# Trainee Neonatal Clinician - NN

**Clinical Practice Logbook**

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Programme director, Advanced Neonatal Nurse Practitioner, CB Dunbar Hospital supported by senior and junior medical and nursing colleagues. International input by a consultant paediatrician and two professors of paediatrics from Maternal and Childhealth Advocacy international (MCAI) www.mcai.org.uk

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## Summary of Data

NN was involved in the management of **176** neonatal patients from **18/ September/2020** to **13/August/2022**.

There were 8 neonatal deaths.

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**Resuscitation Data**

72 neonates needed resuscitation.
70 resuscitations involved *Bag and Mask Ventilation*.
7 involved *CPR*.
0 involved *Drugs*.

3 were resuscitated but did not survive.

| | Was neonatal resuscitation required? | Did the baby survive? |
|---|---|---|
| **clinician_case_id** | | |
| **51** | Yes | No |
| **53** | Yes | No |
| **101** | Yes | No |

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**Preterm / Low Birth Weight**

22 were managed in total.

20 babies survived.
2 babies did not survive.

| | Birth Weight | Did the baby survive? |
|---|---|---|
| **clinician_case_id** | | |
| **60** | <2.5 | No |
| **69** | <2.5 | No |

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**Neonatal Sepsis**

156 were managed in total.

148 babies survived.
8 babies did not survive.

| | Diagnosis/(es) | Did the baby survive? |
|---|---|---|
| **clinician_case_id** | | |
| **48** | Omphalitis/ late onset of neonatal sepsis / blunt abdominal injury | No |
| **51** | Severe birth asphysia risk for sepsis | No |
| **53** | Moderate birth asphyxia /Risk for sepsis | No |
| **60** | Neonatal Tetanus / Neonatal Sepsis | No |
| **69** | preterm at 27wks / extrem low birth weight/ Risk for Neonatal Sepsis | No |
| **99** | Low birth weight / Risk for sepsis | No |
| **101** | severe birth asphyxia / meconium aspiration syndrome / Early onset off sepsis/ Necrotizing enterocolitis, Hydrocele. | No |
| **104** | Low birth weight / Risk for Sepsis | No |

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**Birth Asphyxia**

76 were managed in total.

73 babies survived.
3 babies did not survive.

| | Diagnosis/(es) | Did the baby survive? |
|---|---|---|
| **clinician_case_id** | | |
| **51** | Severe birth asphysia risk for sepsis | No |
| **53** | Moderate birth asphyxia /Risk for sepsis | No |
| **101** | severe birth asphyxia / meconium aspiration syndrome / Early onset off sepsis/ Necrotizing enterocolitis, Hydrocele. | No |

**Jaundice**

2 were managed in total.

2 babies survived.
0 babies did not survive.

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**Fitting**

23 were managed in total.

21 babies survived.
2 babies did not survive.

| | Was the baby fitting? | Did the baby survive? |
|---|---|---|
| **clinician_case_id** | | |
| **60** | Yes | No |
| **101** | Yes | No |

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## Summary Table

| | Patient's Hospital Number | Date of Admission | Birth Weight | Diagnosis/(es) | APGAR score at 1 minute | APGAR score at 5 minutes | Describe any Interventions (including any procedures and drugs given) | Describe what happened to the baby | Did the baby survive? | Any other remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| **clinician_case_id** | | | | | | | | | | |
| **1** | | | 6 | to serve oxygen and give other antibiotics | 1.0 | 4.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous glucose,Oral glucose,Oral vitamin supplements,Vitamin K injection. | | Yes | the neonate responded quickly |
| **2** | | | 3 | birth asphyxia and amniotic fluid very green | 7.0 | 10.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Vitamin K injection. | | Yes | neonates mother had one episode of malaria and UTI in pregnancy\n she took two TT vacines and no history of IPT |
| **3** | | | 4.8 | Fracture of the left arm(birth truma)/omphalitis | 9.0 | 10.0 | Skin to skin care (KMC),Intravenous antibiotics,Vitamin K injection. | | Yes | According to the midwife that did the delivery at the clinic ,the baby was referred to the hospital right after the delivery due to shoulder distosia but the mother did not come to the hospital until she was seen by the midwife when she took the child for vaccine at the clinic .The mother verberlized that they were applying country herbs.on arrival at the hospital neonate was seen with the left arm swollen, cord swollen,and greenish with purulent smell.The mother left against medical advice on October 12 2020 after being counselled to seek a heberlist for treatment. |
| **4** | | | <2.5 | Preterm@29 weeks /Risk for Sepsis | 7.0 | 10.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Oral vitamin supplements,Vitamin K injection. | | Yes | Mother is a 16 years old g1p0 .From her BBB she visited ANC one time and has no history of IPT,TT she actually came to the hospital due to vaginal bleedingand stomach hurting times one day.On examination she was fully dilated and give birth to this preterm neonate. |

