



**DEPARTMENT OF KAUMARBHRITYA
ITRA, JAMNAGAR**



Sr. no.

KB UG J2: Navajata Shishupariksha Patra (Neonatal Examination)

Name of Baby:	Date of Birth:
Age:	Sex:
Mother's Name:	Religion & Caste:
Father's Name:	OPD No:
Occupation: Mother:	Date of Admission:
Father:	Date of Discharge:
Address:	IPD No.:
	Bed No. / Ward:
Contact No.:	Date of Examination:
Diagnosis:	Result:

Birth Note and Chief complaints with duration if any:

Birth history:

Antenatal history:

Mother's age at conception:

Father's age at conception:

Obstetric history: G P A D L

LMP:

EDD:

History during ANC period: Nothing specific / Diabetes / Hypertension / Edema / Hyper-emesis gravidarum / Allergy/ any infections /any trauma / specify if any other –

Pregnancy Immunization: TT / Rubella

Medications during ANC period:

Weight gain during pregnancy:

Any complications during pregnancy and medication:

Any investigations:

H/o Consanguinity: Yes / No

Family – Joint / nuclear / single parent

Pedigree –

Natal history:

Mode of Delivery: Vaginal/Forceps/Vacuum/Caesarean section

Term of gestation: Full term/Pre-term/Post-term

Place of Delivery: Home / Hospital

Birth weight: Date of Birth: Time of Birth:

Cried soon after birth: Yes / No; if No, Causes:..... Cried after:

Type of Cry: Vigorous / feeble / poor

Congenital abnormality: Present / Absent

Post-Natal History:

H/o Birth Asphyxia / Convulsion / Jaundice / Hypoglycemia / NICU admission / any infections

APGAR score:

Signs	0 min			5 min			10 min		
	0	1	2	0	1	2	0	1	2
Appearance (color)									
Pulse (heart rate)									
Grimace (reflex, irritability)									
Activity (muscle tone)									
Respiratory rate									
Total									

Personal History:

Bowel:

Frequency -

Consistency -

Color -

Meconium passed at - / not passed since

Any associated symptoms -

Urine:

Frequency - First urine passed at - / Not passed since -

Any associated symptoms -

Sleep: Normal / Decreased / ExcessHrs / Day

Feeding:

Breast feeding initiated immediately after birth – Yes / No,

If No, nutrition provided with –

Successful breast feeding started within –

Breast milk quantity sufficient – Yes / No / complete absence

If No then any medication /advice given to mother for that – Yes / No

Mother's ongoing medication –

Examination:**Vital Signs:**

Temperature -

Respiratory Rate-

Heart Rate -

Capillary Refill Time (CRT) -

Anthropometry:

Weight - Length -

Head circumference - MUA Circumference - Lt. Rt.

Chest circumference- MT Circumference - Lt. Rt.

Abdominal circumference -

Physical Examination: (Head to Toe examination)

Scalp – Normal / Presence of Caput Succedaneum / Cephalhematoma / any skin laceration/
bruise / Swelling / any other –

Anterior fontanel – Normal / Depressed / Bulging

Head - Size & Shape – Normal Size & Shape / Microcephaly / Macrocephaly / abnormal shape

Neck – Normal /webbed neck/ palpable lymph nodes

Chest –

Abdomen –

Umbilical Cord –

External genitalia – M - F-

Back –

Upper extremities –

Lower extremities –

Any birth injury –

Presence of any congenital anomaly – **Yes / No**

Presence of any dysmorphic feature – **Yes / No**

Signs of Maturity:

Neonatal Primitive reflexes:

Glabellar tap:

Rooting:

Sucking:

Grasping:

Moro's:

Systemic Examination:

Cardio Vascular System

Auscultation –

Respiratory System

Inspection –

Auscultation –

GIT

Inspection –

Percussion –

Palpation –

Auscultation –

CNS

Consciousness –

Muscle tone –

Muscle power –

Involuntary movements –

Reflexes –

Musculo-Skeletal System

Upper extremities –

Joints –

Lower extremities –

ROM –

Head & Neck –

Thorax & Pelvic –

Integumentary System

Type of skin lesion –
Site of skin lesion –
Number of skin lesion –
Size of skin lesion –
Associated complaints –

Genito-Urinary System

Inspection –

Investigations:

Advised – Yes / No

Urine (R & M) –

Stool (R & M) –

Blood –

Details of specific investigations -

X- Ray –

USG –

MRI –

CT Scan–

Health status / Final Diagnosis:**Advice given:**

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-
-
-

Classical *Navajata Shishu Paricharya* – Ayurveda**Care provided (*Navajata Shishu Paricharya*):****Health status / Improvement:**

Signature of Student

Signature of Teacher