



Newborn admission record form uptake



Problem statement

- Structured admission form is a simple measure to improve newborn individual care through standardized admission process and data quality.
- A clinical audit conducted in June 2019 to assess performance of KNH Newborn unit demonstrated shortcomings in the care of admitted newborns. Low use of NAR form in NBU KNH-at 15%
- One of the problems identified was that admission process data required is deficient of critical information. NAR form (standardized admission process) utilization was at 15%.
- This percentage is likely to prevent effective healthcare planning for sick babies in the unit

Aim statement

- To increase compliance rate of Documenting/filling the Newborn
- Admission Record form (NAR) from 15% to 50% by June 2019

Change ideas

- Sensitizing staff on the need to have a standard way of admitting all newborns
 - Registrars, HIO's, DOACNBU and labour ward nurses
- Leadership involvement both in NBU and University of Nairobi
- Improving admission record form tool and coding
- Introduction and adherence of MOH register
- Availing the forms consistently

Lessons learnt

- Staying focused to the aim and the outcome
- Involve all the frontline staff.
- Make the right things easy to do
- Continuous training & mentorship
- Identifying champions to spear head improvement
- Continues monitoring.
- Management support.

Previous NAR form

Kenya National Hospital
Newborn Admission Record
KNH/NBU/003

Neonate details: Name, Date of Admission, IP No., DOB, Age, Sex, Gestation at birth, ROM, Delivery, Spontaneous breathing, Multiple Delivery, Stimulation, BVM, Appar, Born outside this facility, Referring facility.

Mother's details: Name, Age, Parity, Blood Grp, Rhesus, VDRL, HTCT Status, Mother on ARVs, Diabetes, Hypertension in Pregnancy, APH, Prolonged 2nd Stage, Previous pregnancies, Mother's problems during pregnancy/labour & relevant maternal treatment, Infant's Presenting Problems & any treatment given.

History: Time baby seen, Any other important History and family/social History? (Mother's Occupation, Residence), Preventive Care (OPV, BCG, TEO, VitK, CHXIDINE).

Version August 2019

TICK AS APPROPRIATE
Newborn Admission Examination

General Exam	Temperature	Resp Rate	bpm	Pulse	/min	O ₂ Sat	%
	°C	Adm. wt	gms	Head circumf	cm	Length	cm
Appearance	Normal	Abnormal	Well	Sick	Dysmorphic		
Nutrition	Normal	SGA/wasted	Normal	Large (>4kg)			
Odour	Normal	Foul smelling	None	+++			
Jaundice	None	+	None	+++			
Palpation	None	*	None	+			
Skin	Normal	Bruising	Normal	Rash	Pustules	Dry /peeling /wrinkled /Other...	
Cry	Normal	Hoarse	Normal	Weak / absent			
Airway	Normal	Stridor	Normal	Noisy breathing	Audible		
Grunting	None	Audible with stethoscope	None	Marked			
Nasal flaring	None	Minimal	None	Central	Peripheral		
Cyanosis	None	Minimal	None	Central	Peripheral		
Chest wall	None / mild	Severe	None	Sternal retraction			
Retracting	None	Minimal	None	Marked			
Intercostal retraction	None	Minimal	None	Marked			
Chest movement	Normal	Respiratory lag	Equal	Reduced R / Lt	Seesaw		
Breath Sounds	Normal	Intercostal retraction	Normal	Xiphoid retraction	Nasal flaring	Expiratory grunt	
Silverman	0	1	2	3	4	5	
Anderson Score	0	1	2	3	4	5	
Pulses present	Radial R / L	Brachial R / L	Femoral R / L	Popliteal R / L	Shoulder	Dorsalis pedis R / L	
Skin warm at	Hand	Forearm	Elbow	Shoulder			
Capillary refill	< 2 secs	> 3 secs	Timing	site			
Heart sounds	Normal	Murmur	Timing	site			
Abdo	Normal	Distended	Scaphoid	Liver	Spleen		

Version August 2019

2019/2020 (up to August) run chart

