**Place Patient’s Sticker here if available:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary OB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other MDs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Contact Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Delivery Info:**

VD Anesthetic: General Regional

Laceration \_\_\_\_\_\_\_

CD in labor Elective CD for \_\_\_\_\_\_\_\_\_\_\_

Narcotics during surgery: IV Regional

QBL: \_\_\_\_\_\_\_\_\_\_\_ PPH

Thromboprophylaxis\_\_\_\_\_\_\_\_\_\_\_

**History:**

Age: \_\_\_\_\_\_\_ G:\_\_\_\_ P:\_\_\_\_

Blood type: \_\_\_\_\_ Hep B: + / -

Rubella: I / NI GBS: + / -

Most recent Hct: \_\_\_\_\_\_\_\_\_\_\_\_\_

Other Labs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical illnesses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DM** Type 1 Type 2 GDM

Insulin Dose/schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral hypoglycemics : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chorio**

Antibiotics: Amp Clinda Gent Vanco

Dose: \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Last given: \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

**Pre-E CHTN**

Magnesium \_\_\_\_\_\_\_\_\_\_ gram/hr

Antihypertensives:

Labetalol Dose \_\_\_\_\_\_\_ Given \_\_\_\_\_\_\_\_

Nifedipine Dose \_\_\_\_\_\_\_ Given \_\_\_\_\_\_\_\_

Hydralazine Dose \_\_\_\_\_\_\_ Given \_\_\_\_\_\_\_

**Pain Medication:**

Oxycodone Dose \_\_\_\_\_\_\_ Given \_\_\_\_\_\_\_\_

Motrin Dose \_\_\_\_\_\_\_ Given \_\_\_\_\_\_\_\_

Tylenol Dose \_\_\_\_\_\_\_ Given \_\_\_\_\_\_\_\_

Norco Dose \_\_\_\_\_\_\_ Given \_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_ Dose \_\_\_\_\_\_\_ Given \_\_\_\_\_\_\_\_

**Place Baby’s Sticker here if available:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Peds MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: With mom ICN NICU

Transferred to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If baby was transferred separately from mom:

Transfer Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Newborn’s History:**

Time of Birth: \_\_\_\_\_\_\_\_\_\_

ID Band #: \_\_\_\_\_\_\_\_\_\_

GA: \_\_\_\_\_

Birth weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood type: \_\_\_\_\_\_\_\_ Coombs: \_\_\_\_\_\_\_

T Bili: \_\_\_\_\_\_\_

Vit K Erythro Hep B

**Feedings:**

Breast

Formula Type \_\_\_\_\_\_\_\_\_ Amt \_\_\_\_\_\_

Last Feeding \_\_\_\_\_\_\_\_\_\_\_\_\_

Newborn Screen completed: Yes No

NBS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NBS collected at <12 hrs of life Yes No

Cardiac Screen completed: Yes No

Hearing Screen complete: Yes No

Circumcision: Yes No

Car Seat Challenge: NA Yes No

Birth Certificate completed: Yes No

My Child Alarm Removed: Yes No

Filled out by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RN

MD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MD