



# Newborn admission record form utilization

NEWBORN UNIT – KNH

# 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 admission process. NAR form uptake in NBU – was at 15%
- One of the problems identified was that admission process data required is deficient of critical information.
- This percentage is likely to prevent effective healthcare planning for sick babies in the unit

## Aim statement/Goal

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

# Previous NAR Form

Kenya National Hospital  
Neonatal Admission Record  
KNH/NBU/003

**Neonate details**

Name: \_\_\_\_\_ Date of Admission: dd/mm/yyyy IP No. \_\_\_\_\_  
 DOB: am pm Age: hrs days Sex: F  M  Gestation at birth: wks  
 ROM:  <18h  >18h Delivery:  SVO  Vacuum  Breech  CS  ICS, type:  Elective  Emergency  
 Multiple Delivery: Y  N  If YES number = \_\_\_\_\_ Spontaneous breathing: Y  N   
 Stimulation Y  N  BVM Y  N  O2 given via: L/min \_\_\_\_\_ Intubation Y  N  Drugs for resuscitation: \_\_\_\_\_  
 Apgar: 1m \_\_\_\_\_ 5m \_\_\_\_\_ 10m \_\_\_\_\_ Born outside this facility? Y  N  If Yes, born where?  Referring facility  Home/Roadside

**Mother's details**

Mother's Name: \_\_\_\_\_ IP No. \_\_\_\_\_ Age: \_\_\_\_\_ Parity: + \_\_\_\_\_  
 Blood Grp:  A  B  AB  O  unk. Rhesus:  Pos  Neg  unk. VDRL:  Pos  Neg  unk.  
 HIV/TCT Status:  Pos  Neg  unk. Mother on ARVs: Y  N  Diabetes: Y  N  unk.  
 Hypertension in Pregnancy: Y  N  unk. APH: Y  N  Prolonged 2nd Stage: Y  N  unk.

**Previous pregnancies**

Year: \_\_\_\_\_ outcome: \_\_\_\_\_ Year: \_\_\_\_\_ outcome: \_\_\_\_\_  
 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_

**Mother's problems during pregnancy/labour & relevant maternal treatment**  
 Any maternal illness / fever? Any maternal treatment for TB or antibiotics? (Describe)

**Infant's Presenting Problems & any treatment given**  
 When did problems start, how did they progress and what are problems now?

**History**

**Time baby seen** am/pm  
 ever (Days.....) Y  N  Any other important History and family/social History?  
 Difficulty in breathing Y  N  Has the baby passed urine in the last 12 hours Y  N   
 Difficulty feeding Y  N  Mother's Occupation \_\_\_\_\_ Father \_\_\_\_\_  
 Convulsions/ Twitch Y  N  Married  Single  Separated  Divorced   
 Apnoea Y  N  Residence \_\_\_\_\_  
 Reduced / Absent movement Y  N   
 Passed stool? Y  N   
 Bloody / meconium/ other Y  N   
 Vomiting? Y  N   
 Coffee ground/Bilious \_\_\_\_\_  
 Preventive Care OPV Y  N  BCG Y  N  TED Y  N  Vit K<sub>1</sub> Y  N  CHXIDINE Y  N

Version August 2019

TICK AS APPROPRIATE  
Newborn Admission Examination

General Exam	Temperature	°C	Resp Rate	bpm	Pulse	/min	O <sub>2</sub> Sat	%
	Birth wt	gms	Adm. wt	gms	Head circumf	cm	Length	cm
General Exam	Appearance	Well	Normal	Sick	SGA/wasted	Dysmorphic		
	Nutrition	Normal	Normal	Foul smelling	Large (>4kg)			
	Odour	None	+	+				
	Jaundice	None	+	+				
	Pallor	None						
	Skin	Normal	Bruising	Rash	Pustules	Dry /peeling /wrinkled	Other....	
	Cry	Normal	Hoarse	Weak / absent	Noisy breathing			
	Airway	Normal	Stridor	Audible with stethoscope	Audible			
	Grunting	None	Minimal	Marked				
	Nasal flaring	None	Central	Peripheral				
Airway / Breathing	Cyanosis	None	Severe	Sternal retraction				
	Chest wall indrawing	None / mild	Minimal	Marked				
	Xiphoid retraction	None	Minimal	Marked				
	Intercostal retraction	None	Minimal	Marked				
	Chest movement	Equal	Respiratory lag	Seesaw				
	Breath Sounds	Normal	Reduced Rt / Lt	Crackles				
	Silverman Anderson Score	Chest movement	Intercostal retraction	Xiphoid retraction	Nasal flaring	Expiratory grant		
		0	0	0	0	0		
		1	1	1	1	1		
		2	2	2	2	2		
Circulation	Pulses present	Radial R L	Brachial R L	Femoral R L	Popliteal R L	Dorsalis pedis R L		
	Skin warms at	Hand	Forearm	Elbow	Shoulder			
	Capillary refill	< 2 secs	2-3 secs	> 3 secs				
	Heart sounds	Normal	Murmur	timing	site	intens t		
Disability	Movements	Normal / active	None spontaneous / only if stimulated					
	Abnormal movements	None	Jittery	Fitting				
	Tone	Normal	Floppy	Stiff				
	Suck reflex / feeding	Normal	Absent / unable					
	Fontanelle	Normal	Bulging					
Abdo	Head shape	Normal	Caput	Haematoma	Trauma	Other		
	Abdomen	Normal	Distended	Scaphoid	Liver.....cm	Spleen.....	Other	

