



**HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Document Code: HSAAS/PAED/DF84**

NURSING ASSESSMENT ON ADMISSION FOR NEONATE

Name /Baby of: MyKid No:	MRN:	Mother/Guardian Name: IC No. :
	AGE :	

Address: Phone No. :	Father/Guardian Name: IC No. :
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PART 2 : BIRTH HISTORY

Date of Birth: _____ Time of Birth: _____ Place of Birth: _____
 Gestational Age: _____ Birth Weight: _____
 Sex: Male () Female () Indeterminate ()
 Mode Of Delivery: SVD () Breech Delivery () Forcep () Vacuum () LSCS ()
 Apgar Score: 1 min 5 min 10 min

Ethnic: Malay () Chinese () Indian () Others:	Cord Blood Investigation: G6PD: TSH: Vaccination i) BCG: ii) Hep B: 1st dose 2nd dose: iii) Vit K:
Religion:	
Nationality:	

PART 3 : ADMISSION INFORMATION

1. Mode of Admission: Incubator () Basinet () Carry () Arrival Date & Time	2. Admit via: Labour Room () MOT () Postnatal ward () Clinic : Transfer/referral from	3. Accompanied by: Mother/father () Guardian () Others () Paramedic () Name: Signature :.....	4. Accompanying item(s) : Admission Form () Referral Letter () Home Based Card () Antenatal Book () Laboratory result () X-Rays () Others ()
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5. Patient on O2 () ETT () UVC/UAC ()	6. Previous admission Yes () No () If yes, Date:	7. Reason for current admission	8. Vital signs Temperature :.....'c HR :/min
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Long Line () IV Line () Ryle's Tube () Others, Specify :	Diagnosis: Medication from home Yes () No () Old notes available Yes () No ()	Medical diagnosis:	RR:/min BP :mmHg MAP : SPO2 :% Dextrostix :mmol/L
9. Measurement Weight:kg Length:cm COH :cm	10. Activity Active () Lethargic () Irritable () Others	12. Skin Color Pink () Pale () Cyanosis () Acrocyanosis () Others	12. Abnormalities Yes () No () Specify: Informed to: Date & time informed:

13. Physical Examination (√ If Relevant)

Bil	Body parts	Normal	Abnormal	Specify
1	Head / Neck			
2	Fontanelle			
3	Hair			
4	Eye			
5	Mouth / Neonatal tooth			
6	Ear			
7	Chest			
8	Abdomen			
9	Upper Limbs			
10	Lower Limbs			
11	Spine			
12	Genitalia			
13	Anus Patency			
14	Fingers (Hand & Foot)			

Assessment done by :

Signature :
 Name & Stamp :
 Date & Time :