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| **5** | | | 4.5 | | 7.0 | 9.0 | . | | Yes | |
| **6** | | | 2.5 | Birth Asphyia/Risk for neonatal sepsis / Malaria | 6.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection,Antimalarial drugs. child was being treated for Birth Ashysia /risk for sepsis but later tested for Malaria | | Yes | Neonates mother is a G2 para0 who had no ANC visit but admitted that she visited ANC 3 times and took 2 doses of TT vaccines .FH37cm FHT140b/m, 4cm dilated and membrane intact with bloody mucus .Neonate was born at 7:55am,APAGAR 6/8 the midwife admitted that she resucitatted for five minutes but no crying. Neonate was seen cynosed and was put on oxygen therapy .Neonate responded to treatment quickly and was discharge home on the 16th of November 2020. |
| **7** | | | 4 | birth asphysia /risk for sepsis(child was born with greenish amniotic fluid) | 6.0 | 9.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection,Antimalarial drugs. | | Yes | neonate's mom is a 23years old G3 para2 who was referred to CB Dunbar hospital with the complian of not being able to push her baby and anemia. The C/S was done and baby was resucitated for 3 minutes.He was treated for 7days and discharged home. |
| **8** | | | 3.15 | birth asphysia /Risk for sepsis | 6.0 | 9.0 | Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection,Antimalarial drugs. | | Yes | Neonate's mom is a G2 P1 previous C/S X1 that was received on the labour ward 4cm dilated with no membrane intact she had a history of leaking membrane since the 5th of November 2020. Neonate was extracted from mom's uterus with the APAGAR 6and 9 , he was stimulated and resucitatted for 4 minutes and started breathing but looked cynotic ,baby was brought on the ward and treatment started baby responded quickly and was discharged on the 20th of November 2020. |
| **9** | | | 2.7 | sever birth asphysia/ risk for neonatal sepsis | 3.0 | 5.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. | | Yes | Neonate's mother is a13years old G1 para1 she came walking on the ward@9:00 pm with the complain of labour pain which according to her started in the morning vaginal examination done patient was 5cm dilated with membrane intact with bloody show @ 2:50am NVD was done with a very depressed female neonate .Child was resucitatted for 20 minutes and started gasping neonate was put on 02 therapy and started breathing after 4 hours . child was treated for 14 days and recovered and |

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| | | | | | | | | | | was discharded home. |
| **10** | | | 4 | birth asphysia/ risk for sepsis(child was born with greenish amniotic fluid) | 6.0 | 9.0 | Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. | | Yes | mom is a23 years old G3 para2 who was referred to CB Bunbar maternity hospital with the complain of not being able to push her baby and anemia.The C/S was done due to prolong labour neonate was treated for seven days ,he responded to treatment and was discharged home. |
| **11** | | | 3.8 | Birth Asphysia/Risk for Sepsis | 6.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. (Nevirapine ) because mom is a known Hiv patient | | Yes | Neonates mom is a 26years old G5 para 4, she was admitted during the pregnancy due to acqired pneumomnia on the 2nd of November 2020 she was readmitted again on November 17 2020 with the complain of back pain, neck hurting ,heart hurting, fast breathing,and cough times 1 week According to her she had a major surgery last year @Phebe hospital (bowel obstruction ).November 2020 @7:15am she delivered a depressed neonate (male) ,child was stimulated and started breathing but did not cry APGAR 6and 8. Child was treated for 7 days and discharged homeon the 24th of November 2020. |
| **12** | | | <2.5 | Birth Asphysia/Risk for Sepsis/Preterm@35wks | 6.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. | | Yes | Mother is a G1 para 0 patient she came walking on the ward @ 9:05pm with the complain of stomach hurting back pains since 5pm today.LMP March ,date unknown.she had 4 ANC visits ,TT 2,IPT2 cervix 6cm dilated with membrane intact,no foul smelling. At 10:07pm she gave birth to a live female neonate with the APGAR 6and8.Baby was resucitated for 2 minutes according to the midwife on the shift. baby was brought on the NICU and placed on O2 therapy.Neonate was treated and was discharged on the 5th on december 2020. |
| | | | | Late onset of Neonatal | | | Skin to skin care (KMC),Intravenous | | | November 29th 2020@12:30am this neonate was brought on the ward by mom with the complain of hot skin,jerking and stomach hurting times four days mother admitted burying grape water at the drug store and it was served to child .On arrival observed child crying vigorously but seized after baby passed stool. Pus |

