Trainee Neonatal Clinician - Isatu Kamara

Clinical Practice Logbook

Programme director Adeyemo Kola, Advanced Neonatal Nurse Practitioner, CB Dunbar Hospital supported by senior and junior medical and nursing colleagues. International input by Dr. Alison Earley, Professor David Southall, Professor Neil McIntosh from Maternal and Childhealth Advocacy international (MCAI) www.mcai.org.uk

Summary of Data

Isatu Kamara was involved in the management of **108** neonatal patients from **18/September/2020** to **23/July/2022**.

There were 5 neonatal deaths.

Resuscitation Data

48 neonates needed resuscitation.
44 resuscitations involved *Bag and Mask Ventilation*.
1 involved *CPR*.
0 involved *Drugs*.

3 were resuscitated but did not survive.

	Was neonatal resuscitation required?	Did the baby survive?
clinician_case_id		
23	Yes	No
33	Yes	No
36	Yes	No

Preterm / Low Birth Weight

14 were managed in total.

13 babies survived.
0 babies did not survive.

Neonatal Sepsis

88 were managed in total.

81 babies survived.
5 babies did not survive.

	Diagnosis/(es)	Did the baby survive?
clinician_case_id		
5	Qurry birth Asphysia /Risk for sepsis	No
23	severe birth Asphyxia/Risk for sepsis	No
33	quarry perinatal Asphyxia/late onset of sepsis/congenital malaria	No
36	severe birth Asphyxia/Risk for sepsis/cinical malaria	No
40	Late onset of sepsis/neonatal Jaundice/Malaria/Menigitis/Down symdrome	No

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Birth Asphyxia

62 were managed in total.

58 babies survived.
4 babies did not survive.

	Diagnosis/(es)	Did the baby survive?
clinician_case_id		
5	Qurry birth Asphysia /Risk for sepsis	No
23	severe birth Asphyxia/Risk for sepsis	No
33	quarry perinatal Asphyxia/late onset of sepsis/congenital malaria	No
36	severe birth Asphyxia/Risk for sepsis/cinical malaria	No

Jaundice

5 were managed in total.

2 babies survived.
1 babies did not survive.

	Was the baby jaundiced?	Did the baby survive?
clinician_case_id		
40	Yes	No

Fitting

14 were managed in total.

12 babies survived.
2 babies did not survive.

	Was the baby fitting?	Did the baby survive?
clinician_case_id		
23	Yes	No
36	Yes	No

Summary Table

	Patient's Hospital Number	Date of Admission	Birth Weight	Diagnosis/(es)	APGAR score at 1 minute	APGAR score at 5 minutes	Describe and Interventions (including any procedures and drugs given)	Describe what happened to the baby	Did the baby survive?	Any other remarks
clinician_case_id										
1	11223	2020-09-18	3.2		7.0	9.0	Intravenous antibiotics,Intravenous fluids.		Yes	satisfactory
2	156173	2020-10-14	2.8	Mild birth Asphyxia /risk for sepsis	6.0	9.0	Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Admit to NICU.\n Establish an iv line with 24 guage canuula.\n Amp .100mg/kg iv tid for 7days. \n Gent. 4mg/kg iv qd for 7days.\n Ceft. 100mg/kg iv stat.\n Destrose 10%60ml/kg iv for 24hours.\n Vit. K 0.2ml im stat.\n Monitor V/S one hourly.		Yes	Neonate was dischage on oct.21,2020 sucking well ,wt-2.9\n BCG and OPV-o was given as first vaccine,mom was health \n educated on good hygiene,family planning,the WHO eight danger\n signs if any return to any nearby health facility and followup visit (sent)
3	156672	2020-10-31	2.9	Birth Asphyxia/Risk for sepsis	3.0	6.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection.		Yes	On Nov.9 2020 patient was dischange after the administration of the first vaccines,weight on D/C 3.1kg also health educated on the eight danger signs, family planning,good hygiene practice and followup visit after one week.
4	156352	2020-11-03	<2.5	late onset of sepsis	8.0	10.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection.		Yes	Patient was discharge on Nov.12, 2020 with the wight 2.4kg\n counselled pt on exclusive breastfeeding,the 8 danger signs ,Family planning,Routine vaccination and Followup visit
5	156683	2020-11-04	2.9	Qurry birth Asphysia /Risk for sepsis	7.0	10.0	Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 295mg IvTid * 7 days\n Gent 11.8 mg Iv qd * 7 days \n D10% 236ml over 48 hours\n ceft 147mg Iv stat\n vit k 0.2cc IM stat		No	clinician was not called to delivery but after 30 mins of birth midwife on duty called clinician to reveiw neonate, on arrival obs baby very cynotic and floppy. Baby was brought immediately on the neonatal ward and placed on O2 therapy @ 2L; midwife allerge that resuscitation was not done; according to her the baby was born very active with the apgar 7 and 10 wt 2.9kg neonate was admitted on the neonatal ward .Mom counsel about neonate condition and closly monitor. During management, from Nov. 4 2020 to Nov 9, 2020, neonate was critically ill and was closely monitor up to Nov.9 2020 @ 7am when neonate started going into frequent apnoea, and was resultated with bag and mask up to 8am baby Expired.parents counselled about the lost.
6	157109	2020-11-07	<2.5	Risk for sepsis/ qurrry birth Asphyxia	9.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Nevirapine 10mg/ml po qd x6 weeks\n Amp 100mg/kg Iv TID x7\n Vit k 0.2ml IM stat\n Ceft 50Mg/kg Iv stat\n D10 80ml /kg over 48 hours\n insect NGTube stat with 10 ml of EBM		Yes	patient was D/C on Nov.14 2020 with the wt 2.3kg\n Health eduacation done on the importants of ART durg\n Mom counselled on exclusive breastfeeding,\n The WHO eight danger signs, first vaccine was given \n continue neonate Nevirapine syrup up to six weeks\n Good hygiene practice and followup visit after one week.
7	157144	2020-11-11	2.9	Risk for sepsis/cogenital Malaria	8.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Vitamin K injection,Antimalarial drugs.		Yes	Discharge on Nov.15, 2020 with the weight 3kg, counselling done on the eight danger signs, exclusive breast feeding ,family planning,first vaccines ,was given ,good hygien ,followup visit after one week.
8	157471	2020-11-23	2.8	late onset of sepsis	7.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. Amp100mg/kg iv tid for 7days, ceft.50mg/kg iv start. \n Gent 4mg/kg QD for 7days		Yes	According to this G1 P1 pt. mom, she gave birth at home, on Nov. 19, 2020 to alive male neonate who cry immendiately after birth but did not suck for one day, started having fever since yesterday and was brought on Nov. 23, 2020 on the neonatal ward accompanied by OB ward staff. On arrival observed baby crying with skin febrile on touch, placed crib immendiate V/S Temp. 38.4, HR 149bm, RR 46 Spo2 94% observed umbilical cord drop, mom later admitted of using ever lasting leave on baby cord, also rozar blade was used to cut the cord.
9	157772	2020-11-27	3.4	Birth Asphyxia/ Risk for Neonatal sepsis	6.0	8.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. Admit to NICU\n Place on O2 thera @ 2 liter\n Open an iv line with 24 guage canuula\n Amp. 100mg/kg (340mg) iv tid for 7 days.\n Gent 4mg/kg(13.6mg) iv qd for 7 days\n Ceft.100mg/kg (340mg) stat.		Yes	On December 4, 2020 neonate was home alive and in good condition. During discharge neonate mother was health educated on the eight WHO danger signs and encourage to take the baby immediately to any health facility if any ofthe eight danger signs appear in the child. Patient mother was council on Family planning, post-partum visits, and routine EPI visits.
10	159357	2021-01-18	3.3	Risk for sepsis/congenital malaria	8.0	10.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Vitamin K injection,Antimalarial drugs. D10%198ml Iv over 24hr\n Amp 100mg /kg Iv tid*5\n Gent 4mg/kg Iv gd *5\n Artusunate 3mg/kg Iv ohr,12hr,24hr,24hr,24hr		Yes	Neonate was admitted on Jan.18 2021 and D/C on Jan.25 2021 baby sucking well, no fever ,first vaccine was given\n Mom was health educated on the eight danger signs,fever,poor feeding,fast breathing,Lethargic,Jaundice,Hypothemia\n chest indrawing,convulsion and also taught good hygiene practice,cord care,lastly followup visit after 1 week
11	159356	2021-01-23	3	Birth Asphyxia /Risk for sepsis	4.0	7.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. D1o% 60ml/kg over 24hrs,Amp 100mg Iv Tid*7,Gent 4mg/kg Iv gd*7 vit K 0.2 ml		Yes	Feb.1,2021 D/C baby in good condition ,wt 3.1kg feedingwell, administration of the first vaccine given.health educate mom on the following danger signs: poor feeding, fever,hypothemia,Jaundice, lethargic,chest indrawing,convulsion,mom was counselled on good hygiene practice,cord care ,exclusive breast feeding,family planning and followup visit after one week,feb.8 2021

