

## Medical History and Observation Background Sheet

**Name of Infant** \_\_\_\_\_  
Sex \_\_\_\_\_  
Hospital & Record # \_\_\_\_\_

Date \_\_\_\_\_  
Name of Observer \_\_\_\_\_  
Parents' Names, Address, and Telephone No. \_\_\_\_\_  
\_\_\_\_\_

**MATERNAL HISTORY**

Prepregnancy Health \_\_\_\_\_  
Pregnancy \_\_\_\_\_  
Labor & Delivery \_\_\_\_\_  
Medications \_\_\_\_\_  
Other (G/P) \_\_\_\_\_

Mother's Age \_\_\_\_\_ Father's Age \_\_\_\_\_  
Family Situation \_\_\_\_\_  
Other Children \_\_\_\_\_ Ages \_\_\_\_\_

**INFANT HISTORY**

DOB \_\_\_\_\_ EDC \_\_\_\_\_  
Post LMP Age at Birth \_\_\_\_\_ weeks \_\_\_\_\_ days  
Mode of Delivery \_\_\_\_\_  
Apgars \_\_\_\_\_ 1 min \_\_\_\_\_ 5 min \_\_\_\_\_ 10 min  
Birthweight \_\_\_\_\_ g \_\_\_\_\_ %  
Length at Birth \_\_\_\_\_ cm \_\_\_\_\_ %  
Head Circ at Birth \_\_\_\_\_ cm \_\_\_\_\_ %  
Ponderal Index \_\_\_\_\_ ; \_\_\_\_\_ %  
AGA  SG A  LGA   
Other \_\_\_\_\_

**CURRENT STATUS**

Age Post LMP \_\_\_\_\_ wks \_\_\_\_\_ days  
Age Post Birth \_\_\_\_\_ wks \_\_\_\_\_ days  
Weight \_\_\_\_\_ g \_\_\_\_\_ % Height \_\_\_\_\_ cm \_\_\_\_\_ %  
Head Circ \_\_\_\_\_ cm \_\_\_\_\_ %; Ponderal Index \_\_\_\_\_ %

**Respiratory Function:**

Respirator  \_\_\_\_\_ No. of Days \_\_\_\_\_  
CPAP  \_\_\_\_\_ No. of Days \_\_\_\_\_  
Oxyhood  \_\_\_\_\_ No. of Days \_\_\_\_\_  
Nas. Cannula  \_\_\_\_\_ No. of Days \_\_\_\_\_  
Hi Insp O<sub>2</sub> \_\_\_\_\_  
No Aid  \_\_\_\_\_  
Other \_\_\_\_\_

**Respiratory Function:**

Respirator  \_\_\_\_\_ FIO<sub>2</sub> \_\_\_\_\_  
Oxyhood  \_\_\_\_\_ FIO<sub>2</sub> \_\_\_\_\_  
CPAP  \_\_\_\_\_  
Nasal Cannula \_\_\_\_\_  cc \_\_\_\_\_ FIO<sub>2</sub> \_\_\_\_\_  
Insp O<sub>2</sub> Req'd (prec 24hrs) \_\_\_\_\_  
Mean FIO<sub>2</sub> \_\_\_\_\_ Mean PCO<sub>2</sub> \_\_\_\_\_  
Mean MAP \_\_\_\_\_ Heartrate (Range) \_\_\_\_\_  
O<sub>2</sub> Sats (Mean, sd & Range) \_\_\_\_\_  
Resp. Rate (Mean, sd & Range) \_\_\_\_\_

**Medications:**

Surfactants \_\_\_\_\_ No. of doses \_\_\_\_\_  
Antibiotics \_\_\_\_\_  
Steroids \_\_\_\_\_  
Sedatives & Analgesics \_\_\_\_\_  
Bronchodilators \_\_\_\_\_  
Diuretics \_\_\_\_\_  
Anticonvulsants \_\_\_\_\_  
Other \_\_\_\_\_

