

NAME _____ GIRL/BOY _____ Dr _____ RM _____ MBU RN _____

Birth date/time _____ SVD -C/S GestAge _____ APGAR@1 _____ @5 _____

BirthWt _____ Current Wt _____ Blood Type _____ Coombs _____

Mat.Age _____ G _____ P _____ Blood type _____ GBS _____ HepBSAg _____

Preg/Delivery notes _____

Vitals@ _____	Breast / Bottle	1 st Void <input type="checkbox"/> 1 st Stool <input type="checkbox"/>	• Bath <input type="checkbox"/>
T: _____	1. _____	1. _____	• Hearing <input type="checkbox"/>
♥: _____	2. _____	2. _____	• Hep B signed <input type="checkbox"/>
RR: _____	3. _____	3. _____	• Hep B given <input type="checkbox"/>
New Wt: _____	4. _____	4. _____	• CCHD <input type="checkbox"/>
% Wt loss _____	5. _____	5. _____	• State Screen <input type="checkbox"/>
	6. _____	6. _____	• TcB <input type="checkbox"/>
D-sticks:	TCB's/Bilis	Circ YES/NO	• Car Seat Y/N <input type="checkbox"/>
1. ____/____	_____	Done YES/NO	Band # _____
2. ____/____	_____	Voided YES/NO	LA/RA/LL/RL
3. ____/____	_____		Hugs# _____
4. ____/____	_____		
5. ____/____	_____		

Other notes _____

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5. ____/____	_____		

Other notes _____