12	160016	2021-02-03	3	Risk for sepsis/quarry birth Asphyxia	7.0	10.0	Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 100mg/kg Iv tidx7\n Gent 4mg/kg Iv qdx7\n vit k 0.2ml Im start\n TC eye oinment applied in both eyes\n D10% 60ml/kg to run over 24hour		Yes	Feb.3,2021 clinician was called to see this 15mins old baby who was born with the apgar 7 and 10 weight 3kg and having nosal flaring according to midwife on shift. \n on arrival observed neonate cynose,having nosal flaring,having chest indrawing but according to midwife no resuscitation was done.Baby was immediately brought on the neonatal ward for admission and placed on O2 therepy 2L.\n Feb.9,2021 @10am neonate was D/C with the weight 3.1kg BCG and OPV O was given mom was health educated on the following danger signs: poor feeding,Hypothermia, Hyperthermia,Lethergic,Jaundice,chest indrawing,vomitting,diarrhea. mom counsel on the used of family planning,good hygiene practice and followup visit after one week Feb.16 2021.
13	160038	2021-02-06	3.1	Mild birth Asphyxia/Risk for sepsis	5.0	7.0	Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 100mg/kg[310mg] Iv tid x7\n Gent 4mg/kg [12.5mg] Iv gd x7\n D10% 60ml/kg [186ml] over 24hrs]\n vit K 0.2 ml Im start\n TC eye oilment apply in both eyes		Yes	D/C neonate on Feb.14,2021 @10am with the wt.3kg baby sucking well , umbilical cord dry and intact,first vaccine was given BCG and OPV-O\n Mom was health educated on the follow:family planning,Good hygiene,exclusive breastfeeding ,danger signs:poor feeding,hypothermia,hyperthermia,lethergy,\n diarrhea,vomiting ,Jaundice,chest indrawing and convulsion ,follow up visit after one week Feb.21,2021.
14	160083	2021-02-11	2.7	Birth Asphyxia/ Risk for sepsis	4.0	6.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 100mg/kg Iv Tid x 7\n Gent 4mg /kg Iv qd x 7\n Vit k 0.2ml IM stat\n D10% 60ml/kg Iv x 48 hrs		Yes	Feb.19,2021 @ 10am Mom and neonate discharged in good condition BCG and OPV-0 was given as first vaccine,wieght 2.8 kg on D/C health education done on the on the following danger signs: poor feeding, fever, hypothermia, lethergy,vomiting,diarrhea,Jaundice,chest indrawing and convulsion.Mom counsel on family planning,good hygiene,exclusive breastfeeding.bring baby to the hospital or any nearby clinic if you notice any of the aboved danger signs,followup visit after one week Feb. 26,2021.
15	160369	2021-02-20	3.5	Birth Asphyxia/Risk for sepsis	4.0	7.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 100mg/kg Iv tid x 7\n Gent 4mg/kg Iv qd x 7\n Vit k 0.2ml IM start\n D10% 60ml/kg Iv over 24hrs\n TC eye oilment apply in both eyes		Yes	Feb.27,2021 patient was D/C with the wieght 3.4kg, sucking well,vaccination was done BCG and OPV-0 given Mom was health educated on the following danger signs:\n Hypothermia,Hyperthermia, Lethergy,poor feeding,vomitting, diarrhea,Jaundice,chest indrawing,convulsion.counseling done on family planning,good hygiene practice\n return to clinic if observe any danger signs above,followup visit after one week Date: March 6,2021.
16	160383	2021-02-23	2.6	Early onset of neonatal sepsis/Quarry birth Asphyxia	9.0	10.0	Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection.		Yes	Feb.23,2021 @ 11:20am recieved this 3 days old female neonate who was referred from Bah_ta clinic with the IMP: Neonatal complication. According to the refferal note baby was born very well with the apgar 9 and 10 baby wt 2.6 kg was sucking well and spent 24 hours in the clinic dischanged the next day with no danger signs.on Feb.23,2021 pt was recieved at the Bahta clinic with the complian of not sucking,hot skin , Diclo was served rectally according to midwife, after some time mom complian of baby passing blood.on arrival at CB Dunbar obs baby crying with skin febrile on touch mom counsel about neonate conditon for admission and accepted.. started having seizure V/S done P -180,Temp- 38.6 SPO2 -86% R -62b/mRBS done 4.6mmol/L Ms Neg. Hgb 15g phenobar 15mg /kg Iv stat served vit k 0.2ml IM served Amp 100mg/kg Iv tid *7,Gent 4mg/kg Iv qd*7 Ceft 50mg/kg bid*7,Metro 15mg/kg Iv stat then 7.5mg Iv tid*7 ,R/Dextrose 100mg/kg Iv over 48 hours monitor vs every 15mins for 2hours , q 30mins for 1 hour then q hourly pt was monitor closely up to the death on Feb 27, 2021
17	161136	2021-03-05	3.8	quarry severe birth Asphyxia/ Risk for sepsis	6.0	7.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 100mg/kg Iv tid*7\n ceft 50mg/kg Iv bid*7\n Gent 4mg/kg Iv qd*7\n D10% 60ml/kg Iv over 48hours\n vit k 0.2ml IM stat		Yes	patient was dischange on march 12,2021 in good condition, wt 4kg, sucking well, first vaccine was given BCG and OPVo . Mom was given the following health educations: retain vaccination ,Exclusive breast feeding,followup visit after one week,observe for the following danger signs :poor feeding, hypothermia,fever,feeding intolerance (vomiting) Lethergy,Jaundice,chest indrawing,convulsion if any return to hosital or any nearby clinic.
18	161186	2021-03-09	<2.5	preterm at 28wks gestation/Risk for sepsis	8.0	10.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 50mg/kg Iv Tid*5\n Gent 4mg/kg Iv q 36hours *5\n vit.k 0.2ML IM stat\n D10% 80ML/kg over 48 hours		Yes	D/C on Apirl. 10, 2021 in good heath wt.2kg ,sucking well,Mom counsel on exclusive breast feeding,family planning and the eight danger signs,poor feeding ,Lethergy,vomitting,hypothemia,fever,Jaundice,chest indrawing,convulsion if any return to hospital or any nearby clinic followup visit after 1 week vaccine was not given do to under wt pt counsel on vacination if baby reaches 2.5 kg.
19	161146	2021-03-09	2.9	meconium Aspiration symdrome /Early onset of sepsis/Quarry birth Asphysia	9.0	10.0	Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 100mg/kg Iv Tid*7\n ceft 50mg /kg Iv bid *7\n Gent 4mg/kg Iv Qd*7\n D10% 60ml /kg Iv over 48hours\n vit K 0.2ml IM stat		Yes	on march 9, 2021 received this 1day old female neonate vai the ER accompanied by ER nurse with the referral note from Naana clinic with the complain of fast breathing since after birth ,not sucking also. on arrival observed neonate cynosed,having nasal flaring,chest recession,and febrile.v/s done on admission HR 86b/m ,RR-80b/m SPO2-76%Temp 39.0. neonate placed on O2 therapy at 2L Mom counsel on admission and accepted baby placed on triple antibiotic Amp, Gent,Ceft vit k given pt was monitor every 15mins until stable.on march 18, 2021 pt was discharge in good health wt 3.1kg ,H/education done on the 8 danger signs,good hygiene pratice,exclusive breast feeding,family planning,followup visit after one week.
20	161188	2021-03-11	2.9	Mild birth Asphyxia/Early onset of sepsis	5.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 50mg /kg Iv tid *7\n Gent 4mg/kg Iv Qd*7\n vit k		Yes	pt was dischange on march 18, 2021 in good health ,first vaccination done wt-3kg,health education done on the eight danger signs ,follow up visit after 1 week ,mom was told to do exclusive breast feeding from 0 to 6 month,good hygiene practice,surgical site care ,family planning , do only sponge bath until you are told to have regular bath

							0.2 ml IM stat			you are told to have regular bath.
21	161593	2021-03-21	3.2	Birth Asphysia/Risk for sepsis	4.0	6.0	Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 100mg /kg Iv Tid*7\n Gent 4mg/kg Iv Tid*7\n ceft 50mg/kg Iv bid*7\n Vit.k 0.2ml IM stat\n D10 % 60ML /kg Iv over 48 hours		Yes	patient was D/C on march 29,2021 in good condition, vaccine given BCG and OPV0health education done on the eight danger signs ,mom counsel on the following:\n Exclusive breast feeding,good hygiene pratice, followup visit after one week.
22	161034	2021-03-25	3.2	Quarry birth Asphyxia /risk for sepsis	6.0	8.0	Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 50mg/kg Iv Tid*7\n Gent 4mg/kg Iv qd*7\n D10% 60ml/kg over 48hours\n Vit k 0.2ML IM stat		Yes	D/c patient march 2,2021 at 10am first vaccine given ,mom counsel on exclusive breastfeeding,good hygiene,family planning,the eight danger signs namely:poor feeding, hypothermia,fever, lethergy, vomiting,jaundice,chest indrawing,convulsion,followup visit after 1week.
23	161708	2021-03-25	3.2	severe birth Asphyxia/Risk for sepsis	1.0	2.0	Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. Amp 100mg/kg IV Tid*7\n Gent 4mg/kg IV qd*7\n ceft 50mg/kg nIV bid*7\n D10% 60ml/kg Iv over 48hours\n vit K 0.2mg IM stat\n phenobar 15mg/kg Iv stat		No	on march 25,2021 at 11:58am a difficult vacuum delivery was done with a very depressed female neonate with the apger 1 and 2 baby was resuscitated for 20mins via bag and mask chest compression was also done.neonate stated having gasping respiration.Mom and relative counsel about neonate critical condition on admission.Neonate had many episodes of seizure phenobarbatone protocol was given,while still on 02 therapy baby continue to have nasal flarring ,chest recession and hypotonic until dealth on April.4 2021 at5:05am.
24	161795	2021-04-02	2.5	late onset of neonatal sepsis/menegitis	8.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Vitamin K injection. Amp 100mg/kg Iv q 8hrlyx7\n Ceft 50mg/kg Iv q 12 hours * 7\n vit K 0.2ml IM stat\n gent 4mg/kg Iv *24 hourly\n encourage mom to breastfeed on demand		Yes	April 2 2021 @ 10 am this 11 days old female neonate who was referred from Gbartala clinic with the complain of neonate not sucking ,hot skin x 1 day on arival observed baby well wrap in blanket on mom shoulder. physical exam done skin febrile on tough ,head circumferece 36cm with tense frontanell , EENT all normal neonate passed stood and urinated v/s done Temp 38 ,pulse 142b/m Respiration 40b/m neonate expose to room air.According to midwife neonate was born on march 23 ,2021 with the Apgar 8 and 10 wt 2.5 and breastfed immediately after birth D/C after 24hours,according to mom everlasting leave was applied on neonate cord at home it fall off after 5 days .on April 1,2021 obs baby having fever (hot skin) and not sucking and baby was taken to the above clinic and refer to this facility , mom counsel on admission and accepted.Iv line established with24g Iv cannula, triple antibiotic was served Amp 100mg/kg IV Q8 hrs 7 days Gent 4mg/kg IV q 24hours,,and ceft 50mg/kg Iv q12 hours * 14 days vit k 0.2ml Im stat. neonate positon on mom breast and obsered neonate sucking with good attachment.on April 19,2021 neonate was D/C in good condition wt 3.1kg ,head circumferance 33cm,sucking well. mom was health educated on the eight danger signs ,vaccination on dischange ,family planning ,exclusive breast feeding follow up visit after 1 week April 26 ,2021.
25	162490	2021-04-14	3	Mild birth Asphyxia/Risk for sepsis	5.0	8.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous glucose,Vitamin K injection. Amp 50mg/kg Iv Tid *7 \n Gent 4mg/kg Iv QD *7\n D10% 60ml/kg IV over 24 hours\n Vit k 0.2 ml IV stat\n TC eye oinment apply in both eyes\n chloxidine gel applied at the base of the cord		Yes	April 22,2021 D/C pt home in good health very pink color,sucking,no fever,no jaundice.mom was counsel on the eight danger signs, namely,hypothemia, hyperthemia,chest indrawing, jaundice ,vommiting,lethergy,poor feeding and convulsion if any return to any nearby clinic or hospital, family planning,exclusive breastfeeding from 0 to 6 months retern for vaccine as schedure,followup visit after after 1 week,Do not give the following to your neonate: herbs,pcm syrup,Amox syrup and ect
26	163125	2021-04-26	<2.5	severe birth Asphyxia/Risk for neonatal sepsis	3.0	6.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 100mg/kg Iv stat then 50mg/kg Iv Tid * 7\n Gent 4mg/kg IV Tid*7\n Vit K 0.2ml IM stat\n D10% 60ML/kg IV over 24 hours\n Eye oinment applied in both eyes \n chloxidine gel applied at the base of the cord		Yes	may 3, 2021 D/C this male neonate who was born very depressed floppy and cyanosed with the Apgar 3 and 6 but responeded to 10mins effective resuscitation ,sucking well, no danger sign observed.Mom was health educated on the eight danger signs they are: hypothermia ,hyperthermia,chest recession,/fast breathing,lethergy,jaundice, poor feeding, vomitting and convulsion. followup visit after l week.
27	167524	2021-05-08	3.1	Mild birth Asphyxia/Risk for sepsis	5.0	8.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose.		Yes	D/C patient on may 16,2021 in good health .neonate sucking well, wt 3.2kg ,first vaccine given, no fever,no seizure. mom health educated on the following : The eight danger signs, exclusive breast feeding from 0day to 6months,family planning,followup visit after 1 week may 23,2021.
28	163913	2021-05-12	3.2	severe birth Asphyxia/Risk for sepsis	3.0	6.0	Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose.		Yes	May 20,2021 at 10am neonate was D/C sucking well,wt 3.3 no danger signs . health education was given to mom:The eight danger signs if any return to hospital or any nearby clinic, exclusive breast feeding,family planning,Vaccination on dischange,follow up visit after 1week may 7 ,2021.
29	163927	2021-05-16	2.8	severe birth Asphyxia/Riskfor sepsis	3.0	5.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 100mg/kg Iv statthen 50mg/kg Iv Tid *7\n Gent 4mg/kg Iv Qd*7 \n vit k 0.2ml IM stat\n T/C eye oinment apply in both eyes\n Chloxidine gel apply at thevbase of the cord		Yes	Neonate D/C on may 25 ,2021 at 10:10am neonate in good health wt-3kg mom was health educated on the following: family planning,the eight danger signs,good hygiene practice,return for vaccine as schedure ,followump visit after 1 week.
										may 16 2021 at 9.06am call for help on the labor

