# Department of Pediatrics Newborn Nursery Discharge Summary

Admit Date: 07/01/2015 9:20 AM

## Subjective

Date of birth: 07/01/2015 Time of birth: 0920 Admit date: 07/01/2015

GA Dates: Gestational Age: 39w6d

Apgar scores: APGAR 1 min: 9 APGAR 5 min: 9

**Maternal Perinatal History:** 

Name: Test,Test Age: 24 y.o. GP Status: G2P2002

HIV: --/--/NON-REACTIVE/-- (06/24 1419)
HBSAg: NON-REACTIVE (06/24 1419)
GC: NOT DETECTED (06/29 1407)
CT: NOT DETECTED (06/29 1407)

**GBS**: positive

RPR: Negative (06/24 1419) Rubella: 1.46 (06/23 1017) Blood: A/Positive (06/24 1324)

**Prenatal care**: {Desc; adequate/inadequate}, \*\*\* visits at \*\*\*}

Pregnancy complications: \*\*\*

#### **Labor Events**

Preterm labor?: No GBS Status: positive

Antibiotics for GBS given?: Yes

Rupture date: Rupture time: 09:00

07/01/2015

Rupture type: Artificial Induction: AROM, Oxytocin Augmentation: None

Additional OB: DELIVERY - COMPLICATIONS

complicatio History of cesarean section

ns:

Perinatal complications: \*\*\*

**Prenatal Medications:** 

**Medications Prior to Admission** 

Medication S

• [DISCONTINUED] aspirin 81 MG Chew 1 tablet daily.

Oral Tablet Chewable

ferrous sulfate 325 (65 FE) MG
 Take 1 tablet by mouth daily (with breakfast).

Oral Tablet

 prenatal multivitamin (VITAFOL-Take 1 tablet by mouth daily.

OB) Oral Tablet

Delivery Method: VBAC, Spontaneous

**ROM: 13h 52m** 

Peds called: {JX YES/NO}

Resuscitation: None
Cord Blood pH:

pH, Cord Art

 Date
 Value
 Ref Range
 Status

 07/01/2015
 7.29 (L)
 7.32 - 7.42
 Final

**Calculated Base Excess** 

Date Value Ref Range Status
07/01/2015 0.5 0 - 2 MMOL/L Final

Admission Physical:

Birth weight: 2990 g (6 lb 9.5 oz) (Filed from Delivery Summary)

{AGA/SGA/LGA}

Birth Weight: 2990 g (6 lb 9.5 oz) (Filed from Delivery Summary), {AGA/SGA/LGA}

Length:

Ht Readings from Last 1 Encounters:

07/01/2015 48.9 cm (19.25") (27 %, Z= -0.62)\*

\* Growth percentiles are based on Fenton (Girls, 22-50 Weeks) data.

27 %ile (Z= -0.62) based on Fenton (Girls, 22-50 Weeks) Length-for-age data based on Length recorded on 07/01/2015.

**Head Circumference:** 

**HC Readings from Last 1 Encounters:** 

07/01/2015 31.5 cm (12.4") (1 %, Z= -2.26)\*

\* Growth percentiles are based on Fenton (Girls, 22-50 Weeks) data.

1 %ile (Z= -2.26) based on Fenton (Girls, 22-50 Weeks) head circumference-for-age based on Head Circumference recorded on 07/01/2015.

**Admission physical exam was** normal except for \*\*\*. Red reflex was present bilaterally on admission.

### Laboratory/Diagnostic Tests:

Results for orders placed or performed during the hospital encounter of 10/26/21 (from the past 72 hour(s)) Blood Gas Arterial, Cord

Collection Time: 07/01/2015 10:20 AM

Result Value

Specimen Type Other

Site **V.CORD** No Allens Test pH, Cord Art 7.35 pO2, Cord Art 41.0 Calculated Bicarbonate 24.8 Calculated Base Excess -1.1 (L) Calculated O2 73.2 **PCO Cord Arterial** 45 **Blood Gas Arterial, Cord** 

Collection Time: 07/01/2015 10:20 AM

Value Specimen Type Other Site A.CORD **Allens Test** No pH, Cord Art 7.29 (L) pO2, Cord Art 19.0 Calculated Bicarbonate 28.4 Calculated Base Excess 0.5 Calculated O2 23.0 **PCO Cord Arterial 59 POCT** bilirubinometry

