

Neonatal admission register

Unique ID [hospital ID][data clerk ID][0001] _____

Hospital ID

-
- A
-
-
- B
-
-
- C
-
-
- D
-
-
- E
-
-
- F

Data entry person ID

-
- A
-
-
- B
-
-
- C
-
-
- D

Patient number (IP No.) _____

Today's date _____

Admission details

Date of admission

(for empty date type 1915-01-01)

Residency: Location

(Click here for, Lookup List)

Location not on look up list?

 Not on list

Specify location not on look up list _____

Residence: Sub-location

(Click here for, Lookup List)

Sub-location not on look up list?

 Not on list

Specify sub-location not on look up list _____

Referred IN from another facility?

-
- Yes, from another facility
-
-
- Yes, from home
-
-
- No, inborn
-
-
- Empty

Where referred FROM? (Name of facility)

(Click here for, Lookup List)

Facility referred from not on lookup list?

 Not on list

Specify facility not on lookup list _____

Newborn characteristics

Sex

 Male Female Unknown/missing

Age documented?

 Yes No

Age less than 24 hours?

 Yes No

Age (days)

(Enter age in days.)

Gestation at birth (weeks) _____
(No. of whole weeks. If empty enter -1)

Birth weight (in kg) _____
(in kilograms. Only enter in kg or g, not both. If empty enter -1)

Birth weight (in g) _____
(in grams. Only enter in kg or g, not both. If empty enter -1)

Admission weight (in kg) _____
(in kilograms. Only enter in kg or g, not both. If empty enter -1)

Admission weight (in g) _____
(in grams. Only enter in kg or g, not both. If empty enter -1)

Admission diagnoses

Clear primary admission diagnosis? Yes No Empty/No diagnosis
(Select 'Empty' if no diagnosis is available)

Primary admission diagnosis _____
([Click here for, Lookup List](#))

Primary admission diagnosis not listed? Not on list

Specify primary admission diagnosis not listed _____
(Specify diagnosis)

Admission diagnosis 1 _____
([Click here for, Lookup List](#))

Admission diagnosis 2 _____
([Click here for, Lookup List](#))

Admission diagnosis 3 _____
([Click here for, Lookup List](#))

Specify any other admission diagnoses _____
(Specify diagnoses, separating each by :)

Other admission diagnoses Yes No

Other admission diagnosis 1 _____
([Click here for, Lookup List](#))

Other admission diagnosis 2 _____
([Click here for, Lookup List](#))

Specify any other admission diagnoses _____
(Specify diagnoses, separating each by :)

Outcome and discharge

Date of discharge/death

 (for empty date type 1915-01-01)

Clear primary discharge diagnosis?

 Yes No Empty/No diagnosis
 (Select 'Empty' if no diagnosis is available)

Primary discharge diagnosis

 ([Click here for, Lookup List](#))

Primary discharge diagnosis not listed?

 Not on list

Specify primary discharge diagnosis not listed

 (Specify diagnosis)

Discharge diagnosis 1

 ([Click here for, Lookup List](#))

Discharge diagnosis 2

 ([Click here for, Lookup List](#))

Discharge diagnosis 3

 ([Click here for, Lookup List](#))

Specify any other discharge diagnoses

 (Specify diagnosis)

Other discharge diagnoses

 Yes No

Other discharge diagnosis 1

 ([Click here for, Lookup List](#))

Other discharge diagnosis 2

 ([Click here for, Lookup List](#))

Specify any other discharge diagnosis

 (Specify diagnoses, separating each by :)

Outcome

 Alive (sent home)
 Referred
 Dead
 Absconded
 Empty

Where was the newborn referred TO? (Name of facility)

 ([Click here for, Lookup List](#))

Facility referred to not on lookup list?

 Not on list

Specify facility not on lookup list