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| **13** | | | 4.4 | Sepsis/Congitivitis | 9.0 | 10.0 | antibiotics,Intravenous fluids,Intravenous glucose. | | Yes | was observed coming out of neonates eyes also,cord had also fallen off and neonate had good sucking reflex with no respiratory distress or hot temperature.Neonate was treated for seven days and discharged home.Neonate was delivered @ a nearby clinic history on the pregnancy and birth were not in detail. |
| **14** | | | 3.3 | meconiun aspiration/Down sydrome | 8.0 | 10.0 | Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam). | | Yes | Neonate was diagnosed of Meconiun aspiration and down syndrome \n the baby was on treatment but her mother decided to take her away saying that she is tired being in the hospital |
| **15** | | | 4 | Birth Asphysia /Risk for Neonatal sepsis | 6.0 | 9.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin400mg IV tidx7/7, Gentamycin16mg IV qd x7/7,Vitamin -k 0.2ml stat | | Yes | This 39years old G6,P5 A0 L5 D0 came as a referral from Gbasue Sulomah clinic with the history of prolong second stage labour @10:40pm she gave birth to a live male neonate born depressed with the APGAR 6&9 with 4.0kg child was resucitated for 3 mins and placed on 02 therapy @2 liters child was still not latching on the breast well and was still being monitored for feeding but mom verberlized that she wanted to go home because of the other children @ home .She signed AMA on the 21st of December |
| **16** | | | 3.35 | Birth Asphysia Risk for Sepsis | 6.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam). Ampicillin 100mg/kg IV tid x 7/7,Gentamycin 4mg/kgIV qdx7/7,Ceftriaxone 50mg /kg IV bidx7/7 | | Yes | Neonate's mom is a 16years old G1 p0 who came walking in the hospital as a referral from Wonsion clinic due to large fetus and suspected CPD,C/S was done and a live female neonate was extracted from her uterus with the APGAR 6 and 8 weight 3.35kg Neonate was born depressed but bag and mask was not used neonate was dried and stimulated Amniotic fluid was also greenish.Neonate was taken on the ward and placed on O2 therapy child was treated for 10 days and dischaged home |
| | | | | | | | | | | This 26years old G3 P2 came to the hospital with the complain of obstructed labour from Zowenta clinic and delivered a live female neonate APGAR 8 and 10 weight 3.9kg neonate |

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| **17** | | | 3.9 | Early onset of neonatal sepsis /Query Menigitis | 8.0 | 10.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam). Ampicillin100mg IV tid x 7/7, Gentamycin 4mg IV qd x7/7, Ceftriaxone 50mg /kg IV bid x 7/7 | | Yes | was stimulated and started breathing but looked cynose neonate was observed spasing right after birth. According to midwife membrane ruptured before she came to the hospital child was born with greenish meconium stain in the Amniotic fluid but not foul smelling .Neonate was brought on the ward and placed on O2 therapy .Neonate was treated for 8 days and discharged home on the 29th of December 2020 |
| **18** | | | <2.5 | Preterm@36wks /Risk for neonatal sepsis | 8.0 | 10.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Oral vitamin supplements,Vitamin K injection. Ampicillin 100mg/kg IV tidx7/7, Gentamycin 4mg /kg IV Q36hrs NGTube for feeding, 02 therapy 2liters. | | Yes | I was called to receive this 0hour old neonate with the complains of polyhydromnios .Mother is an 18years old G1 P0 who had two ANC visits .She had STI during the pregnacy .The neonate was taken on the NICU and placed on o2 therapy due to neonate not breathing well and child still cyanosed.Child was treated for seven days and discharged home on the 28th of December 2020. |
| **19** | | | 3.1 | Risk for neonatal sepsis/birth aspyhsia | 3.0 | 7.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam). Ampicillin 100mg/kg ivtid x7/7, Gentamycin 4mg/kg IV qd x7/7, phenobarbital 15mg/kg IV stat then 5mg/kg IV prn, D10% 60ml /kg/24hours | | Yes | December 28 2020 @2:08am This 21 years old G1P0 was brought to the ER from Yeta clinic with the complain of poor progress of labour and high BP .According to her membrane ruptured before coming to the hospital.According to the midwife FH 39cm, cervix 8cm dilated ,Amniotic fluid brownish in color after examination@6:00am she became fully dilated and @ 6:50 am she gave birth to a live female neonate APGAR 3 and 7 weight 3.1kg child was resucitated for 5 minutes and started breathing .Neonate was brought on the ward and placed on O2 therapy @ 2 liters Neonate was treated for 8 days and D/C home on the 5th of January 2021. |
| **20** | | | <2.5 | Late onset of neonatal | 9.0 | 10.0 | Skin to skin care (KMC),Intravenous antibiotics. Ampicillin 100mg/kg tid x7/7, | | Yes | This 10 days old female neonate was received from the ER accompanied by the ER nurse and mom . According to ER nurse patient was brought from home by mom with the complain of distented abdomin and hot skin x 3 days on arrival on the ward observed abdomin distended but soft and no tenderness on palpation with rashes on the skin. According |

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| | | | | sepsis | | | Gentamycin 4mg /kg IVqd for 7/7, Metronidazole 15mg/kg then, 7.5mg/kg , Nevaropine 2.5ml po qd x | | | to mom she delivered at CB Dunnbar on December 23 the child was okay until she went home after three days the child's abdomin got distended accompany by fever .She denied home treatment but admitted that she applied breast milk on the cord after it dropped.Mom is also a known HIV patient that is on her treatment. |
| **21** | | | 3.4 | Early onset of neonatal sepsis | 8.0 | 10.0 | Skin to skin care (KMC),Oxygen,Nasal CPAP,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Antimalarial drugs. Ampicillin 100mg/kg Iv tid x7/7,Gentamycin 4mg/kg IV qdx7/7, Ceftriaxone 50mg/kg IV x7/7,Artesunate 3mg/kg | | Yes | January /11/ 2021 @10:40pm This 20 years old G1,P0 came walking on the OB ward with the complain of abdominal pain which started this afternoon FH42cm, FHT 145 ,BP 162/102 Nifedipine 20mg po and Aldoment 500mg were served.cervix 4cm dilated, membrane intact. At 6:37am vaccum delivery was done due to poor maternal effort to a live male neonate APGAR 8 and 10 weight 3.4kg .Neonate was stimulated bag and mask were not used Neonate cried but looked cynosed and was not breathing well baby was brought on the ward and put on 02 therapy and later changed to CPAP because neonate was not responding to the 02 therapy .Neonate was treated for seven days and discharged home with mom. |
| **22** | | | 2.95 | Birth Asphysia/ Risk for Sepsis | 5.0 | 7.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose. Ampicillin 100mg/kg, Gentamycin 4mg/kg, Ceftriaxone 50 mg/kg | | Yes | January 15 2021, this 29 years old female G7,P5 A 1, D 3,L 2 was brought in a wheel chair on the labour ward with the complain of enlarged spleen referred from Gbecon clinic.FH-37cm,FHT-125b/m cervix fullly dilated,membrane felt but leaking greenish fluid but not offensive.At 12:43pm, she gave birth to a depressed female neonate. Neonate was dried and stimulated for five minutes baby started breathing and crying .Neonate's cord was cut and tied and baby brought on the ward for further care.Neonate was treated for 7 days and discharged home |
| | | | | | | | | | | January 27 2021 I was called to receive this 31 weeks old female neonate from the OB ward with APGAR 5and 8 weight 1.4kg.On arrival observed the |

