

Complex Neonatal

CN2

Date and Time: 1200 XX/XX/XXXX

Neonate's details:

Initials	Maternal Gravida/ Parity
Neonates Initials or B/O mother's initials	This is post birth of the newborn eg G1P1
Complexity	Gestation at Birth
List the presenting complexity that you will discuss in the record <i>Examples include, but are not limited to</i> <ul style="list-style-type: none"> • Jaundice • Respiratory distress • Prematurity • Congenital abnormalities (state the congenital abnormality) • Greater than 10% weight loss 	State the gestation that the newborn was when born

Neonate's age
Corrected age if premature OR how many hours/days old

Complexity Details

I= Identification (pseudonym only)	Baby of XXX DOB: XX/XX/XXXX
S= Situation	<ul style="list-style-type: none"> • What is the presenting concern? • What is happening at the time of the report to qualify this as a complex neonatal record <p>Examples:</p> <ul style="list-style-type: none"> • Born by VB 1 hour ago following shoulder dystocia. BGL @ 1 hour 1.9mmol/L. • Day 3 weighed at the home visiting midwife's appointment - lost 355 grams- a total of 10% weight loss. Birth weight 3550.
B= Background	<p>Discuss the <u>relevant</u> background</p> <p>Maternal/ Pregnancy history (<i>relevant to the complexity</i>)</p> <ul style="list-style-type: none"> • Blood group (for jaundice) • GBS and PPRM (if suspected sepsis). Follow on to state antibiotic coverage • Maternal serology (HIV, Hep B, C etc) • Morphology scan or any follow scan/ investigation results • Medications administered: e.g. Antibiotics, Antenatal medications or illicit drug use • If the neonate is in the nursery state, the history of investigations and treatments related to the complexity. For example, neonate with respiratory distress, it would be important to note the treatment the neonate had prior to your commencement/care of this baby.

	<p>Labour and Birth History (<i>relevant to the complexity</i>) APGAR/ Mode of birth/ onset and length of labour, CTG interpretation if relevant, cord gas values</p> <p>Neonatal History: State the care and treatment the neonate has had prior to your shift.</p> <p>TIP: It is important to <u>critically think</u> and apply the theoretical knowledge into the presenting complexity. For example, if the neonate has been in the nursery 30 days for prematurity, knowing the cord gas values is not important to the current complexity of the newborn.</p>
<p>A= Assessment</p>	<ul style="list-style-type: none"> • Neonate's observations (HR, SpO2, Resp rate, temperature) • Any signs of distress? What is the clinical picture of this newborn? • Investigations such as blood test, USS, X-Ray, MRI etc that occurred on your shift (<i>If historically undertaken, please put in the background information</i>). • Bowel and urine output • Feed method/ type and if tolerating <p><i>Provide the specific details. Please do not just say NGT feeds or Bloods taken. What is the specific information supporting the assessment?</i></p> <p>TIP: it is important to ensure the assessment is related to the complexity for example if the complexity is:</p> <ul style="list-style-type: none"> • Jaundice: note the SBR, yellow tone of the baby and to what level on the neonate? • Respiratory Distress: observations listed/ nasal flaring, grunt/ head bob/ tracheal tug, lung assessment etc. • Prematurity: Type of feeding (NGT/top ups/additional calories added), skin integrity, mode of monitoring and the values.
<p>R= Recommendation</p>	<ul style="list-style-type: none"> • What is the plan of action for the neonate? OR What is the <u>management</u> in relation to the complexity? • Collaboration and referral: community midwives, paediatricians, neonatologists, speech therapists, physiotherapists. What other member of the multidisciplinary team is required to have input. State the justification.

Signature and designation of the supervising midwife or doctor. Date of signature and date of the episode of care must match (*retrospectively signed records will not be counted*).