

Hospital no. Gender
Patient name
Date of birth
NHS no.

Birth history

Gestational age at birth		weeks
Weight at birth (kg)	Multiple birth Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
Pregnancy, delivery and additional neonatal history including antenatal ultrasound results, type of delivery, resuscitation required at birth, APGAR score		

Vitamin K (neonates only) (IV and oral may need subsequent doses)

Given	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details including if IV, IM or oral
Follow up dose required	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Newborn blood spot screening (neonates only) (NHS number must be on screening card)

Admission Babies aged less than 5 days On admission take a single spot and mark pre-transfusion (keep with baby and send with full blood spot screening on day 5),	Completed Yes <input type="checkbox"/>	Date taken	Signature
Day 5 (day of birth is classed as day 0) Full blood spot screening. 4 spots (use a separate card for each sample day 1, 5 etc. In exceptional circumstances e.g. blood transfusion can be taken between day 5-8)	Completed Yes <input type="checkbox"/>	Date taken	Signature
Day 28 Babies born at <32 weeks gestation Take 2 spots at 28 days or discharge home whichever is sooner	Completed Yes <input type="checkbox"/>	Date taken	Signature
Repeats			

Newborn blood spot screening results (all patients)

		Details	Initials/Date
Child born in the UK Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the parent been informed that the result shows:			
Sickle cell disorder HbSS Yes <input type="checkbox"/> No <input type="checkbox"/>			
Carrier of sickle cell Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other disorders: hypothyroidism, cystic fibrosis, PKU, MCADD, other haemoglobinopathies Yes <input type="checkbox"/> No <input type="checkbox"/>			

Family Tree

Name of person(s) completing form	Signature	Designation	Date