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|---|---|---|---|---|---|---|---|---|---|---|
| **23** | | | <2.5 | Preterm@ 31 weeks risk for sepsis | 5.0 | 8.0 | Skin to skin care (KMC),Oxygen,Nasal CPAP,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg Iv tid x7/7, Gentamycin 4 mg/kg IV qd x 7/7,vitamin k 0.2ml im stat,02 therapy @ 2 liters ,CpAP | | Yes | baby very floopy,cynosed and not breathing the baby was resucitated for5 mins and started breathing and crying .Neonate's mom is a 23 years old gravida4 ,para1, A2, L1. Mom visited ANC one time .According to her she took IPT one time, on her arrival on the ward FH-31cm ,FHT-144b/m, desent1/5,contrations strong 4 in ten mimutes lastingfor 45 seconds ,presentation ceph no history of headache and epigastric pains PV done membrane intactand bulgging V/S done temp 36.6, BP-123/74, RESP-20c/m ,pulse -80b/m. Neonate responded to tretment and was D/C on the 12 of APRIL 2021 with the with of 1.95kg |
| **24** | | | 3.1 | yes | 5.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. Ampicillin 100mg/kg ,Gentamycin 4mg /kg,D10%216ml iv for 24 hours vitamin k 0.2ml im stat,02 therapy@2 liters ,phenobarbitone 15mg/kg iv stat then 5mg/kg PRN | | Yes | Feb 12 2021 @ 7:25am this 20years old G2,p0, A1 ,L0 came walking on the ward as refferral from the Bapthis Clinic with the complain of refusal for PV On arrival on the ward she admitted that her last LMPwas May 15 2020,EDD FEB17 2021, FH 37cm.According to the referral membrane ruptured @200am on Feb12 2021.AT 9:25am a difficul delivery was done with APGAR 5 and 8,neonte was resucitated for 5mins cord cut and tied neonate brought on the ward and placed on O2 therapy. Neonate improved and was D/C home on the 26 of Feb 2021. |
| **25** | | | 3.05 | vaccum delivery / Risk for neonatal sepsis | 6.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. Ampicillin100mg/kg IV tid x 7/7, Gentamycin 4mg/kg IV qd x 7/7 ,Ceftriaxone 50 mg / kg IV bid x7/7 ,Vitamin k0.2ml IM stat, phenobarbitone 20mg /kg IV stat then 5mg/kg IV PRN. | | Yes | Neonate's mom is a G 2, p0 ,A1 ,L0, she attended ANC 3 times , 1 IPT dose ,2 TT vaccines .temp 36.5,heart rate;89b/m, RESp;20c/m ;bp;116/65. AT 11:05am patient became fully dilatedat 12:58pm vaccum delivery was done with a life female neonate APGAR 6 and 8 child was stmulated and started to cry cord was cut and tied Neonate was brought on the NICU and placed on 02 therapy . Neonate contineued with high pitch cry Phenobarbitone 15mg/kg was served .Neonate improved and was D/C on the 26th of March. |
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| **26** | | | <2.5 | Early onset onset of NN sepsis, Leaking membrane and foul smelling amniotic fliud | 8.0 | 10.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg Iv tid x 7/7, Gentamycine 4mg/kg IV qd x 7/7 , vitamin k0.2ml IM stat , D10% 144ml IV x24 hours | | Yes | postpartum ward with the complain of increased temperature .According to mom's history she had leaking membrane with foul smelling Amotic fluid. Neonate presented with foot in breech presentation APGAR 8 and 10 weight 2.4kg she was observed having good sucking reflex mom was encouraged to put neonate on the breast. M/s was orded but no parasite seen neonate improved and was discharged home on the 24 of March 2021. |
| **27** | | | 2.8 | Late onset off neonatal sepsis/ ( neonate not sucking , hot skin,and child crying for one day) | 8.0 | 10.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg Iv tid x5/7,Gentamycin 4 mg /kg x5/7, vitamin k 0.2ml im stat. | | Yes | Neonate was admitted from the OPD with the complain of child not sucking , hot skin, and crying since yesterday.Neonate's mom verberlized that she gave birth at CBDunbar hospital neonte was stimulated and started crying.On arrival observed neonate febrile on touch ,crying but has good sucking reflex. Neonate was admitted and treated for 5 days and D/C home with mom on the 28th of March. |
| **28** | | | 2.7 | Early onset of neonatal sepsis /query birth asphysia ,fast breathing and cynosis | 8.0 | 10.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Vitamin K injection. Ampicillin 250mg/kg iv tid x 7/7, Gentamycin 4mg /kg iv qdx 7/7,vitamin k 0.2 ml im stat, D10% 80ml/kg x1 day | | Yes | This 2 days old male neonate was referreded from Botota clinic with the complain of fast breathing , not sucking and cynoses but mom denied home treatment.She also verberlized that neonate was stimulated after birth before he started crying. On arrival observed neonate breathing fast and cynosed neonate was admitted and placed on 02 therapy Neonate was treated for seven days.He improved and was discharged home on the 30th of March 2021 |
| **29** | | | 3.2 | Birth asphysia / Risk for neonatal sepsis | 3.0 | 3.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg iv tid x7/7 , Gentamycin 4mg/kg iv qd x7/7, vitamin k 0.2ml im stat, D10%192ml iv x 24 hours. | | Yes | At 5:25pm I was called on the OB ward due to vaccum delivery secondary to poor maternal effort , at 5:30pm neonate was delivered depressed via vaccum .APGAR 3 in the first minute and 3 in the 5th minute .Neonate was resucitated for 13 minutes and started gasping , cord was tied and cut baby was brought on the NICU for further management Neonate improved and was D/C home on the 9th |