Version August 2019

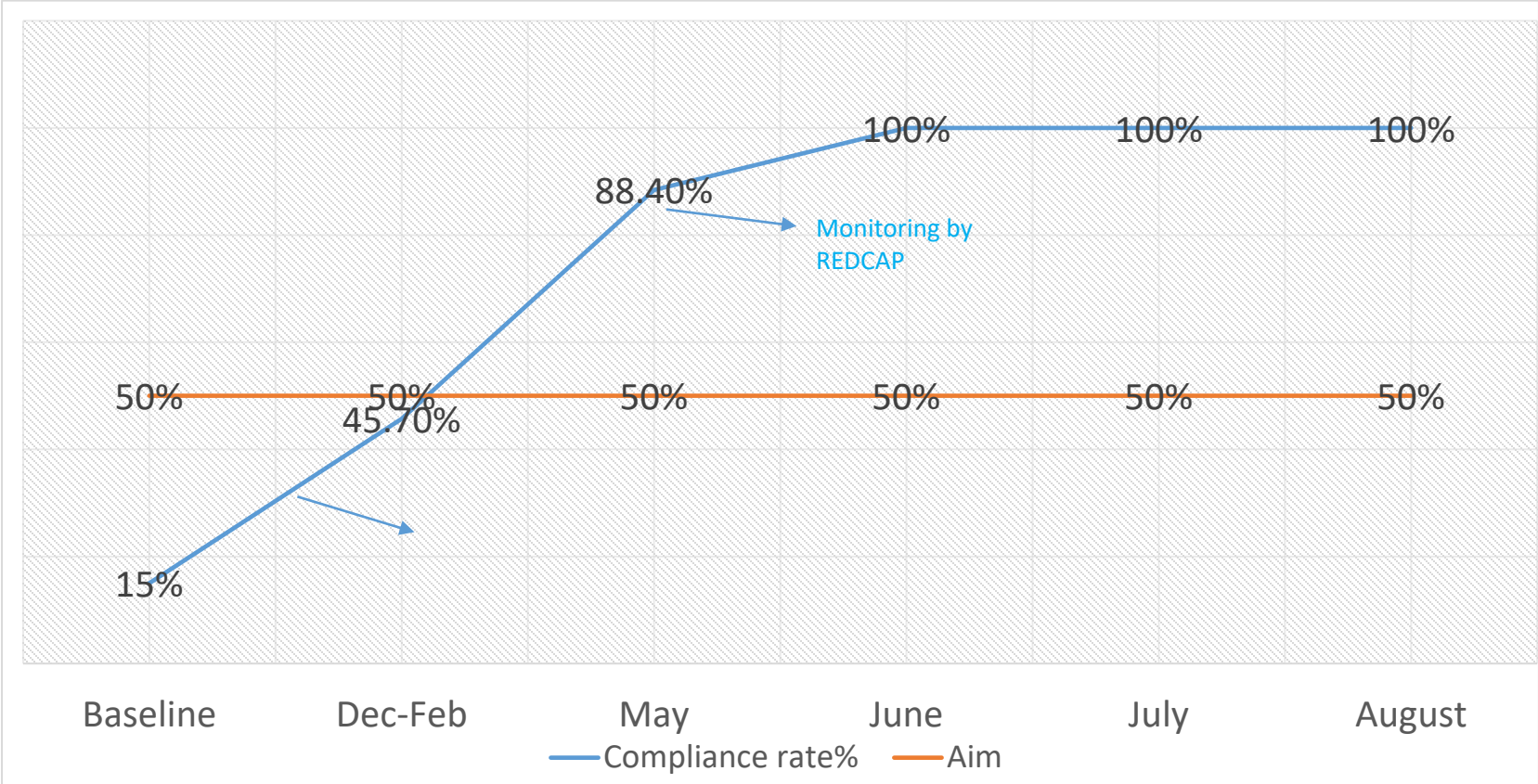
# Change ideas

- Sensitizing staff on the need to have a standard way of admitting all newborns
  - Registrars, Health Information Officers, Departmental Quality Assurance Committee Newborn Unit and labor ward nurses
- Leadership involvement both in NBU and University of Nairobi
- Improving admission record form tool and coding
- Introduction and adherence to the Newborn MOH register
- Availing the forms consistently

