

**PATIENT PROFILE
NEWBORN NURSERY: TRANSITION/LEVEL II**

NEWBORN INFORMATION: BOY/GIRL			Baby's Blood type:		
Type of Delivery: SVD / VE / Forceps / C/S for:			Hct: _____ Coombs: _____		
Delivery Date: _____ Time: _____ Apgar: _____ / _____			Glucose screen: () Low Risk		
Weight: _____ Gest. Age _____ SGA /AGA / LGA			() High Risk - proceed to high risk protocol		
Feeding: () Breast Feed per protocol			Discharge Class given:		
() Bottle Feed per protocol			PKU #1 Date: _____		
Level I: _____ Level II: _____			Maternal Information: Name		
Vital Signs: Transition - Admit and then Q1 hour x 2			Age: _____ G: _____ P: _____ Ab: _____ Bloodtype: _____		
Or until stable, then Q shift or:			Known Risk Factors:		
			PEDS / FP / FP BANGOR: DR _____		
Date Ordered	Treatment/ Special Notes	Date/ Times	Date Ordered	Treatment/ Special Notes	Date/ Times
	Circ permit signed				
	NPO 2 Hrs prior to circumcision				
	Circ done on:				
	Circ done with: pb/gomco/mogan				
	Alcohol to cord at each feeding &				
	With each diaper change				
	Jaundice				
	if jaundiced <24 hrs, draw bili &				
	call MO				
	if jaundiced >24 hrs, draw bili &				
	notify MO if >13mg/dl				

**NHBREM 6150/64(Rev 11-02)
ORIGINATOR: 4 OB
KEPT IN MEDICAL RECORDS JACKET**