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| | | | | | | | | | | of April 2021 D/C weight 3.4kg |
| **30** | | | 3.25 | Abdominal distension (Late onset of neonatal Sepsis | 9.0 | 10.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose. Ampicillin 100mg/kg iv tidx7, Gentamycin 4mg/kg iv qd x7/7, Metro 15 mg/kg stat then 7.5 mg/kg iv bid x 7/7, R/Dextros390ml iv x 48hours | | Yes | March 27, 2021 @ 9 :30am This 4 days old male neonate was brought on the ward from the ER as a referral from Sammy clinic with the complain of not sucking , passing frquent stool, and distended abdomin According to the referral neonate was delivered on the 24 of March 2021 @1:15 am NVD with a live male neonate APGAR 9 and 10 weight 2.8 kg , membrane was intact on arrival @the clinic .On arrival in the NICU observed neonate in no respiratory distress, with abdomin distended, shinny, and mildly tense, with cord dry skin around it redish, and child also passing watery greenish stool NGTube was inserted with pinkish substance aspirated Mom and midwife verberlized that neonate was given gas syrup.Neonate improved and was discharged home on the 5th of April 2021. |
| **31** | | | 3.2 | Late onset of neonatal sepsis / query birth asphysia | 7.0 | 10.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Oral vitamin supplements. Ampicillin50mg/kg iv tid x7/7, Ceftriaxone 100mg/kg iv bid x7/7, Gentamycin 4mg/kg iv qd x7/7, Phenobarbital 15mg/kg iv stat, then 5mg/kg iv PRN, R/ dextrose 140ml/kg x48 hrs, O2 therapy at 2 liters. | | Yes | Neonate was brought from home by mom with the complain of not latching on the breast, increased temp, and jerking . On arrival on the ward observed neonate turns cynosed when spasing with a decrease in spo2. Neonate was placed on O2 therapy @ 2 liters iv line established and neonate placed on antibiotics. NGtube was inserted with dark content about 5cc aspirated Mom denied any form of home treatment. She also verberlized that she delivered at CB Dunbar hopital with neonate having no problem until a day ago and decided to come to the hospital .Neonate was treated for seven days with improvement in the condition and D/C home on the 12 of April 2021. |
| | | | | | | | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K | | | I was called on the OB Ward to attend the delivery of this 38 years old G 7 ,P6 who was addmited on the OB ward due to stomach pain ,midwife admitted that neonate's mom had leaking membrane which started a week ago . she gave birth to a live male neonate |