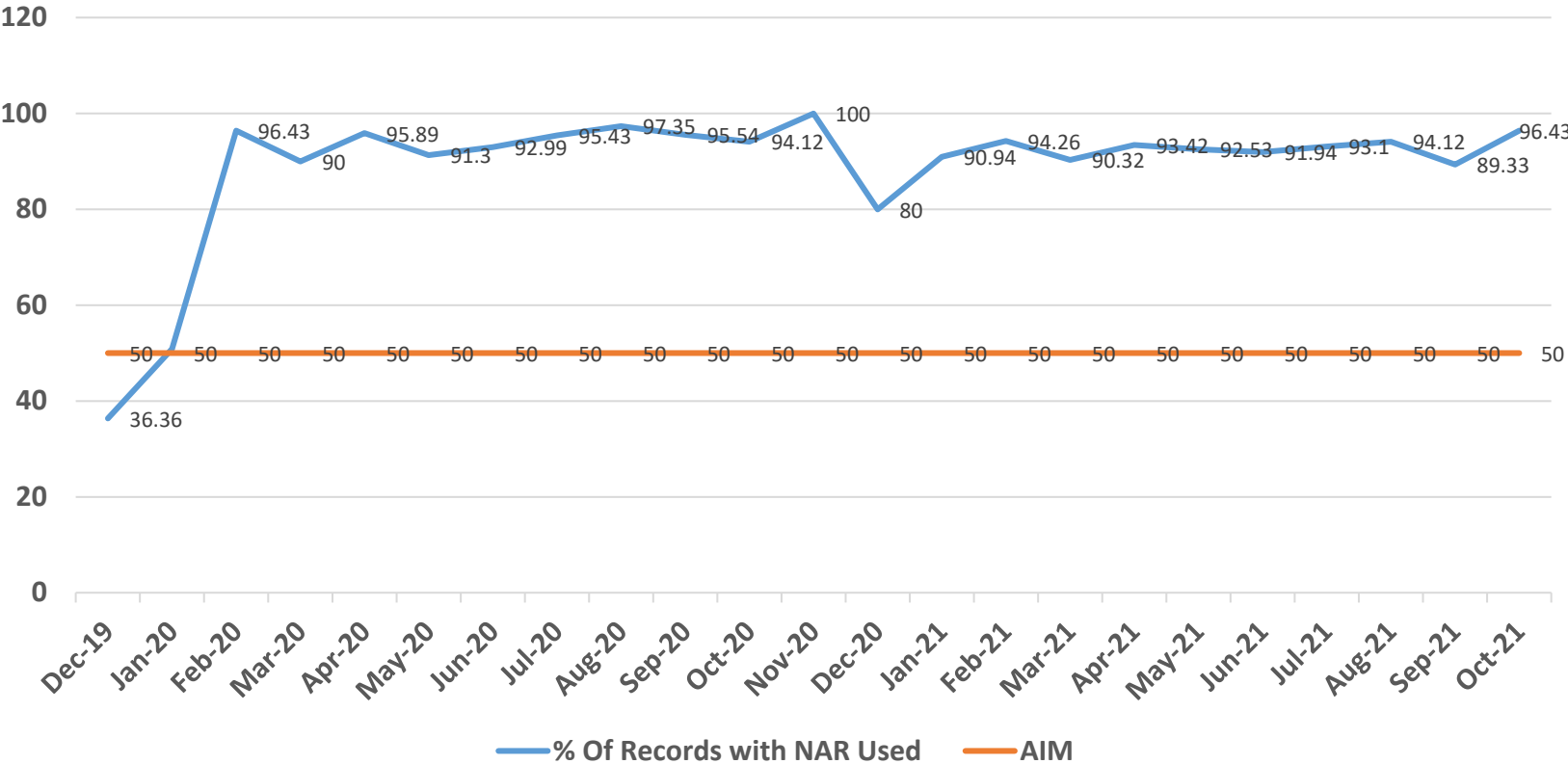
# NAR utilization



# 2019/2020 (up to August) run chart



# Current uptake rate



# Lessons learnt

- Staying focused to the aim and the outcome
- A pro-active team leader
- 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