30	163911	2021-05-16	3.4	Risk for sepsis/Quarry birth Asphyxia	6.0	9.0	Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection.		Yes	and delivery ward to see this male neonate who was born 4mins ago with the apgar 6 and 9 according to midwife baby was only stimulated no resuscitation done.at 9:07am on arraval met midwife stimulating neonate observed acrocyanosis,poor refelx,weak cry,heartrate 150b/m with spontanous breathing in 5 min apgar was 7 neonate was shown to mom and brought on the neonate ward for care treatment V/S done on arrival Temp-36.6 p-156b/m\n spo2 86% R-38c/m neonate place on 02 therapy at 2L. Iv line establish with 24g cannula, Amp 100mg/kg Iv stat ,than 50mg/kg Tid*7 , Gent 4mg/kg Iv Qd*7, Vit K 0.2ml IM stat,D10% 60ml/kg Iv over 48hours after 5hours baby became stable and started breastfeeding.May 24 ,2021 neonate D/C after vaccination in good condition sucking well ,wt 3.5 ,no danger signs,mom health educated on the following,family planning ,exclusive breastfeeding The eight danger signs, followup visit after 1 week.
31	162808	2021-05-18	2.9	Risk for neonatal sepsis	9.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Vitamin K injection. Amp 50mg/kg Iv Tid * 3\n Gent 4mg/kg Iv QD*3\n Vit k 0.2ml IM stat\n T/C eye oinment applied in both eyes\n chloxidine gel applied at the base of the cord Bid*3		Yes	April 22.2021 @ 10 am D/C neonate with no danger signs , health educate mom on the eight danger signs,family planning,exclusive breastfeeding,vaccination before dischange and retern as schedure, followup visit after 1 week April 29 2021
32	164028	2021-05-24	3.3	moderate birth Asphysis/ Risk for sepsis	4.0	7.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection.		Yes	may 31 2021 at 10am D/c patient in good health neonate is sucking well,no fever, no seizure.counselling done on the following :Exclusive breast feeding ,the eight danger signs,vaccination on D/C and return as schedure ,followup visit after 1 week,encourage good hygiene.
33	166520	2021-05-25	3.5	quarry perinatal Asphyxia/late onset of sepsis/congenital malaria	5.0	8.0	Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection,Antimalarial drugs. Amp100mg/kg Iv tid*7\n Gent 4mg/kg Iv qd *7\n R/dextrose 120mg/kg over 48 hours\n vit k 0.2 ml IM stat\n Artesunate 3mg/kg Iv 0hr,12hr,24hr*6 as protocol		No	may 24 2021 at 10pm clinician was infromed by on e of CB Dumbar 's staff who having to be the boyfriend of this 26 years old G-1 p-1 LNMP Aug 2020 accoding to mom membrane rupture with foul smelling meconium EDD may 2021 c/s was done on may 22 ,2021 due to prolonged obstruted labor CPD in Nimbe county at the George way Harley hospital.According to referral note at 11:21am a depressed may neonate was extracted from mom uterus with the Apgar 5/8 and was resuscitated for 15 to 20 mins and was placed on 02 at 2.5ml Iv line was established with 24g IV cannula pcm 2.5 mL syrup po tid* D10% 52 ml Iv q 6hours Amp 175mg IV tid* Gent 17.5 mg Iv qd *referral Dx-perinatal Asphyxia/Early onset of sepsis .pt was managed up to may 24,2021 they desided to reffered due to no improvement.on arrival at the George way Harley hospital met neonate on o2 at 2.5L very floppy ,cynosed heart rate 80b/m sp02 44% parents counselled about neonate condition as baby transferred on another 02 at 2L .on may 25,2021 at 3Am neonate was received on the NICU via ambulance accompanied by neonatal clinician and relatives well wraped in blaket on o2 therapy but cynosed and floppy wt-3.5kg head ,circumference 35cm,length 50cm . RBS done 4mmol lab order:Hgb -15g/d ,M/s 1+ Admission D/X Quarry severe perinatal Asphyxia/late onset of sepsis/congenital malaria. neonate placed on the following meds Amp, Gent,Vit K, Ceft,Artesunate,R/Dextrose Rbs monitor Q 4hours.neanate was managed up toJune 2 , 2021at 2am neonate went into apnea spo2 66%, heartrate68b/m bag and mask ventilation done ,adrenline 0.1mg/kg Iv served stimulation was done R/L 10mL/kg IV served but to no avail neonate V/S cease at 3:30 am .parents counselled about the lost all medical equipment removed and baby turned over to relative .
34	164404	2021-06-01	2.7	Late onset of sepsis	8.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Vitamin K injection. D10% 2mL per kg Iv stat\n Amp 100mg/kg Iv tid*7\n Gent 4mg/kg IV qd *7\n ceft 50mg/kg IV bid|*7\n R/dextrose 120ml /kg 1v over 48hours\n Insect NG Tube and stat with 10 ml of breastmilk		Yes	on June 1,2021 at 11am this 4days old female was reffered from Totota clinic with the DX -preterm was treated with Amox syrup ,pcm syrup.mom had 4 ANC visit ,IPT 2,TT-3,LNMP - Aug.7 2020, EDD-May 14 ,2021 mom came with the complain of neonate having hot skin,not sucking*2days, Jerking*2 hours. on arrival neonate R BS done 1.2mmol , D10% 2ml/kg Iv stat .RBS monitor q 2hours until normal . D/C pt on June 8,2021 in good health ,weight 3kg . Mom counselled on the eight danger signs,family planning,good hygiene,vaccination on discharge, followup visit after 1 week June 17 ,2021.
35	164845	2021-06-14	2.6	Early onset of sepsis	9.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Vitamin K injection. Amp 100mg/kg Iv tid*5\n Gent 4mg/kg IV Qd*5\n Vit K 0.2 IM stat		Yes	June 1,2021 at 11am this 4days old female neonate was referred from Totota clinic with the IMP:Preterm but according to referral note baby birth wt was 2.7kg Apgar 9 and 10 .neonate started sucking and was discharged the next day.After 2 days neonate stop sucking and having hot skin and was treated with pcm syrup,Amox syrup,at home but to no avialed .Mom was seen walking on the NICU with neonate on her shoulder well wraped accompanied be ER nurse with the complain of baby skin hot, not sucking *2 days and jecking *2hours on arrival baby was placed in crib ABC was taken into consideration V/s done pules 121b/m resp-40c/m Temp-38.2 spo2 96% neonate expose to room air and sponged, obs cord clean and dried.Rbs done 1.2mmol/L Iv line establish with 24g cannula , D10% 2ml/kg Iv served Rbs monitor every 2 hours until normal.IV AMP 100mg/kg iv start Gent 4mg/kg Iv served.Accoding to mom is 38 years old G-3 p-2 A-0 D-0 LN 2 had 4 ANC visit ,IPT- 2 ,TT-2 PMTCT Neg, LNMP Aug 7 2020 ,EDD -May 14 2021. on June 7 2021 D/C pt home in good health,baby sucking well ,wt 2.9kg ,vaccination on discharged,family planning counselling done,mom counsel on the eight danger signs,good hygiene practice and followup visit after 1 week.
										June 20 ,2021 at pm this 20years old female G-2 p-0

										A-1 D-0 LN -0 LNMP -unknown who was admited due to Malaria/Latent phase of labor/PROM .on June 21 pt labor was augmented but failed.on june22 2021 at 2pm Clinician was called in the OR due to fetus distress and failure of augmentation. At 2: 32pm a very depressed male neonate was extracted from mom uterus with purulent meconium stained very floppy,not breathing with Acrocyanosis heart rate more than 60 neonate was dried made warm as resuscitation done for 9mins and the baby started having gaping respiration of l8c/m and placed on 02 therapy at 2L.on day 2 of life at 11:39am neonate stated having seizure phenobar 15mg/kg Iv served at 7:30pm neonate had another episode of seizure 5mg/kg Iv served to control the seizure.RBS done every 4 hourly as close monitoring continue.on day three of life neonate started having high pitch cry DZP 0.5mg/kg served rectally.on june 24 2021 at 3:28pm neonate went into apnea resuscition done for 5 mins and baby started breathing and placed on o2 therapy at 2L.on june 26 2021 4:25pm neonate had many episodes of apnea stimulation and resuscitation done.N/S 10ml/kg Iv served.D10% 2mL/kg Iv sta mom and close relatives counselled about baby condition.on June 27,2021 at 3:05 am neonate started desaturting heartrate less than 60b/m resuscitaton via bag and mask for 14 mins with chest compression done observed dark abdomenal comtent from both mouth and nose suctioning was done all effort made but to no availed .mom counselled about neonate condition all medical equipment removed as body turn over to relatives.
36	165125	2021-06-22	2.8	severe birth Asphyxia/Risk for sepsis/cinical malaria	3.0	4.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection,Antimalarial drugs. Amp 100mg/kg Iv tid*7\n ceft 50mg/kg Iv bid*7\n Gent 4mg/kg Iv qd*7\n Vit k 0.2 ml IM start\n phenobar 15mg/kg 1v stat		No	
37	165138	2021-06-23	2.5	Meconium Aspiration/Risk for sepsis/Congenital malara	7.0	8.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection,Antimalarial drugs. Amp 100mg/kg Iv tid*14 \n Gent 4mg/kg Iv qd*14\n Ceft 50mg/kg Iv bid* 14\n vit k o.2ml IM start\n Artesunate 3mg/kg IV Ohr ,12hour,24hour than qd*6\n T/C eye oinment applied in both eyes\n chloxidine gel applied at the base of the umbilicus		Yes	June 20,2021 at 1:57am I was called on the labor and delivery ward to see this 11mins old female neonate who was born at 1:46am with the apgar 7 and 8 according to midwife amniotic fliud was purulent smelling .At 1:58am on arrival at he labor and delivery ward met neonate lying on the table exposed ,crying,breathing,heart rate131b/m with good reflex apgar at 12mins was 8 observed midwife suctioning neonate with thick meconium stianed seen ,mild chest recession, cyanosed centrally neonate was shown to mom and immediately brought on the neonate ward and placed on O2 therapy at 2Land spo2 start to improved.neonate placed on triple antibiotic and monitor closely .lab order m/s 1+ hgb -20g Artesunate 3mg/kg Iv ohr, 12hour,24hour than qd*6days as protocol . D/C pt home on July 5,2021baby sucking well wt-3kg mom counselled on the eight danger signs, family planning, vaccination on discharged,followup visit after 1 week
38	164933	2021-06-23	3.6	Mild birth Asphyxia/ Risk of sepsis	5.0	8.0	Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection.		Yes	on June 15 2021 at 3:30am clinical was called to witness the delivery of this 20 years old female G-2 p-1 A-0 D-01 previous C/S*1 due to IUFD 2019. pt had 4 ANC visit IPT 2 TT 2 LNMP unknown , PMTCT Neg .At 3:34 am a depressed male neonate was extracted from mom uterus with the Apgar 5 and 8 baby was dried immediately resuscitation done for 2 min and the baby started having spontanios respiration and was shown to mom and brought on the neonatal ward for care and Rx. On June 23 2021 neonate D/C in good condition wt-3.8kg, first vaccination was given and mom counsel about the next vaccination schedure, good hygiene practice,the eight danger signs if any, return to and nearby clinic or hospital. followup visit after 1 week ,june 30 1021
39	165187	2021-07-01	3.3	Risk for sepsis	9.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Vitamin K injection. Amp 5omg/kg Iv tid*3\n Gent 4mg/kg Iv qd*3\n vit k 0.2ml IM start		Yes	July 5 , 2021 D/C pt home in good health,wt 3.4kg ,first vaccines was given. Mom health educated on the eight danger signs,family planning, good hygiene practice, followup visit after 1 week ,July 12, 2021.
40	165446	2021-07-08	3	Late onset of sepsis/neonatal Jaundice/Malaria/Menigitis/Down symdrome	6.0	8.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Phototherapy,Vitamin K injection,Antimalarial drugs. Amp 100mg/kg Iv Tid*7 \n Gent 4mg/kg Iv qd*7\n Ceft 50mg/kg Iv bid *7\n Vit k 0.2ml IM stat\n R/Dextrose 100mg/kg Iv over over 48hours\n Insect NG Tube and start with 10ml every hours \n phototherpy was initiated\n Arthesunate 3mg/kg Iv 0 hour ,12hour,24hour*6		No	July 8,2021 at 11pm received this 6 days old male neonate who was born at home on July 3,2021 time unknown Apgar and weight unknown and didnot cry after birth according to mom. the next day July 4 ,2021 neonate was taken to phebe due to baby not sucking ,hot skin and was admitted for four days pt was discharged on the July 7,2021. mom was brought on the neonatal ward by ER nurse on arrival at the NICU observed neonate wraped in blanket in mom arm with the complain of baby skin hot, not sucking v/s done Temp.37.9,spo2 -76%, heartrate-133b/m neonate was expose to room air weight 2.8kg ABC was assess neonate place on 02 therpy at 2L observed neonate very Jaundice,with all the features of down symdrome seen a flattened face,especially the bridge of the nose fontanelle bulging and tense, mom counsel about neonate condition and reason for admission and accepted .since admission neonate spo2 been low between 76 to 88% managed up to July 11,2021 at 7pm neonate spo2 32% heartrate 98b/m 02 was charged to CPAP RBS done 4.0mmol at 12:45 am neonate still desaturating and going into apnea stimulation was done . At 1 :15AM neonate went into Apnea agian resuscitation was done for 15 mins and neonate started having gasping respiration RL 10ml/kg Iv served still having gasping respiration placed back on CPAP. Mom and relative counselled about neonate condition at 2 am all affect made but to no avial V/S cease.baby shown to mom and relative all medical equipment removed turn body over to relative .
41	165450	2021-07-08	3.7	Late onset of sepsis(omphalitis)	8.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Intravenous glucose,Vitamin K injection. clox 25mg/kg Iv bid*7\n Amp		Yes	patient was discharge on July 12,2021 in good health weight 3.9kg cord dried mom counsel on the eight danger signs,family planning ,exclusive breastfeeding,good hygiene practice,cord