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| **32** | | | 2.55 | Early onset of neonatal sepsis | 6.0 | 8.0 | injection. Ampicillin 100mg/kg iv tid x7/7, Gentamycin 4mg/kg iv qd x7/7, Phenobarbitone 15mg/kg iv stat, Vitamin k 0.2 ml im stat ,D10% 60 ml/kg iv x 24 hours | | Yes | with APGAR 6 and 8 weight 2.55kg via NVD. Neonate was stimulated and dried .Neonate was brought on the ward and placed on 02 therapy due to low Sp02 and was treated for 7 days and discharged home on the 15 th of April 2021 with the with of 2.8 kg |
| **33** | | | 2.55 | Early onset of neonatal sepsis | 6.0 | 8.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. Ampicillin 100mg /kg iv tid x7/7, Gentamycin 4mg /kg iv qd x 7/7,Phenobarbital 15mg/kg iv stat, then 5mg/kg prn vitamin k 0.2ml im stat, D10% 60 ml /kgiv x 24 hours, | | Yes | I was called on the OB ward to attend the delivery of this male neonate due to poor maternal effort .According to the midwife, neonate's mom had leaking membrane for about a week ,also according to her ANC book she had Malaria and UTI in this pregnancy she was treated with ACT and AMOx .She delivered a live male neonate with APGAR 6 and 8 wt 2.55kg . On arrival on the ward neonate had high pitch cry phenobarbital was served Neonate became calm and responded to treatment and was D/C home on the 15 of April |
| **34** | | | <2.5 | late onset of neonatal sepsis/Low birth weight. | 6.0 | 8.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose. Ampicillin 100mg/kg iv tid x 7/7, Gentamycin 4mg/kg iv qdx 7/7, | | Yes | This 5 days old female neonate was brought on the ward from home by grandma with the complain of hot skin On arrival observed neonate with no breathing difficulty but is febrile on touch and has an increased temp of 38.3. neonate was observed having good sucking reflex. mom denied given any home treatment but verberlized that she put breast milk on the cord. Neonate was treated for late on set of neonatal sepsis and D/C home on May 3 2021 with weight 1.95kg |
| **35** | | | 2.9 | birth asphysia / risk for sepsis | 5.0 | 7.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 290mg/kg iv tid x 7/7, Gentamycin 4mg /kg iv qd x7/7 , vitamin k 0.2 ml im stat , D10% 60 ml/kg . | | Yes | I was called to attend the delivery of this 8 mins old female neonate who was delivered via NVD but difficult. According to the midwife neonate's mom came on the ward with membrane intact no meconiun stain nor foul smell.She gave birth to a live female neonate with APGAR 5/7 weight 2.9 neonate was resucitated for 5 mins and started breathing . She was brought on the NICU and placed on O2 therapy . Neonte was treated for 7 days . Neonate improved and was D/C home. |

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| **36** | | | 3.8 | Risk for sepsis | 9.0 | 10.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg iv tid x 3/7, Gentamycin 4 mg/kg iv qd x3/7, vitamin k 0.2 ml im stat, D10% 60 ml /kg iv x 24 hours | | Yes | April 24 2021@ 11 30 am I was called to the OT to attend the C/S of this 23 years old G 1, P 0, due to prolong active phase of labor/failure to progress. According to midwife ,Neonates's mom had 5 ANC visits 3 IPT and 3TT vacines .She had malaria and UTI in this pregnancy. On examination membrane rupturedwith brownish fluid .she was taken for C/S@ 11:20am, by 11 :50 am C/S was done with a live female neonate APGAR 9 and 10 . Neonate was brought on the ward to be covered up for Risk of Neonatal sepsis due to brownish amniotic fluid. Neonate was treated for three days and D/C home. |
| **37** | | | 3.1 | Mild birth asphysia/ risk for sepsis | 5.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg iv tid x7/7, Gentamycin 4mg/kg iv qd x7/7, Vitamin k 0.2ml im stat,T/C eye ointment applied to the eyes, cord care bid with chlorhexiden gel, D10% 60ml /kg iv x 24 hours | | Yes | May 6, 2021 @ 10 38 am I was called on the delivery ward to attend the delivery of this G1 P0 who came walking in the ER on May 4 2021 with the complain of stomach hurting x 1 day . she attended ANC 3 times , she took 3 IPT ,2 TT. Examination on arrival FHT 143c/m, FH 40cm , PV done cx 1 cm dilated with membrane intact and blood on the gloves May 6th 2021 @ 7:am PV done cx 8 cm dilated with moderate contraction and membrane absent .At 8am PT passed the action line Dr. ordered that patient be given 2 more hours .Patient gave birth to a live but depressed female neonate @ 10:45 am APGAR 5 and 8 , neonate was resucitated for 3 mins and started breathing .Neonate was brought in the NICU and placed on 02 therapy due to low SPO2 and for further mgt. Neonate was treated for 7 days and D/C home May 13 ,2021 with weight 3.4 kg. |
| | | | | | | | Skin to skin care (KMC),Oxygen,Intravenous | | | May 10,2021@7:50am.I was called on the ob ward to attend the delivery of this G1, P0 pt who came as a referral in the ER from Yila clinic with the complian of stomach pain x 2 days and DX; of Breech presentation .On arrival at the hospital patient was fully dilated with no membrane @ 7 : 34 am when PV was done .She was taken |

