

**History and Physical Examination Evaluation -Nursery**

**I. Identifying Data**

**Name:** Baby Girl Gerrard **Neonatologist:** Texas Tech University General Pediatrics  
**Mother:** Marisela Gerrard **Delivery Date:** April 3, 2008  
**Birth Weight:** 3090 grams **Delivery Time:** 20:49  
Singleton Gestation

**II. History**

**a. Antenatal**

Mother received prenatal care at Texas Tech clinic with 10 visits beginning in the first trimester. She has grand multiparity and AMA at 37 years of age. She took prenatal vitamins and gained 25 pounds during pregnancy. She did not take any prescribed or over the counter medication during gestation. Mother experienced a small amount vaginal bleeding for three days during the ninth month of pregnancy light red in color. No gestational diabetes. Mother has no significant past medical history. She denies smoking, alcohol intake and illicit drug use.

**b. Ob/Gyn History**

Mother has had 9 previous deliveries (G10 P10). All were full term and delivered by NSVD at Thomason and Juarez with no complications during pregnancy or delivery. She has a history of a Chlamydial infection in 1990. It was treated with an unknown medication.

**c. Family History**

Father is a 52 year old, Spanish American. He denies any health problems, but smokes about 20 cigarettes per week and drinks alcohol socially. He denies any illicit drug use. The patient has a 14 year old sibling that has asthma. The maternal grandmother has a history of diabetes.

**d. Social History**

The child's parents are separated. The pregnancy was not planned but wanted by the mother. The father is not the same father as her other children and does not live with the family. The baby will live with the mother in El Paso, Texas in a 3 bedroom 1 bathroom apartment with one adult and 9 children. She is employed as a housekeeper and has WIC, Medicaid and food stamps for assistance.

**e. Natal History- L & D**

The mother presented to L & D on April 3, 2008 at 0700 at 36 weeks gestation. She had AROM at 20:12. Fluid color was clear, did not have a foul odor, and normal in amount. Monitors were placed during delivery and fetal heart tracing was reassuring. Two doses of Misoprostol 50mcg PO was given prior to delivery. Epidural analgesia was used. The baby was born at 20:49 by NSVD with spontaneous cry and APGARS 8 at one minute and 9 at five minutes. Resuscitation effort was bulb only and respiratory effort was spontaneous. The pediatrics team was in attendance secondary to the mother having positive Anti E antibodies and a possibility of hydrops or severe hemolytic anemia.

**III. Physical Examination**

**Weight:** 3090 grams (6lbs. 13 oz) **Length:** 48 cm

*of ? of ? on Ballard form*

Head circumference: 33.5 cm <sup>0/0</sup> Gestational age Exam (by Ballard): 36 wks, AGA

VITAL SIGNS: T: 99.4 P: 124 RR: 44 BP: 63/36 MEAN BP: 45

GENERAL: alert and active, pink and well perfused

SKIN: no icterus, rashes, birthmarks

HEAD: open, flat anterior fontanelle

EYES: normal shape and size, equal red reflexes

EARS: no anomalies, normally set

NOSE & MOUTH: patent nares, intact palate

NECK & CLAVICLES: supple neck, intact clavicles, no masses

LUNGS & CHEST: clear and equal breath sounds, symmetric chest, no distress

CARDIAC: normal rate and rhythm, pulses equal in all four extremities, I/VI systolic murmur

ABDOMEN & CORD: soft, non-tender, no hepatomegaly, no organomegaly or masses

GENITALIA: normal external genitalia

BACK & SPINE: straight spine, no defects

LIMBS & HIPS: no hip clicks, 10 finger & toes, symmetric movements

NEUROLOGIC: normal-suck, root, tone, grasp, cry, Moro

LABS: 4/3/2008

23:09 Glucose= 74 mg/dl

22:35 Hct= 60.0%

21:30 Glucose= 27mg/dl

X-Ray: not done

V. Problem List

1. Preterm at 36 weeks gestation
2. Hypoglycemia <sup>2<sup>o</sup> & ?</sup>
3. Positive anti-E antigen

VI. Assessment with Differential

Preterm (36 weeks), AGA, female with hypoglycemia and suspected sepsis due to repeated hypoglycemia. Rule out Rh Incompatibility, hemolytic anemia

*Explain the discussion of the differential diagnosis.*

VI. Plan

- Diagnostic Plan** CBC, Hct, blood type, Coomb's Test, 24 and 48 hour CBC and CRP, Blood cultures x2 prior to antibiotics given. Glucose series
- Therapeutic Plan** Admit to IMCN, D10w bolus 2 ml/kg x1, start PO feeding with preterm formula 20 at 40ml/kg/day (16ml/feed), IV bolus D10w at 40ml/kg/day (5.2ml/hour). Increase PO feeding by 5 ml/feed until 80ml/kg/day (32ml/feed), decrease IV fluid by 1.7ml/hour until heplocked accordingly. Start ampicillin and gentamicin
- Parent Education**