**Medications:**

**Mode of Feeding:**

IV  Gavage: Nasal  Oral   
Breast  Cup  Bottle   
Type: Breast Milk  Formula  \_\_\_\_\_ Cal  
Caregiving Interval \_\_\_\_\_  
Feeding Interval \_\_\_\_\_  
Other \_\_\_\_\_

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Breast  Cup  Bottle   
Type: Breast Milk  Formula  \_\_\_\_\_ Cal  
Caregiving Interval \_\_\_\_\_  
Feeding Interval \_\_\_\_\_  
Other \_\_\_\_\_

**Current Issues and Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complications:**

Asphyxia  RDS  BPD   
Sepsis  A&B  NEC   
IVH  Grade R \_\_\_\_\_/L \_\_\_\_\_  
ROP  Stage R \_\_\_\_\_/L \_\_\_\_\_  
PDA  Med/Surgery \_\_\_\_\_  
Bili (HI) \_\_\_\_\_ Lights (Type) \_\_\_\_\_  
Surgery \_\_\_\_\_  
Other \_\_\_\_\_

**Current Medical Problems:**

Pneumothorax  Tracheostomy   
Hypoglycemia  Hypoxic Events   
Hyperbilirubinemia  Acidosis: pH<7.3   
Hydrocephalus  Hypotension   
NEC  PDA  Feeding Difficulty   
Renal  Sepsis  Bleeding Tendency   
Seizures  Anemia  Apnea   
Bradycardia  # Episodes/Day \_\_\_\_\_

CURRENT OBSERVATION CIRCUMSTANCES

Location: Fullterm nursery [ ] Isolation Rm. [ ] Intermediate [ ] NICU [ ]
NICU Parent Rm. [ ] Parent's Room [ ] Home [ ] Other \_\_\_\_\_

Environment: Table [ ] Open Crib [ ] Incubator [ ] Mock Crib [ ]
Other \_\_\_\_\_

Bedding, Clothing, and Other Facilitation:

Mattress [ ] Hammock [ ] Waterbed [ ]
Bunting [ ] Clothing [ ] Water Glove [ ]
Hat [ ] Pacifier [ ] Side rolls/Foot rolls [ ]
Sheepskin: Natural [ ] Synthetic [ ]
Blanket: Loose [ ] Secure [ ] Tight [ ]
Incubator/crib cover: Partial [ ] Thin/Light [ ] Thick/Dark [ ]
Personal Items: Pictures [ ] Photos [ ] Decals [ ] Stuffed Animals [ ]
Others: \_\_\_\_\_

Ambient Light, Sound, and Activity Levels:

Sound: 1 2 3 4 5 6 7 8 9
1 is very quiet as if in a closed door parent room without interruption
9 is very loud, for instance with radio on high volume, staff voices, telephone ringing and monitors sounding
Describe: \_\_\_\_\_

Light: 1 2 3 4 5 6 7 8 9
1 is a semi-dark room, shielded incubator, no overhead lights;
9 is bright overhead and/or side lights, no covering on crib or incubator
Describe: \_\_\_\_\_

Activity: 1 2 3 4 5 6 7 8 9
1 is very calm, quiet, soothing or no activity around the baby, e.g. no staff movement, or very soft, unhurried walking, etc.;
9 is hectic, continuously changing activity, with visitors, staff, x-ray machine, personnel hurrying about, water running, equipment being moved, etc.
Describe: \_\_\_\_\_

Caregiver(s) Observed: Physician [ ] Nurse [ ] Parent [ ] OT/PT [ ] Other \_\_\_\_\_

Caregiving Actions Observed: (list in chronological sequence) \_\_\_\_\_

Time and Duration of Observation: Before caregiving interaction \_\_\_\_\_
During caregiving interaction \_\_\_\_\_
After caregiving interaction \_\_\_\_\_
Total \_\_\_\_\_