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| **38** | | | <2.5 | Severe birth asphysia risk for sepsis | 3.0 | 4.0 | antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg iv tid x7/7, Gentamycin 4mg/kg iv qd x7/7, Vitamin k 0.2ml im stat, D10% 60mlkg iv x24hours , NGTube for feeding. | | Yes | on the OB ward @ 7:40am and was observed that one of the fetus buttocks was outside , at 8:10 am a difficult lock second twin delivery was done with the vertex presentstion with a live male neonate but depressed with APGAR 3/4, weight 1.65kg neonate was resucitated for 10 mins and started gasping and later breathing .He was brought on the ward and placed on 02 therapy @ 2 liters.Neonate was treated for 10 days and D/c home on tMay 20 2021 with weight1.85kg. |
| **39** | | | 2.65 | Risk for sepsis | 7.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 50mg/kg iv tid x 5/7, Gentamycin 4mg/kg iv qd x 5/7, vitamin k 0.2 ml im stat, T/C eye ointment apply to the eyes , cord care apply to the eyes bid | | Yes | May 11, 2021 @4:00am, I was called on the labour to attend the delivery of this G2 P1, who came walking in the ER with the complain of back pain and leaking membrane which started two mornings ago . She had 3 ANC visits/ IPT2, TT 1, PV done May 10 2021, @ 1:00am she was 4 cm dilated@ 11am membrane ruptured with clear fluid and she was 6cm dilated 5:10pm Ampicillin 2g @ 6: 39pm.Pv done cx 6cm with descent 4/5 contraction mild 3 in 10min lasting 20 seconds 8:30pm pitocin 10units in N/S 500ml was set up @ 3:00am . Patient became fully dilated @ 4:05 am she delivered a live female neonate with APGAR 7 and 8, weight 2.65kg. Neonate was dried and stimulated and crying baby was brought in the NICU and placed on 02 due to low spo2. Neonate was treated for 5 days 2.7kg. |
| **40** | | | 3.1 | | 7.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Amp 50mg/kg iv tid x5/7, Gentamycin 4mg/kg iv qd x5/7, vitamin k 0.2ml im stat,D10% 60ml/kg iv x 24 hours, T/C | | Yes | May14 2021,@6:00pm I was called on the OB ward to attend the delivery of this G1,P0, 20 years old woman who came walking in the ER May 13 2021 with the complian of backpain, cold, chest burning, headache, bodyly weakness and low appetite which started three days ago and diagnosed of Malaria in pregnancy , UTI, after lab result came 1+ Malaria ,WBC 8-12, RBC 4-8 .May 14 2021 @4:54 pm cx9 cm dilated with membrane intact but rupturted on examination with clear |

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| | | | | | | | eye ointment apply to the eyes, cord care bid with chlorhexidine gel ,02 therapy @ 2 liters | | | fluid. May 14 2021 @ 6:05pm . She became fully dilated @ 6:16 pm a normal vaginal delivery was done with a live male neonate, APGAR 7 and 8, weight 3.1kg. Neonate was stimulated and dried but still did not cry with in the first 5 mins .Neonate was brought on the NICU for further mgt.She was treated for 5 days and D/C home May 19 2021 .with weight of 3.5 kg. |
| **41** | | | <2.5 | Risk for sepsis / low birth weight | 9.0 | 10.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 50 mg/kg iv tid x 5/7, Gentamycin 4mg/kg iv qd x 5/7, Vitamin k 0.2 ml im stat , D10% 60 ml /kg iv x 24 hr T?C eye ointment applied to eyes, cord care bid with chlorhexide gel . | | Yes | May 14 2021, I was called to the delivery room to receive this female neonate who was delivered @ 11:50pm via the NVD with a APGAR 9 and 10, weight 1.8kg. According to ER patient's mom came with leaking membrane. Neonate was dried and stimulated and started crying .Neonate was brought in the NiCU for further mgt . Neonate was treated for 7 days and D/C home on the 21 may 2021. |
| **42** | | | 3.3 | Risk for Sepsis/Expose Infant | 7.0 | 10.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 50mg/kg IV tid x 5/7, Gentamycin 4mg/kg IVqd x5/7, Nevaropine syrup 2.5ml po qd x , Vitamin k 0.2ml im stat | | Yes | May14 2021: I was called to the OT to receive this 0 hour old male neonate with APGAR 7 & 10 , weight 3.3kg whose mom was taken to the OT due to previous c/sx1,and occiput posterior position. According to her history she was admitted on the OB ward from the ER with the complain of back pain and stomach hurting .She was diagnosed of 1+ malaria and occiput posterior sheShe was prepared for surgery . According to the HIV focus person the patient got tested during the labour period. Neonate was brought on the ward for further magement and D/C home May 21 2021 with the weight of 3.2kg. |
| **43** | | | 3.25 | Risk for sepsis | 7.0 | 10.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 50mg/kg iv tid x5/7, gentamycin 4 mg/kg iv qd x5/7,Vitamin k 0.2 ml im | | Yes | May 18 2021 @ 12: 40pm I was called to the OT to attend the delivery of this G1,P0 who came the hospital as a referral from Palala clinic due to no fetal distress FHR 81b/m. According to the referral @ 6:39pm cx was 6cm dilated and membrane ruptured @ 8:55pm. She was treated for Malaria at C/B Dunbar in April with ACT. At 11 :25pm when she arrived in the ER according to the OBC |

