



Southwestern Ontario
Maternal, Newborn, Child and Youth Network

Name of Hospital:

ILL NEWBORN RECORD

Date: _____ Weight: _____

KEY CODES*:				STIMULATION REQUIRED (FOR APNEA/BRADYCARDIA)				STOOL	
<u>ACTIVITY</u>		<u>TONE</u>		<u>RESPIRATORY EFFORT</u>		<u>COLOUR</u>			
✓ Normal Finding		✓ Normal Finding		N No Spontaneous	P Pink	NS No Stimulation Required		MEC Meconium	
VR Very		HYPER Hypertonic		Respirations	A Acrocyanosis	TS Tactile Stimulation Required		T Transitional	
M Minimal		HYPO Hypotonic		R Retractions	C Cyanosis	HB Handbagging Required		BR Brownish	
U Unresponsive				NF Nasal Flaring	J Jaundiced	FF Free Flow Oxygen Required		YS Yellow/Seedy	
JI Jittery				G Grunting	MO Mottled			BL Bloody	
I Irritable				GA Gasping	PA Pallor			O Other (describe)	
S Seizure									

TIME	NEUROLOGICAL		TEMPERATURE °C			CARDIOVASCULAR / RESPIRATORY											GASTROINTESTINAL		NURSE'S INITIALS		
	ACTIVITY*	TONE*	INCUBATOR/ RADIANT WARMER	ISC	INFANT	HEART RATE	BP	RESP RATE	RESP EFFORT*	COLOUR*	% O ₂	SaO ₂	ACORN RESP SCORE	APNEA Y = Yes	BRADYCARDIA (Document HR)	STIMULATION REQUIRED*	VOID ✓ If Voided	STOOL*			

RN Signature/Printed Name: (1) _____ Initials: _____ (2) _____ Initials: _____

MD/RM/CNS/NP Signature: _____ Printed Name: _____ Initials: _____

Patient's Name: _____

DATE																			
TIME																			
NORMAL LAB VALUES																			
pH	7.35-7.45																		
pCO₂	35-45																		
pO₂	Term 60 - 80 Prem 50 - 70																		
HCO₃	Term 20 - 26 Prem 18 - 26																		
Base Excess	-4 - +4																		
Hgb	Day 1 140 - 180																		
Hct	0.50 - 0.55																		
WBC	AT BIRTH 5 - 34 x 10 ⁹ /L																		
Platelets	≥150 x 10 ⁹ /L																		
Serum Glucose	2.6 - 6.2 mmol/L																		
OTHER:																			
INITIALS																			

RN Signature/Printed Name: (1) _____ Initials: _____ (2) _____ Initials: _____

MD/RM/CNS/NP Signature: _____ Printed Name: _____ Initials: _____