



Newborn Triage Checklist

Facility: _____

Name:	Birth Weight:	ID-No.:
Date of Birth:	PMTCT: 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Comment:

1 st Evaluation after the Golden Hour (60 – 90 min after birth)								Time: _____
Birth weight	APGAR 5 min	Temp.	Maternal factors	Respiration	Skin & circulation	Movements	Others	Action to take
<input type="checkbox"/> < 1.8 kg	<input type="checkbox"/> < 7	<input type="checkbox"/> > 37.5 °C <input type="checkbox"/> < 36.0 °C	<input type="checkbox"/> PROM > 18 h <input type="checkbox"/> Foul smelling amniotic fluid <input type="checkbox"/> Maternal pyrexia > 38.0 °C	<input type="checkbox"/> > 60 /min <input type="checkbox"/> < 30 /min <input type="checkbox"/> Difficulty in breathing (Grunting, nasal flaring, chest indrawing)	<input type="checkbox"/> Central cyanosis <input type="checkbox"/> Pallor <input type="checkbox"/> Capillary refill > 3 sec	<input type="checkbox"/> No movements at all <input type="checkbox"/> Movements only when stimulated	<input type="checkbox"/> Congenital malformation <input type="checkbox"/> Convulsion	HIGH RISK Admit at/refer to facility with NCU Immediate administration of IM/IV antibiotics
<input type="checkbox"/> 1.8 – 2.4 kg <input type="checkbox"/> > 4.0 kg	<input type="checkbox"/> 7 – 8	<input type="checkbox"/> 36.0 °C – 36.4 °C						AT RISK Use observation chart Weight < 2.5 kg: Admit at/refer to facility with KMC For babies > 4 kg: Monitor blood glucose every 2 hours until mother has enough milk to feed her baby
<input type="checkbox"/> 2.5 – 4.0 kg	<input type="checkbox"/> > 8	<input type="checkbox"/> 36.5 °C – 37.5 °C	<input type="checkbox"/> None	<input type="checkbox"/> 30 – 60 /min <input type="checkbox"/> Normal breathing	<input type="checkbox"/> Normal colour <input type="checkbox"/> Capillary refill ≤ 3 sec	<input type="checkbox"/> Normal movements	<input type="checkbox"/> None	NO RISK Continue with routine observation with NTC card

2 nd Evaluation (4 – 8 hours after birth)								Time: _____
Umbilicus	Feeding	Temp.	Maternal factors	Respiration	Skin & circulation	Movements	Others	Action to take
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Not sucking or not sucking well <input type="checkbox"/> Vomiting after each feed	<input type="checkbox"/> > 37.5 °C <input type="checkbox"/> < 36.0 °C	<input type="checkbox"/> Maternal pyrexia > 38.0 °C	<input type="checkbox"/> > 60 /min <input type="checkbox"/> < 30 /min <input type="checkbox"/> Difficulty in breathing (Grunting, nasal flaring, chest indrawing)	<input type="checkbox"/> Cyanosis <input type="checkbox"/> Pallor or grey colour <input type="checkbox"/> Jaundice <input type="checkbox"/> Capillary refill > 3 sec	<input type="checkbox"/> No movements at all <input type="checkbox"/> Movements only when stimulated	<input type="checkbox"/> Convulsion <input type="checkbox"/> Fontanelle sunken or bulging <input type="checkbox"/> Irritable	HIGH RISK Admit at/refer to facility with NCU Immediate administration of IM/IV antibiotics
	<input type="checkbox"/> Breastfeeding problems	<input type="checkbox"/> 36.0 °C – 36.4 °C						AT RISK Use observation chart Dispensary: refer to facility with NCU Higher level: close observation, improve thermal care
<input type="checkbox"/> No bleeding	<input type="checkbox"/> Normal	<input type="checkbox"/> 36.5 °C – 37.5 °C	<input type="checkbox"/> None	<input type="checkbox"/> 30 – 60 /min <input type="checkbox"/> Normal breathing	<input type="checkbox"/> Normal colour <input type="checkbox"/> Capillary refill ≤ 3 sec	<input type="checkbox"/> Normal	<input type="checkbox"/> None	NO RISK Continue observation until at least 24 hours



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3 rd Evaluation (20 – 24 hours after birth)								Time:
Current weight	Feeding	Temp.	Umbilicus	Respiration	Skin & circulation	Movements	Others	Action to take
<input type="checkbox"/> < 1.8 kg	<input type="checkbox"/> Not sucking or not sucking well <input type="checkbox"/> Vomiting after each feed	<input type="checkbox"/> > 37.5 °C <input type="checkbox"/> < 36.0 °C	<input type="checkbox"/> Bleeding <input type="checkbox"/> Red or draining pus	<input type="checkbox"/> > 60 /min <input type="checkbox"/> < 30 /min <input type="checkbox"/> Difficulty in breathing (Grunting, nasal flaring, chest indrawing)	<input type="checkbox"/> Cyanosis <input type="checkbox"/> Pallor or grey colour <input type="checkbox"/> Jaundice <input type="checkbox"/> CRT > 3 sec <input type="checkbox"/> Pustules	<input type="checkbox"/> No movements at all <input type="checkbox"/> Movements only when stimulated	<input type="checkbox"/> Convulsions <input type="checkbox"/> Failure to pass meconium and/or urine <input type="checkbox"/> Fontanelle sunken or bulging <input type="checkbox"/> Irritable	HIGH RISK Admit at/refer to facility with NCU Dispensary: Refer HC: Admit or Refer Immediate administration of IM/IV antibiotics
<input type="checkbox"/> 1.8 – 2.4 kg	<input type="checkbox"/> Breastfeeding problems	<input type="checkbox"/> 36.0 °C – 36.4 °C					<input type="checkbox"/> Eyes swollen and/or pus draining	AT RISK Use observation chart Weight < 2500 g Admit at/refer to facility with KMC Dispensary: refer to facility with NCU
<input type="checkbox"/> ≥ 2.5 kg	<input type="checkbox"/> Normal	<input type="checkbox"/> 36.5 °C – 37.5 °C	<input type="checkbox"/> No bleeding <input type="checkbox"/> No sign of infection	<input type="checkbox"/> 30 – 60 /min <input type="checkbox"/> Normal breathing	<input type="checkbox"/> Normal colour <input type="checkbox"/> Capillary refill ≤ 3 sec	<input type="checkbox"/> Normal	<input type="checkbox"/> None	NO RISK Prepare for counselling and discharge

Observation Chart for Newborns AT RISK – 6-hourly check-up for 48 hours							
Hours after start of observation	Time of check-up	Temp. (°C)	Respiration (/min)	Feeding 1) well 2) not well	Movements 1) normal 2) abnormal	Weight (every 24 hrs)	Referral to facility with NCU, if:
0 hours							Temperature: < 36 °C or > 37.5 °C ★ Respiration Rate: < 30 /min or > 60 /min ★ Feeding: not well (2) ★ Movements: abnormal (2) ★ Weight: Weight loss > 10 % of birth weight ★ = give pre-referral antibiotics IM/IV
6 hours							
12 hours							
18 hours							
24 hours							
30 hours							
36 hours							
42 hours							
48 hours							
If weight > 4 kg: check RBG regularly, continue with routine use of NTC card (use of yellow observation chart is not needed in this case)							
Comments:							