Mother was called and updated on baby's status after seven days in IMCN. She was told that her baby is doing fine and will be discharged on Saturday after receiving her last dose of antibiotics. She was told that during the course of her baby's stay, she had no more episodes of low blood sugars and is taking all her formula with no

*Expand the discussion of the differential diagnosis*

need to explain  
what "discomfort"  
is

Ada Eziefule MSIII

vomiting. She did however develop some blood in her stools and stomach discomfort, so we started her on some antibiotics and investigated the cause. We could not find a cause to the stomach discomfort but she should not worry it has been resolved. As for the bloody stools she had small cuts around her anus or anal fissures which was where the blood was coming from, but that has resolved also. She also developed some yellowing of the skin or jaundice. The exact cause was unknown but we have been monitoring her blood and it has been getting better in the last couple of days. She was advised on setting up an appointment for a two week check up, but if any problems should come up before then she should please come to the clinic immediately, call 532-KIDS or come the ER. All of mother's questions were answered appropriately and to her satisfaction.

Very good.

# NEWBORN MATURITY RATING & CLASSIFICATION

## ESTIMATION OF GESTATIONAL AGE BY MATURITY RATING

Symbols: X - 1st Exam O - 2nd Exam

Side 1

Gestation by Dates 36 wks

Birth Date 04/03/08 Hour 2:04 am/pm

APGAR 8 1 min 9 5 min

### NEUROMUSCULAR MATURITY

	-1	0	1	2	3	4	5
Posture							
Square Window (wrist)							
Arm Recoil							
Popliteal Angle							
Scarf Sign							
Heel to Ear							

Score	Weeks
0	20
1	24
2	28
3	32
4	36
5	40
6	44

GERARD, G. R. I. S. E. L. A.  
 00000  
 101  
 7863  
 EL PASO  
 915  
 04/03/2008  
 04/03/08  
 SAN JOSE  
 TX 79915  
 SET-UP ACCOUNTS

### PHYSICAL MATURITY

Skin	sticky; friable; transparent	gelatinous; red; translucent	smooth; pink; visible veins	superficial peeling &/or rash; few veins	cracking; pale areas; rare veins	parchment; deep cracking; no vessels	leathery; cracked; wrinkled
Lanugo	none	sparse	abundant	thinning	bald areas	mostly bald	
Plantar Surface	heel-heel 40-50 mm: -1 <40 mm: -2	>50 mm; no crease	faint red marks	antero-transverse crease only	creases ant. 2/3	creases over entire sole	
Breast	imperceptible	barely perceptible	flat areola; no bud	stippled areola; 1-2 mm bud	raised areola; 3-4 mm bud	full areola; 5-10 mm bud	
Eye/Ear	lids fused loosely: -1 tightly: -2	lids open; pinna flat; slays folded	sl. curved pinna; soft; slow recoil	well-curved pinna; soft but ready recoil	formed & firm; instant recoil	thick cartilage; ear stiff	
Genitals male	scrotum flat; smooth	scrotum empty; faint rugae	testes in upper canal; rare rugae	testes descending; few rugae	testes down; good rugae	testes pendulous; deep rugae	
Genitals female	clitoris prominent; labia flat	prominent clitoris; small labia minora	prominent clitoris; enlarging minora	majora & minora equally prominent	majora large; minora small	majora cover clitoris & minora	

### SCORING SECTION

	1st Exam=X	2nd Exam=O
Estimating Gest Age by Maturity Rating	<u>36</u> Weeks	_____ Weeks
Time of Exam	Date <u>04/03/08</u> am/pm Hour <u>2:04</u> pm	Date _____ am/pm Hour _____ pm
Age at Exam	<u>2</u> Hours	_____ Hours
Signature of Examiner	 (M.D./R.N.)	_____ M.D./R.N.

Ballard JL, Khoury JC, Wedig K, et al. New Ballard Score, expanded to include extremely premature infants. *J Pediatr.* 1991;119:417-423.

Lubchenco L, Hansman C, Boyd E. Intrauterine growth in length and head circumference as estimated from live births at gestational ages from 26 to 42 weeks. *Pediatrics.* 1966;37:403-408.

Battaglia FC, Lubchenco LO. A practical classification of newborn infants by weight and gestational age. *J Pediatr.* 1967;71:159-163.

Provided Courtesy of

