

12/20/2005 11:17

Jones, baby girl

12345678

03444444

12/20/2005 F 1 D 12/20/05

Attending, Sam

Neonatologist, Hilary

## NEONATAL ADMISSION HISTORY & PHYSICAL

**Jones, baby girl**

aka Emily Jones

Mother: Lucille Smith

Birth weight: **1411 gms (3 lbs, 2 oz)**

Singleton Gestation

Neonatologist: **Hilary Neonatologist, M.D.**

Admitting Physician: **Sam Attending, M.D.**

Follow-up Physician: **Jane Follow Up, M.D.**

Delivering Obstetrician: **James Delivery, M.D.**

Delivery date: 12/20/2005 time: 08:45

### MATERNAL HISTORY

Emily was born at 29 1/7 weeks (by dates) to a 26 year old woman who was G1 and P0 at the time of delivery. EDD was 3/6/2006

**Prenatal Labs:** Blood Type: **O** Rh: **pos** Antibody: **Negative** Hepatitis B: **negative**

Rubella status: **immune** RPR: **nonreactive** Length ROM: **9 hr(s) and 25 min.**

GC: **negative** Chlamydia: **negative**

GBS Status: **positive** Labor Tmax: **37.2** Antibiotics: **prophylactic < 4 hr**

Glucose testing: **normal GLT**

### Maternal diagnoses and procedures during the pregnancy, labor and delivery included:

Antepartum events: Maternal transport, Preterm labor with delivery, Tocolytic therapy, Steroids - complete course, Ultrasound (Prenatal) L&D events: Rupture of Membranes Prior to Labor (Preterm), Intrapartum Retained Placenta with Hemorrhage, Placental abnormality: abruptio placenta, Placental abnormality, Electronic Fetal Monitoring(labor), Amniotic Fluid Index (AFI)

Got prenatal care at Clinic X. Transferred care to Dr. PrenatalCare in Marin and seen by him once prior to presenting in preterm labor and some bleeding. Dr. PrenatalCare unable to get prenatal records after several attempts.

Transferred from Sample Hospital after being admitted there. Received 30 hrs of BMZ prior to delivery. Was on MagSO4 until about 8 hours prior to delivery. Received Clindamicin. GBS status pending. Some more bleeding this AM, suspect abruption

The mother was referred from Sample Hospital. Her prenatal care was provided by Harry PrenatalCare, M.D.

### DELIVERY vaginal cephalic, spontaneous assisted

Apgars 1 min: **09** 5 min: **09** 10 min: **NA**

Resuscitation: 02, mask vent

Henry Resuscitator, M.D. was called to the delivery room because of prematurity. Delivery analgesia used: epidural. The respiratory effort at birth was spontaneous. Delivery outcome: live birth admitted to ICN.

Cord Blood Gases: ART pH=7.232 pCO2=57 pO2=10 BE=-5 VEN pH=7.28 pCO2=53 pO2=12 BE=-3

called for prematurity. Cried spontaneously. Needed blow by O2 for color and then a few BM breaths for poor resp. effort. HR good through out. Abruption confirmed after delivery

### ADMISSION HISTORY

brought over on Mask O2. First gas with pH of 7.27, CO2 60. CPAP just started. CBC, BC sent. UAC placed and adjusted. Amp and Gent started. Hct 49.

### ADMISSION EXAMINATION

Weight (g): 1411 (3 lbs, 2 oz) Length (cm): 39.5 Head circ (cm): 27.5

GA Exam: 29 1/7 wks AGA

GENERAL: immature infant, exam consistent with dates, on CPAP

SKIN: no icterus or rashes

HEAD: open, flat anterior fontanelle

EYES: normal shape and size, equal red reflexes

EARS: immature cartilage, normally set, no anomalies

NOSE & MOUTH: nares appear patent, intact palate

NECK & CLAVICLES: no masses, clavicles intact

LUNGS & CHEST: fair air motion bilaterally

CARDIAC: normal rate and rhythm, no murmurs, pulses equal in all 4 extremities

ABDOMEN & CORD: no hepatomegaly, 3 vessel cord

GENITALIA: immature external genitalia

BACK & SPINE: straight spine

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### NEONATAL ADMISSION HISTORY & PHYSICAL

LIMBS & HIPS: symmetric, moves all 4 limbs, 10 fingers and toes

NEUROLOGIC: appropriate strength and tone for gestational age

Xray: fluid and RDS

#### ASSESSMENTS & PLANS

ASSESSMENT: preterm infant, suspect RDS, needing CPAP

ADMIT DIAGNOSES: Prematurity (admit), RDS (admit)

ADMIT PLAN: NPO, IV fluids, Resp support as needed, surfactant if intubated, Amp and Gent pending cultures, send repeat prenatal labs on Mother

This infant is referred to California Children's Services for acute medical problems and psychosocial and developmental follow-up as indicated.

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Mary ExaminedBy, M.D./Hilary Neonatologist, M.D.  
Fog City Neonatology Medical Group