Patient Label

SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

❑ RUH ❑ SCH ❑ SPH Other_____

NAME: _____

HSN: _____

D.O.B.: _____

MATERNAL SERVICES

NEWBORN DISCHARGE FORM

Clerical Staff to Complete: _____

Mother's Blood Group: _____ T____ P____ A ____ L____ G_____

Antenatal Problems: _____

Gestation: _____ wks

Birth Concerns: _____

_____

Birth Weight: _____gm Head _____cm Length: _____cm

Newborn Blood group: _____ DAT: _____ Feeding: Breast _____ Formula _____

PHYSICAL EXAM (Practitioner to complete within 24 hrs of birth):

SYSTEM	YES	NO	COMMENTS
HEAD AND NECK:			
○ Fontanelle Patent			
○ Palate Normal			
○ Ears Normal			
○ Heart-Shaped Tongue Tip			
○ Thick/Prominent Lingual Frenulum			
○ Tongue Tie Intervention Warranted?			
CVS:			
○ Heart Sounds Normal			
○ Fem Pulses Palpable			
○ Perfusion Normal			
○ Cord Vessels: 2 arteries/1 vein			
RESP:			
○ Breath Sounds Normal			
GI:			
○ Abdomen Normal			
○ Anus Patent			
GU:			
○ Genitalia Normal			
○ Testes Descended			
M.S.:			
○ Clavicle Normal			
○ Hips Normal			
○ Spine Normal			
NEURO:			
○ Suck Present			
○ Grasp Present			
○ Moro Present			
○ Tone Normal			
○ Red Reflex Present			

Summary of Abnormalities: _____

_____

FINAL DIAGNOSIS: _____

Discharge Weight _____ Gms Date: _____

Practitioner Signature: _____

Date: _____

Metabolic Screen: ❑ Done ❑ Not Done
❑ Healthy & Home to do
❑ Parent to arrange

Bilirubin Screen: ❑ TCB ❑ TSB

Result _____ @ _____ hrs of age

Follow-up: ❑ Healthy & Home
❑ Family Physician

~~Word Form # 100324 **/15 Category: Summaries~~