							50mg/kg Iv tid*7\n Gent 4mg/kg Iv qd*7			breastfeeding,good hygiene practice,cord care,folowup visit after one week.
42	165827	2021-07-13	3.3	severe	3.0	6.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 100mg/kg Iv Tid*7 \n Gent 4mg/kg Iv qd*7\n vit k o.2ml IM stat\n T/C eye oinment apply in both eyes\n cord care done with chloxidine gel		Yes	July 20 ,2021 neonate was discharge in good health weight 3.5kg vaccine was given on D/C.baby sucking well ,no fever,no jaundice,cord dried and intact,no seizure.mom was health educated on the eight danger signs,family planning,exclusive breastfeeding,mom was also told not apply herbs on neonate cord or take in herbs,good hygiene practice,follow up visit after one week but if observe any of the eight danger signs return to any nearby clinic or hospital as soon as possible.
43	165830	2021-07-15	3	Mild birth Asphyxia	5.0	6.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 1oomg/kg Iv start \n Amp 50mg/kg Iv Tid *7 \n Gent 4mg/kg Iv qd *7\n vit k 0.2ml IM start\n Dlo% 60ml/kg Iv over 24 hour		Yes	July 15 2021 at 12:52pm clinician was called on the delivery ward to see this female neonate who was born @12:48am with the Apgar 5 and 6 according to midwife neonate was only dried and stimulated and started breathing.@12 :54am on arrival at 6 mins met neonate floppy,Respiration_ 38 b/m ,Acrocyanosed, heartrate 139b/m spo2 90% Apgar 6 @ 6mins mom counsel on admission and accepted. neonate was brought on the NICU ABC was taking in to consideration place on 02 therapy at 2L Iv line established with 24g Iv cannula,Amp 100mg/kg Iv start,Gent 4mg/kg Iv start ,D10% 60ml/kg Iv over 24 hours,T/C eye oinment applied in both eyes, Chlorhexidine gel after 40mins baby was sucking reflex was tested but baby unable suck NG Tube insected for feeding mom was encourage to expressed breastmilk and 5ml served via NG Tube as V/S monitor Q 15mins for two hours every 30mins for 1hour than every hourly.\n on July 27,2021 Neaonate was discharged in good health sucking well on mom breast ,weight 3.4kg ,mom counselled on the eight danger signs,family planning,exclusive breast feeding, followup visit after one week August 3,2021.
44	165832	2021-07-16	2.8	Severe birth Asphyxia/Risk for sepsis	2.0	5.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection.		Yes	August 5, 2021 neonate was discharge in good health first vaccine was given BCG and OPV-O ,neonate sucking well,mom counselled on the eight danger signs,exclusive breastfeeding ,family planning ,good hyigiene practice, followup visit after one week August 12,2021.
45	166041	2021-07-31	3.4	Risk for sepsis	7.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Intravenous glucose,Vitamin K injection. Amp 50mg/kg Iv Tid*5\n Gent 4mg/kg Iv qd*5\n Vit k 0.2ml IM stat\n TC eye oinment applied in both eyes\n Chlorhexidine gel applied at the base of the cord		Yes	August 5 2021 @ 10Am neonate was discharge in good health weight 3.6kg sucking well no danger signs observed.mom health educated on the eight danger signs hyperthemia or hypothemia,lethergy,Jaundice,chest indrawing,convulsion ,poor feeding,fast breathing,nasal flaring.mom was taught good personal hygiene and followup visit after one week August 13 2021 but if observe any of the eight danger signs return to hospital or any nearby clinic.
46	166098	2021-08-05	<2.5	Low birth weight of 1.8kg/Risk for sepsis	6.0	8.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Establish Iv line with 24g cannula\n D10% 80ml/kg over 24hours\n Amp 100mg/kg IV start than 50mg/kg IV Tidx5\n Gent 4mg/kg Iv every 36 hours x5\n Vit k 0.2ml IM start\n Chlorhexidine gel apply at the base of the cord\n monitor cord and v/s q 15mins for 2 hours ,q 30mins for 1hour than hourly		Yes	August 5, 2021 at 7:10pm clinician was called on the labor and delivery ward to witness the delivery of this 25years old G-3,P-2 A-0 ,NL-2 who first twin was deliver at home on August 4,2021 but the second twin retained,she had 4 ANC TT-2 visit IPT-2 PMTCT-Negative.At 7:20pm a live male neonate was deliver in breech presentation with the Apgar 6 and 8 baby was immediated dried to prevent heat lost observed baby having (Acrocyanosis,poor reflexes, breathing,heartrate 145b/m)\n neonate was shown to mom counselled on reason for admission and she accepted .Baby was taken on the neonatal ward for care and treatment.\n on the neonatal ward V/s done RR-34 p-151b/m Temperature 36.6C spo2 88% neonate placed on o2 therapy at 2 L spo2 increases within 1hour neonate was attach to mom breast and observed sucking with good attachment.\n August 19,2021 at 10:am D/C neonate in good hearth sucking well,weight 2kg first vaccines was given,the following heath education was given to mom ,family planning, the eight danger signs , exclusive breastfeeding,followup visit after one week August 26,2021.
47	166097	2021-08-05	<2.5	low birth weight @1.4kg/Risk for sepsis	8.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Vitamin K injection. Amp 50mg/kg Iv Tidx5\n Gent 4mg/kg Iv q 36hours\n vit k o.2ml IM stat\n TAT 0.5ml IM start\n R/dextrose 1ooml/kg IV over 48hours\n NG tube insected 10ml of EBM served as start\n T/C eye oinment applied in both eyes\n chlohexidine gel applied at the base of the cord		Yes	Aug 4,2021 this first female twin was deliver at home according to mom baby cry immediately after birth and blade was used to cut the cord and started breastfeeding but came to the hospital on August 5,2021 at 8pm because the second twin refused to come.clinician was called due to retained second on arrival met neonate very active with good reflexes ,color pink, no cyanosis,have sucking reflex admission weight 1.4kg .\n Aug. 19, 2021 discharge patient in good condition ,neonate sucking well ,weight 1.8kg mom was counselled on the eight danger signs,exclusive breastfeeding,skin to skin care at home,followup visit after 1week if notice any of the following return to hospital or any nearby clinic(poor feeding,lethergy,hypothemia or hyperthemia,Jaundice,fast breathing,chest indrawing,apneo, convulsion)
48	167372	2021-08-09	2.6	Risk for sepsis	9.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Vitamin K injection. Benzylpenicillin 50mg/kg Iv q8hours *7\n Gent 4mg/kg Iv q24 hours *7\n vit -k 0.2 ml IM stat\n T/C eye oinment apply in both eyes\n Chlorhexidine gel apply at the base of the umbilicus		Yes	sept.8 2021 @ 11:15 am clinician was called to witness the delivery of this 16years old G-1 P-0 who came this morning at 8am with the complain of stomach and back pain which according to her started last night at 11pm membrance rupture with clear color . According to midwife note assessment done FH -38wks,FHR-140b/m,P.P ceph,contraction 4 in 10mins each lasting 35seconds, desent 3/5, vaginal exam genital wart observed. patient was counselled about her condition and the risk of the baby,Pv done cervic 8cm dilated membrane Absent moiding -o she had 4 ANC visit, IPT- 4, TT-2, PMTCT -Neg. At 11:24am pt gave birth to a live female neonate weight 2.6kg Apgar 9 and 10 physical exam all normal neonate passed stool and urinated. D/C pt on sept.15 ,2021 in good health

										wt.2.7kg ,mom counselled on the eight danger signs ,family planning ,good hygiene practice and follwup visit after 1week.
49	166533	2021-08-12	2.5	Early onset of sepsis	9.0	10.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Vitamin K injection. Amp 100mg/kg Iv tid*5\n Gent 4mg/kg Iv qd*5\n vit k 0.2ml IM start\n R/Dextrose 8oml/kg Iv over 24 hour\n Feed on hold for 3hours		Yes	Aug 12,2021 @1:03pm receive this 2days old female neonate accompanied by nurse with the complain of neonate vomitting x1hour ,according to mom since after birth neonate was only fed with formula.on arrival observe neonate vomitting neonate was immediately placed on left side ,RBS done 4.2mmol/L V/S done R-41b/m p-182b/m Temp-38 Spo2-86% skin febrile on touch baby placed on O2 therapy @ 2L expose to room air and sponged,no cyanosis ,have good refexes,Abdomen distented and tender on palpartation, feed was held for 4hours R/Dextrose 80ml/kg Iv over 24hour ,later NG Tube was insected and baby started with 5 ml of EBM it was increase by 2ml every 3hours within 12hour neonate started latching on mom breast.mom is 34yours old G-3 p-1A-1 LNMP -Nov.1,2020 EDD-August 8 2021,FH -37wks FHR -110b/m PP-ceph ,previous c/sx1 (2017) she had 8 ANC visit,IPT-3 TT-4 ,PMTCT-Negative C/S was done on the 11 of August due to NRFS patient came for ANC visit when noticed baby was born with the Apgar 9 and 10 no history of PPROM and PROM amiotic fliud was not purulent and not meconium stain.\n August 18 2021 neonate was discharge in good health weight 2.6kg vaccine was given .mom was health educated on the eight danger signs ,family planning, good hygiene practice,exclusive breastfeeding for 6 months, followup visit after one week but if observed any of the eight danger signs return to any nearby clinic or hospital.
50	168283	2021-10-07	2.8	TTN/Risk for sepsis	9.0	10.0	Skin to skin care (KMC),Nasal CPAP,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 100mg/kg Iv Tid *5\n Gent 4mg/kg Iv 24hr*5\n D10% 60ml/kg Iv over 24hours\n vit k 0.2ml IM stat\n eye care given T/C oinment applied\n chlorhexidine gel applied at the base of the cord		Yes	Neonate was D/C on oct.12 ,2021 at10am in good health mom counsel on the eight danger signs and family planning.
51	166474	2021-10-11	2.7	Late onset of sepsis(Neonatal Jaundice)	7.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Phototherapy,Vitamin K injection. Amp 100mg/kg Iv q8hrs *7\n Gent 4mg/kg Iv 24hourly *7\n Vit.K 0.2mlIM stat\n R/Dextrose 100ml/kg Iv over 24hours\n Encourage mom to breastfeed every 2 to 3 hourly		Yes	Oct.11,2021 at 11am this 6days of life female neonate was brought on the NICU in mom arms accompanied by ER nurse with the complain of hot skin,eyes and skin yellow which according to mom started 4days ago.on arrival observed neonate crying with skin and eyes yellow but having good sucking reflex v/s done immediately p-141b/m ,R-40c/m,Temp-38 .2 ,spo2-96% baby was expose to room air and sponged IV line establish Amp and gent served and baby placed under phototherapy machain lab done m/s neg,Hgb 20g/d ,RBS done 4.2mmol/L serum Bilirubin test not available as close monitoring continue.mom delivered at the totota clinic according to her neonate cry immediately after birth and breastfed within the first hour of life. on day 3 of life neonate started having hot skin and yellow skin and eyes and was given PCM syrup,Amox syrup and quinnie syrup at totota clinic and was sent home at home baby was given gripe water but to no availed .\n on oct 18 2021 neonate was discharge in good health sucking well, weight 3.1 kg, no sign of jaundice,vaccine was given and mom counseled on the eight danger signs and family planning,followup visit after one week.
52	168426	2021-10-12	3.3	mild birth Asphyxia/Risk for sepsis	4.0	8.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 100mg/kg Iv start than 50mg/kg IV Q8hourly *7\n Gent 4mg/kg IV Q24hour*7\n Vit k 0.2ML IM start\n D10% 6oml/kg Iv over 24 hours\n Encourage mom to breastfeed if stable		Yes	Oct 12,2021 at 1am I was called to witness the delivery due to poor maternal effort of this 25yrs old G-2 p-0 A-1who was admitted on the oct 11,2021 at 2pm in latent phase of labor and membrane ruptured at 7:31pm with meconium stain but FHR was normal 137b/m Amp 2g Iv served according to midwife note.At 1:19am on the 12 of oct. mom give birth to a depressed female neonate with the apgar 4 in I min immediately cord was cut baby dry and made warm assessment done,baby cyanose,floppy,not breathing ,heartrate125b/m 5 inflation birth was given as baby was re assessed color acrocynose, tone mild responsive,breathing no heartrate 134b/m as 15 ventilation birth given via bag and mask neonate was resuscitated for 4 mins and started breathing spontanously total apgar 4 and 8.mom counsel about her baby condition and reason for admission and she accepted .baby was taken to the NICU for care and treatment.on oct.19,2021 neonate was discharge sucking well,first vaccine was givien,mom counsel on the following : exclusive breast feeding,the eight danger signs, family planning,good hygiene practice and follow up visit after one week.
53	168488	2021-10-15	<2.5	Risk for sepsis/low birth weight at 2.4kg	7.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Vitamin K injection. Amp 50mg/kg Iv Q 8hours*3\n Gent 4mg/kg Iv Q24 hours*3\n vit k 0.2ml IM start\n TAT 0.5ml IM start\n T/C eye oinment apply in both eyes\n Chlorhexidine gel apply at the base of the cord		Yes	oct 15 2021 at 9:30pm called to see this first twin who was delivered at home and blade was used to cut the cord.on arrival met neonate observed neonate very pink, having good reflexes including sucking reflex,breathing well heartrate 144b/m.mom was counsel on admission due to home delivery and what was used to cut the cord and she accepted.on oct.19,2021 neonate was D/C home sucking well ,wt 2.5kg ,first vaccine was given,mom counsel on the eight danger signs, family planning,exclusive breastfeeding and followup visit after one week.
							Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection			Oct.15 2021 at 9:18pm I was called 8mins after the delivery to see the retained second twin who was born at 9:10pm with the apgar of 6 and 7 according to midwife. on arrival at the delivery ward met neonate well wrap in blanket very cyanose, floppy, having nasal flarring with chest recession, breathing