Collection Time: 07/03/2015 1:21 AM

Res<mark>ult Value</mark>

Bilirubin Tc 7.6

**Imaging:** No results found.

**Nutrition:** {breast, formula, breast and formula, \*\*\*}

#### **Discharge Physical:**

Vitals:				
	09/02/2015 30	09/03/15 0125	09/03/15 0330	09/03/15 0800
BP:				
Pulse:	<mark>128</mark>		120	160
Resp:	<mark>52</mark>		<mark>40</mark>	<mark>42</mark>
Temp:	37.2 °C (99 °F)		37.1 °C (98.8 °F)	37.4 °C (99.3 °F)
TempSrc:	Axillary		Axillary	Axillary
Weight:		2830 g (6 lb 3.8 oz)		
Height:				
HC:				

Discharge weight: \*\*\*

Weight Change Since Birth: \*\*\*

**General:** alert, in no acute distress, no dysmorphic features **Head:** fontanelles open, soft, flat and normal size, **HC** \*\*\* **cm** 

Eyes: sclera white; pupils equal and reactive

Ears: well-positioned, well-formed pinnae, no preauricular sinuses or tags

Nose: clear, normal mucosa

**Mouth:** normal tongue, palate intact

Neck: normal structure

Chest: lungs clear to auscultation, unlabored breathing

**Heart:** regular rate and rhythm; no murmurs

Abdomen/Anus: soft, non-tender, non-distended; without masses or hepatosplenomegaly;

anus patent; umbilical stump clean and dry

**Pulses:** strong equal femoral pulses, brisk capillary refill **Hips:** negative Barlow, Ortolani, gluteal creases equal

GU: normal female genitalia

**Extremities:** well-perfused, warm and dry; clavicles intact **Spine:** normal, symmetric, no sacral tufts, tags or dimples

**Skin:** warm, dry and intact

**Neurologic:** easily aroused; good symmetric tone and strength; positive root and suck;

symmetric normal reflexes

**Newborn Hearing Screen (OAE):** 

Right Ear: Pass Left Ear: Pass

**Immunization History** 

Administered

Date(s) Administered

Hepatitis B Vaccine (Peds/Adol 3-dose), IM

07/01/2015/

Anticipatory guidance performed: risks of co-sleeping, breast feeding\*\*\*, formula feeding, bowel movements, bathing and cord care, circumcision care\*\*\*, dental care, temperature, activity, smoking, stimulation, back to sleep, shaken baby syndrome, car seat safety, baby blues and when to call the doctor. Standard newborn care instructions and anticipatory guidance were provided to the mother prior to discharge.

# Patient Active Problem List Diagnosis

Single liveborn infant delivered vaginally

Hospital Course: Baby GIRL/Test Test was born on 07/01/2015 at 0920 at Gestational Age: 39w6d via Delivery Method: VBAC, Spontaneous to a 24 y.o. G2P2002. Peds {WAS/WAS NOT} called and no resuscitation was required. \*\*\* Baby did well overall and has fed, voided and stooled appropriately. Mom received anticipatory guidance on caring for her new baby. No other acute issues arose during this admission. Baby deemed medically stable for discharge. Baby to f/u with \*\*\* in 1-2 days.

- Baby's 24 hour CCHD Screen: SpO2: Pre-Ductal (Right Hand): 97 % and SpO2: Post-Ductal (Either Foot): 98 % Critical Congenital Heart Defect Score: Negative
- Baby's 40 hour bilirubin was \*\*\*
- Birth weight was 2990 g (6 lb 9.5 oz) (Filed from Delivery Summary)
- Discharge weight was 2830 g (6 lb 3.8 oz) (07/03 0125)
- Admission weight change of -5%

Studies pending: {None:"None"}

Special Follow-up Needed: {None:"None"}

# Me, MD 07/03/2015 10:30 AM

## **Example 6: Discharge summary post-optimization**

Blue highlight: Auto generated data. \*\*\*: Manual entry of data required. { }: Pick list. Epic codes are omitted.

Yo: Year old. GP: Gravida para. HIV: Human immunodeficiency virus, HBSAg: Hepatitis B antigen. GC: Gonorrhea. CT: Chlamydia. GBS: Group B streptococcus. RPR: Rapid plasma reagin. VBAC: Vaginal birth after cesarean section. ROM: Rupture of membranes. Peds: Pediatrics. GA: Gestational age. AGA: Appropriate for gestational age. SGA: Small for gestational age. LGA: Large for gestational age. OAE: Otoacoustic emissions. SpO2: Oxygen saturation. Bili: Bilirubin.