Neonatal Documentation
"Telling the story clearly and accurately"

Principles of Medical Documentation

- Records should be complete and legible.
- They should include:
    - Relevant history
    - Physical exam
    - Diagnostic results
    - Assessment
    - Plan of care
    - Rationale for ordering diagnostic and ancillary services
    - Response to treatment, progress and/or revision of diagnoses
    - Standardization of terminology
    - Data collection and analysis

Type of Neonatal Documentation

1- Admission Note
2- Daily progress Note
3- Interim Summary
4- Discharge Note

Admission Note

1-Identification:

"This is baby Jimma, a 34 weeks gestation male newborn, admitted from delivery room."

- Name
- Gestation
- Sex
- Day of life (in hours or days)
- Location- inborn/outborn

2- Maternal History:

"Mother is 28 years old, G4, P2, A1, with antenatal care since 16weeks Gestation. EDC is April 27th, 2014 making it 34 weeks gestation. Her Antenatal labs include: blood group- O+ve, VDRL-non-reactive, HBsAg-neg, HIV-neg, Rubella-immune, GC/Chlamydia-neg and GBS-positive, treated with penicillin x3doses. Mother had history of chronic hypertension with predisposed pre-eclampsia. Previous deliveries were by c/s for CPD. History of abortion at 9 weeks in 2011. Medications during pregnancy were prenatal vitamins, aldomet, penicillin."

- Age
- Gravida, Para, Abortions
- Antenatal care

- Antenatal labs: blood group, HBsAg, HIV, VDRL, Rubella, GC/Chlamydia, Group B strep
- Expected date of confinement (EDC) and calculated gestation in weeks
- Medical history
- Obstetric history-past/present
- Medication during pregnancy

3- Delivery

"Spontaneous onset of labor, AROM 8hours prior to delivery, meconium-stained amniotic fluid. Delivery was NSVD, male infant, Apgar score 5&8, birth weight 2560grams. Infant required resuscitation at delivery in the form of drying and stimulation, blow-by oxygen. Developed tachypnea and desaturations and was put on nasal cannula oxygen. Admitted to the NICU for prematurity and mild respiratory distress."

- Onset of labor (spontaneous, induced)
- Rupture of membrane (hours prior to delivery)
- Description of Amniotic fluid (clear, meconium, bloody, bilious)
- Mode of delivery (NSVD, vacuum, forceps, c/s-elective, emergent)
- Apgar score (1, 5, ±10, 15, 20 min)
- Sex
- Birth weight
- Resuscitation provided
- Disposition (normal newborn, NICU- level II or Level III)

4- Physical Exam

- General appearance; dysmorphisim
- Vital signs: BP, HR, RR, T, SpO2 ± blood sugar
- Anthropometric measurement
    - Weight, length, head circumference (include percentile)
- HEENT: shape of head, fontanels, red reflex, ears, palate
- Chest: symmetry, signs of respiratory distress, auscultation
- CVS: Pulses (femorals), heart sounds, murmur
- Abdomen: "soft, non-distended, no hepatosplenomegaly, normal bowel sounds"
- GUS: "Normal male genitalia, testes descended bilaterally"
- Extremities: deformity, hips
- Skin: color, perfusion, congenital markings
- CNS: activity, tone, reflexes

5-Summary of problems

"This is a 34 weeks gestation, male newborn admitted with diagnosis of prematurity, respiratory distress to rule out sepsis."

6-Problems/Diagnosis

***Should include the diagnosis, assessment, treatment, plan**

A- Gestation
B- The most important diagnosis
C- Subsequent diagnosis
D- Nutrition
E- Social or Family Intervention

Example:

Prematurity: 34 weeks, AGA

- Assessment: under radiant warmer
- Plan: V/S monitoring q3hrs, age appropriate screening

Respiratory distress:

- Problem: Hyaline membrane disease
- Assessment: in moderate respiratory distress
- Treatment: On bubble CPAP
- Plan: blood gas, CXR, BCPAP

Nutrition:

- Problem: Nutrition
- Assessment: blood sugar on admission-54, in respiratory distress, NPO
- Plan: NPO, D10W at 70ml/kg/d, monitor I&O, weight daily, electrolytes, start feeds when respiratory distress improved

Social:

- Problem: family intervention
- Assessment: Parents updated in the delivery room
- Plan: update parents

Dr. Keffa Jimma
Date and Time

Progress Note

1-Identification:

"This is baby Jimma, a 4 days old male newborn, corrected GA-34+4 weeks gestation."

- Name
- Day of life (in days)
- Sex
- Gestation at birth and corrected gestational age

2- Major events last 24hours:

"Infant was put on phototherapy for bilirubin of 14 at 48hrs of life"

3- Physical Exam

- General appearance; dysmorphisim
- Vital signs: BP, HR, RR, T, SpO2 ± blood sugar
- Anthropometric measurement
    - Weight (difference in wt from yesterday) (%loss compared to birth weight)
- HEENT: shape of head, fontanels, sclera
- Chest: symmetry, signs of respiratory distress, auscultation
- CVS: Pulses, heart sounds, murmur
- Abdomen: "soft, non-distended, no hepatosplenomegaly, normal bowel sounds"
- GUS: "Normal male genitalia, testes descended bilaterally"
- Extremities: deformity
- Skin: color, perfusion, congenital markings
- CNS: activity, tone, reflexes

5-Summary of problems

"This is a 34+4 weeks gestation, male newborn with a diagnosis of prematurity, possible sepsis."

6-Problems/Diagnosis

***Should include the diagnosis, assessment, treatment, plan**

A- Gestation
B- The most important active diagnosis
C- Subsequent active diagnosis
D- Resolved Diagnosis
E- Nutrition
F- Social or Family Intervention

Example:

Prematurity-34 weeks at birth, CGA 34+4 weeks:

- Assessment: in open crib
- Plan: V/S monitoring q3hrs, age appropriate screening

Possible Sepsis/meningitis

- Assessment: no clinical sign of infection, CBC+diff, blood culture, CSF analysis and culture.
- Treatment: Day 4 of 10 of:
    - Ampicillin 100mg/kg/dose q12hrs
    - Gentamicin 4.5mg/kg/dose q36hrs; gentamicin level P/T=9/0.8

Hyaline membrane disease:

- Assessment: No respiratory distress
- Treatment: Off bubble CPAP and stable in RA since DOL#3.
- Plan: Follow clinically

Hypoglycemia (resolved)

Nutrition:

- Assessment:
    - Feeding started on DOL#2, EBM, tolerating well. On supplemental IV fluid. Currently on 60ml/kg/d of EBM
    - blood sugar -65-79
    - In- 132ml/kg/d; Output: Urine 2.5ml/kg/hr, Stool x3
- Plan: Advance feeds to 80ml/kg/d, adjust IVF; Total fluid at 150ml/kg/d, monitor I&O, weight daily, electrolytes, start feeds when respiratory distress improved

Social/family intervention

- Assessment: Parents visited and got updated by the medical team. Mother encouraged to pump.
- Plan: update parents regularly.

Dr. Keffa Jimma
Date and time

Prepared By: Dr. Mesfin Woldesenbet
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