54	168489	2021-10-15	2.5	Birth Asphysia /Risk for sepsis	6.0	7.0	glucose,Vitamin K injection. Amp 100mg/kg Iv Q8hrly *7\n Gent 4mg/kgIv Q 24hrly *7\n Vit k 0.2ml I M start\n D10% 60ml /kg Iv over 24hours\n T/C eye oinment apply in both eyes\n Chlorhexidine gel apply at the base of the cord		Yes	both not normal RR -24c/m,heartrate 138b/m with weak cry at 8mins apgar was score 5 by clinician .mom was told the reason for admission and accepted baby was immediately brought on the neonatal ward and place on 02 therapy at 2L/min. On oct 23,2021 pt was D/C sucking well with no danger signs, first vaccine was given . mom counsl on the eight dangr signs if any return to the hospital or any nearby clinic, followup visit after 1week.
55	168490	2021-10-16	<2.5	Mild Birth Asphysia/ Risk for sepsis	4.0	6.0	Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Vitamin K injection. Amp 50mg/kg IV Q8hrly*7\n Gent 4mg/kg IV Q 24hrs *7\n vit k 0.2ml IM start\n T/C eye oinment apply in both eyes\n Chlorhexidine gel apply at the base of the cord		Yes	Oct.16 2021 at 5:30am clinician was called to the OR to observe the C/S delivery of this 23yrs old G_6,P-5 A-0,D-1,L-4 was was refered from phebe hospital due to PROM and Cord prolapse.At 5:43am a depressed male neanate was extracted from mom uterus having gasping respiration,floppy, with Acrocyanosis,heartrate 110b/m immediately cord was cut baby dried made warm place in a neutral position 5 inflaction birth was given baby was reassessed for the color,tone, breathing, heartrate only heartrate improve to 133b/m as ventilation birth given neonate was resuscitated for 5 mins with the apgar of 4 and 6.on october 23,2021 neonate was discharge in good condition ,breastfeeding well,vaccine was given ,weight 2.5kg,mom told about the eight danger signs if any return to hospital of any nearby clinic.
56	168491	2021-10-16	<2.5	Risk for sepsis	8.0	10.0	Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Vitamin K injection. Amp 50mg/kg Iv Q 8hrly *3/7\n Gent 4mg/kg IV Q24hourly *3/7\n Vit k 0.2ml IM start \n T/C eye oinment apply in both eyes\n Chlorhexidine gel apply at the base of the cord		Yes	on oct. 20,2021 neonate was discharge in good health, vaccine was given mom counsel on the eight danger signs, family planning, exclusive breastfeeding and followup visit after one week.
57	169431	2021-11-06	2.5	Early onset of sepsis	8.0	10.0	Amp 100mg/kg Iv start than 50mg/kg Iv Tid*5\n Gent 4mg/kg Iv qd*5\n vit k 0.2ml IM start\n eye care was givien\n chlorhexidine gel applied at the base of the umbilicus\n Neonate was sponged bath and expose due to fever		Yes	D/c patient on Nov.11,2021\n weight 2.6kg\n health educate mom on the following :\n The eight danger danger signs\n Exclusive breast feeding\n followup visit after 1 week
58	169481	2021-11-10	3.8	Early onset of sepsis	9.0	10.0	Neonate exposed to room air and sponge,Iv line establish with 24g cannula, Amp 100mg/kg Iv Tid*5,Gent 4mg/kg Iv qd*5,Vit -k 0.2ml IM start,T/C eye oinment applied in both eyes, Chlorhexidine gel applied at the base of the cord ,monitor v/s g 15mins for 2hours q 30mins for 1hour than q hourly* 24 hours		Yes	D/C neonate on tNov. 16 2022 in good health,wt 4 kg on discharge, mom counsel on the eight danger signs, family planning,Good hygiene practice, followup visit after one week.
59	170756	2021-12-24	3.85	mild Birth Asphyxia/Risk for sepsis	4.0	8.0	Amp 100mg/kg Iv start than 50mg/kg Iv Tid *7\n Gent 4mg/kg Iv qd*7\n D10% 60ml/kg Iv over 24 hours\n vit k 0.2ml Im start\n T/C eye oinment apply in both eyes\n chlorhexidine gel at the base of the cord		Yes	pt was discharge on Jan 2,2021 in good health\n wt4 kg, vaccinatiion on discharge , health educate mom on the eight danger signs, \n family planning ,Exclusive breast feeding
60	170777	2021-12-24	3.2	qurry birth Asphyxia	8.0	10.0	Amp 100 mg /kg Iv Tid *7/7\n Gent 4mg/kg IV q d*7\n D10 60ml/kg IV 24hours\n vit k 0.2 ml IM start\n T/C eye oinment in both eyes\n chlorhexidine gel applied at the base of the umbilicus		Yes	Neonate D/c on Jan. 1 2022 in good health \n vaccination on discharge , followup visit after 1 week
61	170918	2021-12-28	3.1	Early onset of sepsis/Qurry birth Asphyxia	8.0	10.0	Amp 100mg/kg Iv start than 50mg/kg Iv Tid 7/7\n Gent 4mg/kg Iv qd*24hours\n D10% 60m1 /kg IV over 24hours\n Vit k 0.3mi IM start\n cooling was done\n cord card was given		Yes	D/C patient on the eight danger signs\n family plannnig, Exclusive breastfreeding\n followup visist after I week
62	170919	2021-12-29	3.8	Birth Asphyxia/ Risk for sepsis	3.0	5.0	Place neonate on 02 therapy at 2L per min\n Establish Iv line with 24 g cannula\n Amp 100mg/kg Iv stat than 50mg/kg Iv Tid*7\n Gent 4mg/kg Iv qd*7\n D10% 60ml/kg Iv over 24hours\n vit K 0.2 ml IM start\n RBS done 4.0mmol/L\n T/c eye oinment apply in both eyes\n Chlorhexidine gel applied at the base of the cord\n Monitor Vital sign q15mins for 2 hours q 30mins for 1hour than hourly *24 hours		Yes	Jan 5 2022 Discharge neonate in good health\n sucking well \n D/C weight 4kg\n counsel mom on the eight danger signs\n Family planning \n followup visit on Jan.13 2022
63	170938	2021-12-31	2.6	Mild Birth Asphyxia	3.0	8.0	EStablish Iv line with 24g cannula\n monitor V/S q15mins for 2 hours q 30mins for 1 hour that hourly\n Placed on 02 therapybif spo2 drop below 90%\n Amp 100mg/kg start than 50mg/kg Iv Tid *7\n Gent 4mg/kg Iv Qd *7\n vit k -.2ml Im start\n T/C eye oinment appiled in both eyes \n Chlorhexidine gel applied at the base of the umbilical\n Encourage mom to breastfeed on demind		Yes	Jan 7, 2022\n Discharge neonate today weight 2.85kg\n The eight danger signs\n Family planning\n exclutive beast feeding\n follow up visit after 1 week
							Admit on NICU \n Establish			

64	170977	2022-01-01	3kg	Mild Birth Asphysia / Risk of sepsis	4.0	8.0	IV line with 24g cannula\n Amp 50mg/kg IV Q8hourly *7\n Gent 4mg/kg IV Q24 hourly *7\n Vit _k 0.2mL IM start\n T/C eye ointment applied in both eyes\n Chlorhexidine gel applied at the base of the unbilical		Yes	D/C neonate on Jan.7 2022 in good health ,sucking well,weight 3.2kg\n Mom health educated on the following :\n The eight danger signs\n Family planning\n Exclusive breast feeding\n Followup visit after 1week
65	69977	2022-01-17	2.6	Birth Asphysia/Early onset of sepsis	3.0	5.0	Resuscitated for 15mins \n Neonate place on O2 therapy at 2L\n Establish Iv line with 24g cannula\n Amp 100mg/kg Iv start than \n Amp 50mg /kg Iv q 8hourly *7\n Gent 4mg/kg Iv q 24 hours *7\n phenobar 15mg /kg IV start\n vit _k 0.2ml IM start\n T/C eye ointment applied in both eyes\n Chlorhexidine gel applied at the base of the umbilical		Yes	Neonate was D/C on Jan.24,2022 \n Baby sucking well on mom breast \n weight 2.7kg\n vaccination on discharge\n Mom counsel on the eight danger signs\n Family planning,Exclusive breastfeeding\n Followup visit after 1week
66	70005	2022-01-18	Unknown\n Amission weight 2.7kg	Neonatal Tetanus	NaN	NaN	Expose neonate to room air and sponge\n v/s done heartrate 126b/m 48b/m\n spo2 90% Temp_38.7 RBS_3.2\n place baby in a quiet and dark room\n place on 02 therapy at 2L\n Establish IV line with 24g cannula\n R/Dextrose l00ML /kg/day\n Mgso4 20mg/kg IV Q8hourly*\n Metro 15mg/kg startr than 7.5mg /kg IV Q 8 hourly *5\n Amp 100mg/kg IV Q8hourly *7\n DZP 0.5mg/kg rectally as breakthough\n than PRN.\n TAT 0.5ML IM stat\n TT 0.5ml IM stat\n Monitor V/S Q 15mins for 2hours \n that Q30mins for 1hour than hourly		Yes	Feb. 2,2022 neonate was D/C in good health weight-3.1kg,sucking well,\n Both mom and neonate was vaccinated with Tetanus vaccine on discharged\n mom counsel on the following : The eight danger signs,Family planning,\n Good hygiene practice, The important of ANC visit, IPT, TT,Exclusive breastfeeding\n Followup visit after 1week Feb.9, 2022
67	60605	2022-01-19	2.6	Birth Asphyxia	2.0	5.0	Resuscition done for 16 mins\n place on 02 therapy at 2L\n Establish IV line with 24g cannula\n Amp 50mg/kg IV Q8hourly *7\n Gent 4mg/kg IV Q24hourly *7\n phenobar 15mg/kg IV start\n Than 5mg/kg as maintance dose\n D/10% 60ML/kg/day IV over 24hours\n Vit_k 0.2MI IM start\n eye and cord care given\n Monitor v/s Q15mins for 2 hours\n Q30mins For 1 hour than hourly *24hours		Yes	D/C neonate on Jan 28,2022 at 10pm sucking very well,weight 2.9kg\n Mom Health educated on the eight danger signs\n Family planning,good hygiene practice,vaccination on discharge\n Followup visit after 1week Feb.4,2022
68	70064	2022-01-21	3kg	Birth Asphysia	3.0	5.0	Neonate was resuscitated for 15mins\n Place on O2 therapy at 2L\n Amp 100mg/kg IV start than \n 50mg / kg IV q8hourly *7\n Gent 4mg/kg IV q24 hours *5\n D10% 60ml/kg/day\n Vit ~k 0.2 IM start\n Applied T/C eye ointment in both eyes\n Applied chlorhexidine gel at the base of the umbilicus		Yes	Patient was on Jan 28,2022 \n Baby sucking well\n health educate mom on:\n The eight danger signs\n Family planning\n vaccination on discharge\n Good hygiene practice\n followup visit after 1 week\n But if observe any of the eight danger signs return to any nearby clinic or hospital
69	70036	2022-01-25	3.7kg\n Admission weight 3.8kg	Neonatal Pneumonia	9.0	10.0	Admit on NICU\n place on o2 therapy 2L/min\n Amp 100mg/kg IV Q8 hourly *7\n Gent 4mg IV Q24hours*7\n Vit _k 0.2 IM stat\n RBs done 4.1 mmol/L\n R/Dextrose 100mL/kg IV over 24hours		Yes	D/C neonate on Feb.1 2022 at 10am\n health educate mom on:The eight danger signs\n Family planning,vaccination as schedule\n followup visit after 1week Feb.8 2022
70	172366	2022-02-07	2.9	Meconium Asphyxia/Query birth Asphyxia	7.0	9.0	Admit on NICU\n Placed on 02 therapy at 2L/min\n Amp 1oomg/kg IV 8hourly *7 days\n Gent 4mg/kg IV 24hours *7 days\n D10% 60ml/kg IV over 24 hours\n Vit k 0.2ml IM start\n Chlorhexedine gel applied at the base of the umbilicus\n T/C eye ointment applied in both eyes		Yes	Feb.14 2022 at 2:15pm neonate D/C in good health ,no danger sign observe baby sucking well,weight-3.1kg\n Health educate mom on the following: the eight danger signs,family planning,excusive breastfeeding,good hygiene ,followup visit after l week
71	172367	2022-02-07	3.1	Mild Birth Asphyxia	4.0	6.0	Neonate place on O2 therapy at 2L\n Establish Iv line with 24g cannula\n Amp 310mg Iv Tid*7\n Gent 12.4mg Iv Qd *7\n D10 60ml/kg Iv over 24hours\n Vit k 0.2ml IM start\n Chlorhexedine gel applied at the base of the umbilicus\n T/C eye ointment applied in both eyes		Yes	Feb.14 2022 neonate was discharge in good health baby sucking well no danger signs observe\n Mom counsel on the following:The eight danger signs,family planning,exclusive breastfeeding ,good hygiene,followup visit after 1week Feb.21,2022.
72	171621	2022-02-11	3.7	Mild Birth Asphyxia	5.0	9.0	Admit on NICU\n Place on O2 therapy at 2L\n Establish Iv line with 24g cannula \n Amp 100mg/ start than 50mg/ IV Tid *7/7\n Gent 4mg/ IV qd*7/7\n D10% 60ml/ IV over 24hours\n Vit k 0.2ml IM start\n Chlorhexedine gel applied at the base of the umbilicus\n T/C eye ointment applied in both eye		Yes	Feb.18,2022 at 10am D/C patient in good condition,the eight danger signs,family planning, Exclusive breastfeeding,followup visit after 1 week.
73	171621	2022-02-	3.7	Mild Birth Asphyxia	5.0	9.0	Admit on NICU\n Place on O2 therapy at 2L\n Establish Iv line with 24g cannula \n Amp 100mg/kg start than 50mg/kg IV Tid *7/7\n Gent 4mg/kg IV		Yes	Feb.18,2022 at 10am D/C patient in good

