as ordered or per unit protocol** **Rationale** **This is to permit accurate and timely diagnosis and treatment for neonatal jaundice. (Phelps, 2020).** **2. Educate mother regarding newborn care at home in relation to appearance of**	**Baby will show results of decreased bilirubin levels, and baby will show an effective feeding pattern and that the feedings have been achieved by proper voiding and stool. The mother also will show that she understands the complications and will know when to contact the pediatrician when baby shows any of**

		jaundice in association with any of the following: no stool in 48 stool lethargy with refusal to breastfeed and wet less than one 1 diaper in 12 hours (Phelps, 2020). **Rationale** **This was chosen because parent education is critical for the time after baby discharges from the hospital.**	**these signs.**
4. Readiness for enhanced breastfeeding related to mothers confidence in herself as evidence by mother expressing desire to breastfeed baby as soon as possible after birth.	**The mother expressed desire that she was wanting to breastfeed baby right after birth.**	**1. Teach mother how to use warm showers and compresses, holding infant close to breasts and listening to infant cry to stimulate let down.** **Rationale** **This rationale was chosen because the mother is going to want to make sure she knows how to help with breast tenderness and how to stimulate the breasts (Phelps, 2020).** **2. Education on nutritional needs that is required to have to have a well-balanced diet will breastfeeding. Mother needs an extra 500 calories a day and plenty of fluids.** **Rationale**	**Mother breastfeeds baby successfully and expresses satisfaction with breastfeeding. Baby feeds on both breasts and appears satisfied. The mother is also wanting more information about breastfeeding. Mother will continue to breastfeed baby after discharge from hospital. Mother also is educated on the breastfeeding techniques and positions.**

		Good diet helps mother produce well balanced milk supply and giving good nutrition to baby (Phelps, 2020).	

Other References (APA):

Phelps, Linda Lee (2020). *Sparks and Taylor's nursing diagnosis reference manual.* 11th ed. Philadelphia: Wolters Kluwer.

Ballard Gestational Age Scale- 36 Weeks

Neuromuscular Maturity

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

Physical Maturity

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

Maturity Rating

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

Posture:3 Wrist:0

Arm:3 Popliteal: 3 Scarf:2 Heel to ear: 3 Skin:1 Lanugo:2 Plantar surface:4 Breast:3 Eye/

Ear:3 Genitals(F):3= Score: 30 Weeks:36

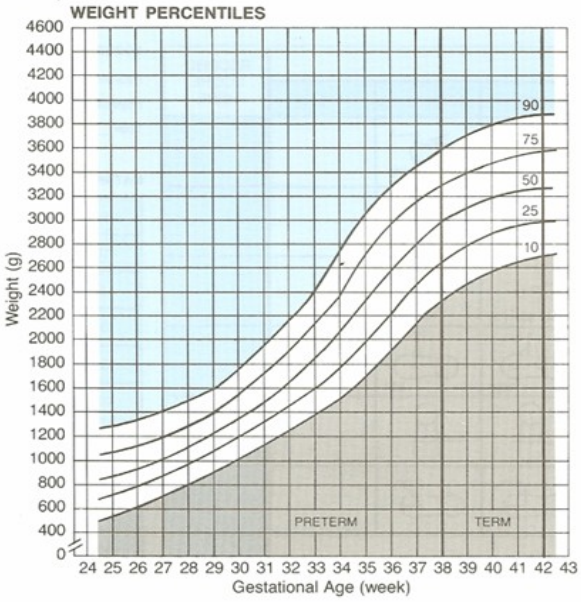
CLASSIFICATION OF NEWBORNS (BOTH SEXES) BY INTRAUTERINE GROWTH AND GESTATIONAL AGE [1,2]

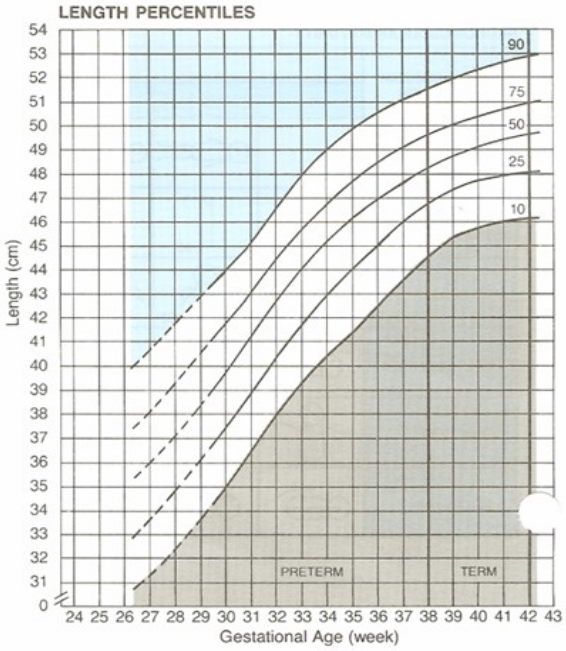
NAME _____ DATE OF EXAM _____ LENGTH _____

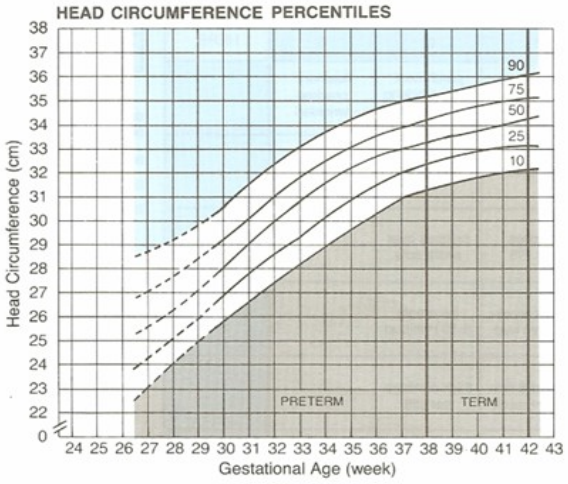
HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

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; 71:159-163

Weight 90% LGA
Length 90% LGA
Head circumstance 90% LGA