73	171621	11	3.7	Mild Birth Asphyxia	5.0	9.0	qd*7/7\n D10% 60ml/kg IV over 24hours\n Vit k 0.2ml IM start\n Chlorhexedine gel applied at the base of the umbilicus\n T/C eye ointment applied in both eye		Yes	condition,the eight danger signs,family planning, Exclusive breastfeeding,followup visit after 1 week.
74	172669	2022-02-15	3.6	Risk for sepsis	9.0	10.0	Admit on NICU\n Establish IV line with 24g cannula\n Amp 50mg/kg IV q8hourly * 3/7\n Gent 4mg/kg IV q 24hours *3/7\n Vit -k 0.2 cc IM start\n Chlorhexedine gel applied at the base of the umbilicus\n T/C eye ointment applied in both eyes		Yes	Patient was discharge on Feb.18,2022,neonate sucking well,no danger sign observed\n Mom counsel on the eight danger signs , exclusive breastfeeding, family planning,followup visit after 2 weeks
75	173434	2022-03-11	2.8	Early onset of neonatal sepsis	8.0	10.0	Amp 100mg/ IV Tid*5/7\n Gent 4mg/ IV qd *5/7\n Vit k 0.2ml Im start\n Neonate was expose and sponged		Yes	March 16,2022 discharge neonate sucking well, weight 3 \n Health educate mom on the following \n The eight danger signs\n exclusive breastfeeding\n good hygiene practice\n Followup visit after 1 week
76	173435	2022-03-11	3.5	Mild birth Asphyxia/Risk of neonatal sepsis	5.0	9.0	Amp 100mg/ Iv start than 50mg/ Iv Tid *7/7 \n Gent 4mg/ Iv Qd*7/7\n D10% 60ml/ IV over 24hours\n vit k 0.2ml IM start\n T/C eye ointment applied in both eyes\n Chlorhexidine gel applied at the base of the umbilicus		Yes	March 18,2022 at 10am discharge neonate in good health ,sucking well,weight 3.9 \n Health educate mom on the following\n The eight danger signs\n Exclusive breastfeeding\n vaccination on discharge\n follow visit after lweek
77	173435	2022-03-11	3.5	Mild birth Asphyxia/Risk of neonatal sepsis	5.0	9.0	Amp 100mg/kg Iv start than 50mg/kg Iv Tid *7/7 \n Gent 4mg/kg Iv Qd*7/7\n D10% 60ml/kg IV over 24hours\n vit k 0.2ml IM start\n T/C eye ointment applied in both eyes\n Chlorhexidine gel applied at the base of the umbilicus		Yes	March 18,2022 at 10am discharge neonate in good health ,sucking well,weight 3.9kg \n Health educate mom on the following\n The eight danger signs\n Exclusive breastfeeding\n vaccination on discharge\n follow visit after lweek
78	173434	2022-03-11	2.8	Early onset of neonatal sepsis	8.0	10.0	Amp 100mg/kg IV Tid*5/7\n Gent 4mg/kg IV qd *5/7\n Vit k 0.2ml Im start\n Neonate was expose and sponged		Yes	March 16,2022 discharge neonate sucking well, weight 3 kg\n Health educate mom on the following \n The eight danger signs\n exclusive breastfeeding\n good hygiene practice\n Followup visit after 1 week
79	173447	2022-03-12	3.2	Risk of sepsis	7.0	10.0	Iv line was establish with 24g cannula\n clean face with N/S\n Amp 100mg/kg Iv Q8hourly *5/7\n Clox 50mg/kg Iv Q8hourly *5/7\n Gent 4mg/kg Iv 24hours*5/7\n vit K 0.2ml IM stat\n TAT 0.5ml IM start\n T/T 0.5MI IM start\n T/c eye ointment applied in both eyes\n Chorhexidine gel applied at the base of the umbilicus		Yes	March 17,2022 Discharge neonate in good health .Mom health educated on the eight danger signs, exclusive breast feeding,family planning ,vaccination on , ,\n Folllowup visit after 7days
80	173447	2022-03-12	3.2	Risk of sepsis	7.0	10.0	Iv line was establish with 24g cannula\n clean face with N/S\n Amp 100mg/ Iv Q8hourly *5/7\n Clox 50mg/ Iv Q8hourly *5/7\n Gent 4mg/ Iv 24hours*5/7\n vit K 0.2ml IM stat\n TAT 0.5ml IM start\n T/T 0.5MI IM start\n T/c eye ointment applied in both eyes\n Chorhexidine gel applied at the base of the umbilicus		Yes	March 17,2022 Discharge neonate in good health .Mom health educated on the eight danger signs, exclusive breast feeding,family planning ,vaccination on , ,\n Folllowup visit after 7days
81	173498	2022-03-15	3	Birth Asphyxia/ Early onset of sepsis	4.0	5.0	Admit on NICU\n Head cooling done for 6 hours\n place on o2 therapy at 2L/min\n Establish Iv line with 24g cannula\n Amp 100mg/ Iv start than \n 50mg/ IV q 8hourly *7/7\n Gent 4mg/ IV q24hourly *7/7\n D10% 60ml/ IV over 24 hours\n Vit k 0.2ml IM star\n phenobarbital 15mg/ IV start than maintain\n with 5mg/ serve over 5 mins\n T/C eye ointment applied in both eyes\n chlorhexidine applied at the base of the umbilicus\n M/s -{-], hgb-45%		Yes	March 15,2022 at 7:53pm this 3mins old male neonate was rushed on the NICU by midwife with the complain of baby born depressed via C/S at 7:50pm\n on arrival observed neonate gasping,having chest recession,Nasal flarring,poor reflexes,,Acrolycyanosed Apgar at 3 mins 5/10 \n Neonate was resuscitated for 2mins and baby started breathing spontaneously and place on o2 therapy at 2L/min.\n Mom is 23years old G-4,p-3 A-0,D-0,L-3 she took 1Tetanus vacine,1 dose ,5- ANC visit she was reffered due to poor maternal effort\n membrane rupture over 24 hours moiding 3t C/S was done due to CPD \n on day one of life neonate started having seizure it was managed with phenobarbital 15mg/ start and on day 2 of life sencond episode of seizure \n it was managed with 5mg/ phenobarbital and Ng tube feeding was done .neonate started latching on mom breast on day 5 of life.\n March 22,2022 at 10am neonate was discharged in good health, sucking well,weight 3.3 ,No danger signs observed for the passed 3days\n Mom health educated on the eight danger signs,cord care,exclusive breastfeeding, family planning vaccination on discharge and return as \n schedure until fully vaccinated ,followup vist after one week march 29,2022.
82	173496	2022-03-15	2.9	Birth Asphaxia/Early onset of sepsis	5.0	7.0	Expose to room air and sponged\n place on O2 therapy at 2L/min\n establish Iv line with 22g cannnula\n Amp 100mg/ Iv q 8 hourly *7/7\n Gent 4mg/ Iv q 24 hourly *7/7\n D10% 60ml / IV over 24 hours\n phenobarbital 15mg/ Iv start\n vit K 0.2ml IM start\n T/C eye ointment applied in both eyes\n chlorhexidine gel applied at the base of the umbilicus		Yes	March 21,2022 10am Discharge neonate in good health sucking well,weight 3\n Mom health educated on the following :\n The eight danger signs\n exclusive breastfeeding\n family planning\n Good hygiene practice\n followup visit after lweek march 28,2022
							Expose to room air and sponged\n place on O2 therapy at 2L/min\n establish Iv line with 22g cannnula\n Amp 100mg/kg Iv q 8 hourly *7/7\n Gent 4mg/kg Iv q 24			March 21,2022 10am Discharge neonate in good health sucking well,weight 3kg\n Mom health

83	173496	2022-03-15	2.9	Birth Asphaxia/Early onset of sepsis	5.0	7.0	hourly *7/7\n D10% 60ml /kg IV over 24 hours\n phenobarbital 15mg/kg Iv start\n vit K 0.2ml IM start\n T/C eye ointment applied in both eyes\n chlorhexidine gel applied at the base of the umbilicus		Yes	educated on the following :\n The eight danger signs\n exclusive breastfeeding\n family planning\n Good hygiene practice\n followup visit after lweek march 28,2022
84	173498	2022-03-15	3kg	Birth Asphyxia/ Early onset of sepsis	4.0	5.0	Admit on NICU\n Head cooling done for 6 hours\n place on o2 therapy at 2L/min\n Establish Iv line with 24g cannula\n Amp 100mg/kg Iv start than \n 50mg/kg IV q 8hourly *7/7\n Gent 4mg/kg IV q24hourly *7/7\n D10% 60ml/kg IV over 24 hours\n Vit k 0.2ml IM star\n phenobarbital 15mg/kg IV start than maintain\n with 5mg/kg serve over 5 mins\n T/C eye ointment applied in both eyes\n chlorhexidine applied at the base of the umbilicus\n M/s -{-], hgb-45%		Yes	March 15,2022 at 7:53pm this 3mins old male neonate was rushed on the NICU by midwife with the complain of baby born depressed via C/S at 7:50pm\n on arrival observed neonate gasping,having chest recession,Nasal flarring,poor reflexes,,Acrolycyanosed Apgar at 3 mins 5/10 \n Neonate was resuscitated for 2mins and baby started breathing spontaneously and place on o2 therapy at 2L/min.\n Mom is 23years old G-4,p-3 A-0,D-0,L-3 she took 1Tetanus vacine,1 dose ,5- ANC visit she was reffered due to poor maternal effort\n membrane rupture over 24 hours moiding 3t C/S was done due to CPD \n on day one of life neonate started having seizure it was managed with phenobarbital 15mg/kg start and on day 2 of life sencond episode of seizure \n it was managed with 5mg/ kg phenobarbital and Ng tube feeding was done .neonate started latching on mom breast on day 5 of life.\n March 22,2022 at 10am neonate was discharged in good health, sucking well,weight 3.3 kg,No danger signs observed for the passed 3days\n Mom health educated on the eight danger signs,cord care,exclusive breastfeeding, family planning vaccination on discharge and return as \n schedure until fully vaccinated ,followup vist after one week march 29,2022.
85	71800	2022-04-02	2.2kg	Early onset of sepsis\n Late pretern at 34wks/LBW2.2kg\n Quarry Birth Asphyxia\n Susp.NEC	7.0	10.0	Establish Iv line with 24g cannula\n Npo over 48hours\n D10% 80ml Iv over 24hours\n Amp 50mg/kg Iv Tid*7/7\n Gent 4mg/kg Iv Qd*7/7\n Vit-k 0.2ml IM start\n Metro 15mg/kg IV start\n than 7.5mg Iv Tid*7/7\n monitor V/S hourly		Yes	May 2,2022 at 2pm this 2days old female neonate mom complain that her baby is not sucking since birth.observe neonate well wrap in blanket.P/E skin febrile on touch conj.pink,chest-symm ,lungs-clear, Abdomen distendeed but not tense, Abdomen got tense and disteded on day 2 of admission. cord intact no bleeding ,baby passed urine only according to mom.No nasal flarring,chest recession,No cyanosis v/s done pulse-136b/m,Temp-37.9,RR-40c/m,Spo2-95% but no sucking reflex.\n Mom is G17yrs old G-1 p-0 ,no ANC visit,IPT and TT membrance rupture with greenish fliud at home on April 30,2022 \n may 8,2022 neonate D/C in good health,sucking well,nofever,no covulsion,no chest recession,no vomitttting,Abdomen soft and flat.\n Mom counsel on the eight danger signs,family planning,Good hygiene practice,Follow visit after lweek
86	71800	2022-04-02	<2.5	Early onset of sepsis\n Late pretern at 34wks/LBW2.2\n Quarry Birth Asphyxia\n Susp.NEC	7.0	10.0	Establish Iv line with 24g cannula\n Npo over 48hours\n D10% 80ml Iv over 24hours\n Amp 50mg/ Iv Tid*7/7\n Gent 4mg/ Iv Qd*7/7\n Vit-k 0.2ml IM start\n Metro 15mg/ IV start\n than 7.5mg Iv Tid*7/7\n monitor V/S hourly		Yes	May 2,2022 at 2pm this 2days old female neonate mom complain that her baby is not sucking since birth.observe neonate well wrap in blanket.P/E skin febrile on touch conj.pink,chest-symm ,lungs-clear, Abdomen distendeed but not tense, Abdomen got tense and disteded on day 2 of admission. cord intact no bleeding ,baby passed urine only according to mom.No nasal flarring,chest recession,No cyanosis v/s done pulse-136b/m,Temp-37.9,RR-40c/m,Spo2-95% but no sucking reflex.\n Mom is G17yrs old G-1 p-0 ,no ANC visit,IPT and TT membrance rupture with greenish fliud at home on April 30,2022 \n may 8,2022 neonate D/C in good health,sucking well,nofever,no covulsion,no chest recession,no vomitttting,Abdomen soft and flat.\n Mom counsel on the eight danger signs,family planning,Good hygiene practice,Follow visit after lweek
87	71863	2022-04-05	2.6	Severe Anemia secondary to hemorrage(trauma to the tongue)	NaN	NaN	Neonate was manage accordingly ABC \n Suction both mouth and nose\n place baby left laterally in Trendelenburg possion\n place on 02 therapy at 2L/min\n Monitor V/S every 15min for 2hours,Q 30mins for one hour than hourly until stable\n Establish Iv line with 24g cannula \n Apply N/S on gauze with pressure over 5mins\n N/S 20ml/kg IV start\n Vit -k 0.2ml IV start\n D10% 2ml/kg IV start\n TAT 0.5ml IM start\n Do lab M/S-neg, Hgb-2.3g/d,Blood type -0+,Rbs-2.6\n Transfuse with compartable 20ml/kg fresh blood IV over 4hours\n Amp 50mg/kg IV Tid*5 /7\n Gent 4mg/kg IV Qd*5/7\n post Hgb 11.0g/dL		Yes	May 9,2022 at 10am neonate was D/C in good condition,sucking well,No bleeding,post Hgb 11.0g/dL\n Mom counsel on the following:\n the eight danger signs\n Family planning\n Fefa syrup 2.5ml po qd* 7days\n Good hygiene practice\n Followup visit after 3 days
88	171386	2022-04-22	<2.5	Preterm at unknown gestation/late onset of sepsis/physiological jaundice	NaN	NaN	Admit patient\n Establish Iv line with 24g cannula\n Amp 50mg/ IV Tid *7/7\n Gent 4mg/ IV over 36hourly*5/7\n Vit k 0.2ml IM start\n TAT 0.5 IM start\n Do photapy {early morning sun]\n monitor v/s hourly		NaN	April .27,2022 patient mom and dad desided to signed AMA on acount of baby not sick they was counsel but still request to sign.\n At 10 am AMA was signed by Mom.
89	171386	2022-04-22	home delivey Wt-unknown but Admission weight 1.5kg	Preterm at unknown gestation/late onset of sepsis/physiological jaundice	NaN	NaN	Admit patient\n Establish Iv line with 24g cannula\n Amp 50mg/kg IV Tid *7/7\n Gent 4mg/kg IV over 36hourly*5/7\n Vit k 0.2ml IM start\n TAT 0.5 IM start\n Do phototherapy {early morning sun]\n monitor v/s hourly		NaN	April .27,2022 patient mom and dad desided to signed AMA on acount of baby not sick they was counsel but still request to sign.\n At 10 am AMA was signed by Mom.
							Admit on NICU\n keep baby			

							warm\n Resuscitation done			
90	71690	2022-04-27	<2.5	preterm at 28wks gestation/VLBW / Late onset of Neonatal sepsis /Quary birth Asphyxia	NaN	NaN	for 10 mins\n place on 02 therapy at 2L/Min\n EStablish Iv line with 24g cannula\n RBS 2.8mmpl/L it was monitor q 2hourly\n Dlo% 2ml/ IV start\n Dlo% 100ml/ IV over 12 hours than\n R/Dextrose 100ml/ IV over 24hours\n start NGTube feeding with 2ml and increase by 1ml to obtain 6 ml every 2 to 3 hourly\n Amp 50mg/ IV Tid*7/7\n Gent 4mg/ Iv every 36hourly*5/7\n TAT 0.5ml IM start\n Vit K 0.2ml IM start\n Monitor V/S Q 15mins for 2hours than q 30mins for 2hours than hourly\n until stable.\n Lab results M/S -neg,Hgb-10.0g/d		Yes	Mom is 17yrs old G-1, p-0 ,no history of ANC visit,TT-0 IPT-0 PMTCT-Neg on admission. LNMP sept.10, 2021.EDD-June 17 2022.patient delivered at home on April19, 2022, time unknown.May 20,2022 at 10am neonate was Discharge in good health,sucking well,no danger sign observed for the passed 4days such as fever , apnea, fever, hypmia,convulsion, jaundice, chest recession,nasal flarring, weight 1.8 V/S on D/C Temp-36.7,p-134b/m,R-42C/m,spo2-98%\n Mom counsel on the eight danger signs,exclusive breastfeeding,follow up visit after 1 week.
91	71690	2022-04-27	1.3 Admission weight	preterm at 28wks gestation/VLBW / Late onset of Neonatal sepsis /Quary birth Asphyxia	NaN	NaN	Admit on NICU\n keep baby warm\n Resuscitation done for 10 mins\n place on 02 therapy at 2L/Min\n EStablish Iv line with 24g cannula\n RBS 2.8mmpl/L it was monitor q 2hourly\n Dlo% 2ml/kg IV start\n Dlo% 100ml/kg IV over 12 hours than\n R/Dextrose 100ml/kg IV over 24hours\n start NGTube feeding with 2ml and increase by 1ml to obtain 6 ml every 2 to 3 hourly\n Amp 50mg/kg IV Tid*7/7\n Gent 4mg/kg Iv every 36hourly*5/7\n TAT 0.5ml IM start\n Vit K 0.2ml IM start\n Monitor V/S Q 15mins for 2hours than q 30mins for 2hours than hourly\n until stable.\n Lab results M/S -neg,Hgb-10.0g/d		Yes	Mom is 17yrs old G-1, p-0 ,no history of ANC visit,TT-0 IPT-0 PMTCT-Neg on admission. LNMP sept.10, 2021.EDD-June 17 2022.patient delivered at home on April19, 2022, time unknown.May 20,2022 at 10am neonate was Discharge in good health,sucking well,no danger sign observed for the passed 4days such as fever , apnea, fever, hypothermia,convulsion, jaundice, chest recession,nasal flarring, weight 1.8kg V/S on D/C Temp-36.7,p-134b/m,R-42C/m,spo2-98%\n Mom counsel on the eight danger signs,exclusive breastfeeding,follow up visit after 1 week.
92	7175032	2022-04-28	3.2	Birth Asphyxia	5.0	8.0	Establish IV line with 24g cannula\n Amp 50mg/ Iv Tid*5/7\n Gent 4mg/ Iv Qd *5/7\n D 10% 60ml/ IV over 24hours\n phenobar 20mg/ Iv start\n Vit -k 0.2ml IM start		Yes	April.29,2022 @ 8:28am clinician was called to see this 11 hours old male neonate who was born depressed on April 28,2022 at 9:37pm with the Apgar 5 and 8 weight 3.2 resuscitation done for 3 mins by midwife and baby started breathing Amp and gent was served by midwife but baby started having seizure at 11hours old immediately phenobarbital 20mg/ IV served as start. Neonate started sucking after 3 hours.\n D/C patient on may 3,2022 at 10am in good health ,sucking well,No fever \n Mom health educated on the eight danger signs\n family planning,Exclusive breastfeeding \n Return to hospital after one week
93	7175032	2022-04-28	3.2	Birth Asphyxia	5.0	8.0	Establish IV line with 24g cannula\n Amp 50mg/kg Iv Tid*5/7\n Gent 4mg/kg Iv Qd *5/7\n D 10% 60ml/kg IV over 24hours\n phenobar 20mg/kg Iv start\n Vit -k 0.2ml IM start		Yes	April.29,2022 @ 8:28am clinician was called to see this 11 hours old male neonate who was born depressed on April 28,2022 at 9:37pm with the Apgar 5 and 8 weight 3.2kg resuscitation done for 3 mins by midwife and baby started breathing Amp and gent was served by midwife but baby started having seizure at 11hours old immediately phenobarbital 20mg/kg IV served as start. Neonate started sucking after 3 hours.\n D/C patient on may 3,2022 at 10am in good health ,sucking well,No fever \n Mom health educated on the eight danger signs\n family planning,Exclusive breastfeeding \n Return to hospital after one week
94	71803	2022-05-02	3.8	Early onset of sepsis	8.0	10.0	Amp 50mg/ IV Tid *5/7\n Gent 4mg/ Iv Qd8*5/7		Yes	May 6, 2022 at 10Am D/C patient home in good health ,sucking well,No fever,No convulsion,No nasal flarring,No Jaundice\n Mom was health educated on the eight signs\n Family planning\n Exculsive breast\n followup visit after one week
95	71803	2022-05-02	3.8	Early onset of sepsis	8.0	10.0	Amp 50mg/kg IV Tid *5/7\n Gent 4mg/kg Iv Qd8*5/7		Yes	May 6, 2022 at 10Am D/C patient home in good health ,sucking well,No fever,No convulsion,No nasal flarring,No Jaundice\n Mom was health educated on the eight signs\n Family planning\n Exculsive breast\n followup visit after one week
96	71833	2022-05-03	3	Early onset of sepsis	8.0	10.0	Establish Iv line with 24g cannula\n Expose and sponged\n Amp 100mg/ Iv Tid*5/7\n Gent 4mg/ Iv Qd *5/7\n Vit -k 0.2Ml IM start		Yes	May 7,2022 at 2pm D/C neonate in good condition sucking well,No fever,No cyanosis,No chest recession,No flarring\n Mom counsel on the following:\n The eight danger signs\n Family planning\n Good hygiene practice\n followup visit after 1week
97	71833	2022-05-03	3kg	Early onset of sepsis	8.0	10.0	Establish Iv line with 24g cannula\n Expose and sponged\n Amp 100mg/kg Iv Tid*5/7\n Gent 4mg/kg Iv Qd *5/7\n Vit -k 0.2Ml IM start		Yes	May 7,2022 at 2pm D/C neonate in good condition sucking well,No fever,No cyanosis,No chest recession,No flarring\n Mom counsel on the following:\n The eight danger signs\n Family planning\n Good hygiene practice\n followup visit after 1week
98	71863	2022-05-04	2.6	Severe Anemia secondary to hemorrage(trauma to the tongue)	NaN	NaN	Neonate was manage accordingly ABC \n Suction both mouth and nose\n place baby left laterally in Trendelenburg possion\n place on 02 therapy at 2L/min\n Monitor V/S every 15min for 2hours,Q 30mins for one hour than hourly until stable\n Establish Iv line with 24g cannula \n Apply N/S on gauze with pressure over 5mins\n N/S 20ml/ IV start\n Vit -k 0.2ml IV start\n D10% 2ml/ IV start\n TAT 0.5ml IM start\n Do lab M/S-neg, Hgb-2.3g/d,Blood type -0+,Rbs-2.6\n Transfuse with compartable 20ml/ fresh blood IV over 4hours\n Amp		Yes	May 9,2022 at 10am neonate was D/C in good condition,sucking well,No bleeding,post Hgb 11.0g/dL\n Mom counsel on the following:\n the eight danger signs\n Family planning\n Fefa syrup 2.5ml po qd* 7days\n Good hygiene practice\n Followup visit after 3 days

							50mg/ IV Tid*5 /7\n Gent 4mg/ IV Qd*5/7\n post Hgb 11.0g/dL			
99	72490	2022-06-07	3.5	Birth Asphyxia/ Risk for sepsis	5.0	10.0	Admit on NICU\n Place on 02 therapy at 2L/min\n Establish IV line with 24g cannula\n Amp 50mg/ Iv TID*7/7\n Gent 4mg/ IV QD *7/7\n D10% 60ml/ IV over 24 hours\n Vit-k 0.2ml Im start\n T/C eye oinment applied in both eyes\n chlorhexidine gel aplied at the base of the umbilicus\n RBS -3.4mmol/L\n Head cooling was done for 6hours\n Monitor V/S every 15mins for 2hours\n every 30mins for I hour than hourly		Yes	June 14, 2022 at 10Am neonate was D/C in good condition ,No danger signs for more than three days,sucking well, wt-3.6\n Mom counsel on the eight danger signs if observe any return to any near by clinic or hospital,family planning,exclusive breast feeding,vaccination on discharge,followup \n visit after 3one week June 21,2022.
100	72494	2022-06-07	3.5	moderate birth Asphyxia	1.0	3.0	Admit on NICU\n place on o2 therapy at 2L/min\n Establish IV line with 24g cannula\n Amp 100mg/1v start than 50mg/ IV TID*7/7\n Gent 4mg/ IV QD*7/7\n D10% 60ml/ IV over 24 hours\n Vit-k 0.2ml IM start\n phenobarbital 15mg/ IV start than 5mg/ served\n T/C eye oinment applied in both eyes\n chlorhexidine gel applied at the base of the cord\n lab results M/S neg. Hgb-18g/d,RBS-5.0mmol/L\n Monitor V/S and cord every 15mins for 2 hours, every 30mins for one than hourly\n Head cooling done for 6 hours		Yes	June 7,2022 at 4:44pm clinician was called to witness the delivery of this 34yrsold G-5,p-4,D-1 L-3 with FHR ?? membrace rupture with purulent meconium stain she had been fasting and praying for some months Amp 2g Iv start,D50% 30 cc IV,N/S 500ml Iv was served to mom. At 4:47pm patient gave birth to a depressed male neonate very floppy,not breathing,cyanosed, heartrate 64b/m baby dried cord cut 5 inflaction breath was given chest rase ,neonate was reassessed heartrate improved 98B/M baby not still breathing 15 ventilition breath given baby started gapsing as resuscitation done for 12mins and baby started breathing spontaneously v/s done Temp-36.6,pulse-110 b/m spo2-50% immediately baby place on o2 therapy at 2l/min. June 15 2022 at 10am neonate was discharge in good health sucking well,weight -3.6, No danger signs,mom counsel on the eight danger signs,Family planning,vaccination on discharge,good hygiene practice, followup visit after I week June 22,2022.
101	72503	2022-06-08	3.1	Late onset of neonatal sepsis/physiological Jaundice	8.0	10.0	Admit on NICU \n expose neonate to room air and sponge\n Place neonate under soon morning sun(photapy)\n Establish IV line with 24g cannula\n Amp 100mg/ Iv start than 50mg/ IV TID*7/7\n Gent 4mg/ IV QD*7/7\n R/dextrose 100ml/ Iv set up over 24hours\n vit-k 0.2ml IM start\n monitor v/s every hourly\n encourage mom to breastfeed on demand		Yes	June 15, 2022 At 2pm neonate was discharge with no danger signs,weight-3.5,sucking well,jaundice disappeared\n Mom counselled on the eight danger signs,family planning,exclusive breastfeeding,good hygiene practice,followup visit after I week\n June 23,2022
102	72796	2022-06-21	3.7	Late Onset Neonatal Sepsis	8.0	10.0	Sponge bath and exposed neonate to room air \n encourage mom to breastfeed on demand\n RBS 3.8mmol/L M/S (-) Hgb-17g Blood type\n establish Iv line with 24g cannula\n Amp 100mg/ Iv start than 50mg/ Iv Tid *7/7\n Gent 4mg/ Iv Qd *5/7		Yes	June 27,2022 at 2pm neonate in good health ,no danger signs observed. neonate is sucking well,passed stool and urine,no fever ,no seizure,no jaundice,no sign of respiratory distress. mom was counselled on the eight danger signs,exclusive breastfeeding,family planning,good hygiene practice,followup visit after 1 week\n July 4 ,2022.
103	72816	2022-06-22	3.3	Early Onset Neonatal Sepsis	NaN	NaN	Sponge bath and esposed neonate to room air \n Establish IV line with 24g cannula\n Amp 100mg/ IV TID*5/7\n Gent 4mg/ IV QD*5/7\n D10% 60ml/ Iv over 24hours\n Vit k 0.2ml IM start\n TAT 0.5ml IV start\n T/C eye oinment applied in both eyes \n chlorhexidine applied at the base of the cord\n Lab done RBS-4.3mmol/L, M/s-negative,Hgb-18g-Blood group-B+\n monitor V/S every hourly		Yes	June 22,2022 at 6:45pm this 15hours old male neonate was brought on the NICU by mom and relative with the complain of hot skin ,not sucking since birth. According to mom she delivered at home this morning at 3am neonate cry immediately after birth blade was used to cut the cord.on arrival observe neonate crying ,very pink,having good reflexes,skin febrile on tough.Abdomen soft and flat cord moist and intact no bleeding, neonate passed stood and urine,weight 3.3.\n on day two of life neonate started latching on mom breast,no fever,no seizure ,no convulsion,jaundice,no respiratory distress.\n July 29,2022 at 10 am neonate was discharge in good condition sucking well no danger signs .\n Mom counselled on the following: The eight danger signs: Hot skin, fast breathing,cyanose ,Jaundice,convulsion,bowel stain vomitting,lethergy,unable to breastfeed or poor feeding ,exclusive breastfeeding,family planning,followup visit after one week June 6,2022.
104	73166	2022-07-09	3.1	Birth Asphyxia,Risk of Neonatal Sepsis	3.0	5.0	Admit on neonatal ward\n place on 02 therapy at 2L/min\n Establish IV line with 24g cannula\n Amp 100mg/ IV start than 50mg/ IV TID*7/7\n Gent 4mg/ IV QD*7/7\n D10% 60ml/ IV over 24 hours\n vit k 0.2ml IM start\n clox 50mg/ IV TID*5/7\n TAT 0.5ML IM start\n clean face with N/S\n Apply T/C eye oinment in both eyes\n Apply chlorhexidine gel at the base of the umbilicus		Yes	July 9,2022 at 10:25am clinician was called to witness the delivery of this 23years old mentally unstable patient who was reffered from a local clinic SRC on account of breech presentation.on arrival ultrasound done presntation face FHR ?? FH-38b/m ,N/S and D50% 30cc IV start why preparing for C/S due to patient not co-operative\n At 12pm patient gave birth to a depressed female neonate not breathing,having acrocyanosis, floppy,heartrate 102b/m face bruise up Apgar 3 and 5.immediated baby dried and stimulated ,made warm position resuscitation done via bag and mask for 15min and baby started breathing and having nasal immediately baby place on 02 therapy.\n July 17,2022 at 10 am D/C neonate in good health ,no danger sign observed. mom and relative counselled on the following: The eight danger signs, exclusive breastfeeding,family planning followup visit after 1week July 24,2022.
							resuscitation done for 4 mins\n Place on 02 therapy at 2L/min\n Establish IV line with 24g cannula\n Amp 5omg/ IV TID*7/7\n Gent 4mg/ IV QD*5/7\n vit k 0.2ml IM			July 10,2022 at 10:56pm first female twin was delivered via vaginally depressed with the apgar 5 and 8 weight 2.1 resuscitation was done for 4mins and baby started breathing and having nasal flarring and was place on 02 therapy immediately but after 9 hours current went neonate went into apnea stimulation done but to no avail resuscitation done for additional 5 mins and baby started breathing at

105	73176	2022-07-10	<2.5	Birth Asphyxia	5.0	8.0	QD 5/7\n vit k 0.2ml IM start\n Apply T/C eye oinment in both eyes\n Apply Chlorhexidine gel at the base of the umbilicus\n monitor V/S and cord for bleeding Q 15mis for 2hours\n q 30mins for 1hour than hourly\n monitor RBS every 2 hourly\n Do lab M/S -(-),Hgb-20g,RBS-(_)Blood group-0+		Yes	stimulation continue until current came after one hour.\n on day 2 of life neonate started latching on mom breast with good attachment skin to skin care was done.\n July 18 2022 at10 am neonate was D/C sucking well ,weight improved 2.3,no danger signs,no fever,no repiratory distress,no seizure ,no jaundice,no tense or distended abdomen ,baby passed stool and urine.\n Mom counselled on the eight danger signs, family planning,good hygiene pratice,exclusive breast feeding,vaccination as schedule,continue skin to skin care at home,\n Followup visit after 1 week July 18 2022.
106	73206	2022-07-10	<2.5	Early Onset Neonatal Sepsis	8.0	9.0	Admit on neonatal ward\n place on 02 therapy at 2L/min\n establish Iv line with 24g cannula\n Amp 50mg/ Iv Tid *5/7\n Gent 4mg/ IV Qd*5/7\n vit k 0.2ml IM start\n Apply T/C eye oinment in both eyes\n Apply chlorhexidine gel at the base of the cord\n Do RDS every hourly\n Monitor v/s and cord for bleeding every 15mins for 2hours every 30mins for 1 hour than hourly.		Yes	July 10,2022 at 11:25pm female 2nd twin was born withthe apgar 8 and 9 weight 2 after 1hour 30min neonate started having mild chest recession.\n immediately neonate was place on 02 therapy at 2L/min.after 3hours chest recession stop,neonate started latching on mom breast with good attachment.\n July 16,2022 at 10am D/C neonate with no danger signs.sucking well,weight improved 2.1 ,\n Mom counselled on the eight danger signs,family planning,vaccination as schedule, continue skin to skin care at home,followup visit after 1 week \n July23,2022
107	73416	2022-07-21	3	Late Onset Neonatal Sepsis	8.0	10.0	Admit on NICU\n Sponge and esposed neonate to room air\n Establish IV line with 24g cannula\n Amp 100mg/ IV TID*7/7\n Gent 4mg/ IV QD*7/7\n Lab ordered M/S -Neg,HGB-14.6g/d,RBS -5.2mmol/L		Yes	July 27,2022 at 10am D/C neonate in good condition: neonate is sucking well, no fever,no jaundice,no respiratory distress,no convulsion,no cyanosis\n Health educate mom on the following: The eight danger signs,Exclusive breastfeeding,family planning,followup visit after 1 week August 4 2022
108	73476	2022-07-23	2.8	Birth Asphyxia	3.0	5.0	Admit on NICU\n place on o2 therapy at 2L/min\n Establish IV line with 24g cannula\n Amp 50mg/kg Iv Tid*7/7\n Gent 4mg/kg Iv Qd *7/7\n Vit k 0.2ml IM start\n D10 % 60ml/kg Iv over 24hours\n Apply T/C eye in both eye\n Apply chlorhexidine gel at the base of the umbilicus\n Head cooling over 6 hours\n RBS 4.2mmol/L\n Monitor V/S every 15mins for 2hours,every 30min for one hour\n than every hourly *24hours		Yes	July 23,2022 at 10:32am neonate was born not breathging,floppy , cyanose,heartrate-125b/m immediately neonate made dried,stimulated and warm resuscitation done via bag and mask for 8mins, neonate started breathing spontaneously due to law spo2 of 80% neonate was place on o2 therapy .Mom counsel on admission she agreed.After 2hours of life neonate started sucking on mom breast.\n July 31 2022 D/c neonate in good health ,no danger signs observed ,health educate mom on the following:\n The eight danger signs,jaundice, convulsionExclusive breastfeeding,family planning,Good hygiene practice,vaccination as schedule\n keep baby warm,followup visit after one week August 7 2022.