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| | | | | | | | stat, D10%195ml iv x 24 hours , T/C eye ointment apply to eyes , cord care bid with chlorhexidine gel . | | | FHR 97 b/m, PV done she was 7cm dilated. At 12:45pm alive male neonate was extracted from moms uterus with APGAR 7 and 10 ,weight 3.25kg Neonate's cord was clamped and baby brought on the ward for further mgt. Neonate was treated for 5 days and D/C home May 2021 with weight 3.05kg. |
| **44** | | | 3 | Severe birth asphysia /risk for sepsis | 3.0 | 5.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 50mg/kg iv tid x7/7, Gentamycin 4mg/kg iv x 7/7, Vitamin k 0.2ml iv stat, T/C eye ointment apply to the eyes, cord care with chlorhexidine gel bid, Vital signs q 15 mins for 2 hours, q30 mins for 1 hour , then q hourly. | | Yes | May 18 2021 @3pm, I was called on the OB ward to attend the delivery of this G1, P0 who was admitted due to back pain, and stomach hurting according to her it started last night. At 1:00am when she was admitted PV done she was 8cm dilated and FHT was 81b/m It was recorded that she had leaking membrane at the time. She became fully dilated @ 12:58pm At 3:50pm vaccum and episiotomy was done with a live but depressed female neonate APGAR 3 and 5. Neonate was resucitated for 3 mins and started breathing .Neonate was brought on the NICU and placed on 02 therapy @ 2 liters for further mgt.Neonate was treated for 7 days and D/C home May 26 2021,with weight 3.05kg. |
| **45** | | | 2.6 | birth ashysia / risk for sepsis | 5.0 | 6.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. ampicillin50 mg/kg iv tid x7/7, Gentamycin 4mg/kg iv qdx7/7, vitamin k 0.2ml im stat, D10% 60 ml iv x24 hours , vital signs to be monitorted q 15 mins for 2 hours ,q30 mins for 1 hour ,then q hourly . | | Yes | May 26 ,2021. I was called to the OB ward due to neonate born depressed. On arrival met midwife resucitating the neonate. According to her the neonate was resucitated for 5 mins and started breathing but did not cry. The neonate was brought in the NICU and placed on 02 therapy at 2 liters . The midwife verberlized that the the membrae ruptured @ 8pm on examination it was not foul smelling but had meconiun stain.She was treated for 7 days and D/C home June 3 2021 with weight 2.9 kg |
| | | | | | | | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous | | | May 26 @3:51pm I was called on the OB ward due to a neonate delivered depressed .On arrival met this one min old neonate lying on the bed depressed neonate was resucitated for 2 mins and started breathing but did not cry Neonate was brought in the NICU for further |

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| **46** | | | <2.5 | Neonate born depressed | 5.0 | 8.0 | fluids,Intravenous glucose,Vitamin K injection. Ampicillin 50mg/kg iv tid x7/7, Gentamycin 4mg /kgx7/7, Vitamin k 0.2ml im stat, D10% 60mlxkgx24 hours , T/C eye ointment apply to the eyes , cord care bid with chlorhexinde gel .Vital signs to be monitored q 15mins for 2 hours ,q30 mins for 1 hour then q hourly. | | Yes | mgt According to the history , patient's mom was brought in the ER @ 12:45pm with the complain of stomach hurting x this morning PV done she was fully dilated with membrane intact @ 1: 20pm she was taken to the labour ward .At 1:21pm PV done she was 8 cm dilated with membrane absent but no foul smell or meconiun stain.She delivered @ 3:50pm with a life but depressed female neonate. DX ; birth asphysia risk for sepsis.Neonate was treated for 5 days and D/C home with weight 2.5kg on JUne 1st 2021. |
| **47** | | | 2.8 | congenital malaria /early onset of neonatal sepsis | 9.0 | 10.0 | Skin to skin care (KMC),Intravenous antibiotics,Vitamin K injection. Ampicillin 50 mg/kg iv tid x 5/7, Gentamycin 4 mg/kg iv qd x5/7 , Artesunate 3mg /kg iv x 7/7 | | Yes | May 30 2021@8:20 am this 2 days old female was received from the post partum ward with the complain of her mom having 2+ malaria during labour. M/S was ordered for neonate and neonate was 1+ malaria . Neonates mom was referred rom Gbonota clinic with the complain of Malaria in pregnancy , membrane ruptured 30 mins to delivery no meconiun stain or foul odour . Neonate was treated for 7days and D/C home on June 7 2021 with weight 2.9 kg. |
| **48** | | | 2.7 | Omphalitis/ late onset of neonatal sepsis / blunt abdominal injury | 8.0 | 10.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg iv tid x 5 days, Gentamycin 4mg/kg iv qd x7/7, Cloxacillin 50mg /kg iv tid x 7/7, PCM 7.5 mg iv tid x 3/7, R/dextrose 270ml iv x 48 hours , Metronidazole 50 mg / kg iv tid x 7/7. 02 therapy @ 2 liters | | No | June 3, 2021 @11:50am, This 6 days old female neonate was brought on the ward accompanied by an ER nurse and relatives with the complain of home delivery . On arrival in the NICU observed the abdomin distended, tensed tender on touch and also red @ the umbilical region ,according to neonate's mom she delivered May 28 2021. She also verberlized that she delivered at home and the cord was cut with a blade and neonatewas well untill yesterday the cord dropped she noticed the follwing above on the neonate . She also verberlized that she did not know her LMP and when membrane ruptured according to her she applied breast milk on the cord but but denied other home tretment .Neonate was brought on the ward and placed on 02 therapy @ 2 liters |

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| | | | | | | | | | | .The APGAR is unknown because is home delivery ,the birth weight is the admission weight.The swollen spread to the chest the next day with neonate having difficulty in breathing and restlessness. Neonate expired @11:00 ampm June 4 2021 |
| **49** | | | 2.6 | Late onset of Neonatal Sepsis /query birth asphysia | 8.0 | 10.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Vitamin K injection. Ampicillin 50mg/kg ivtid x5, Gentamicin 4mg /kg iv qd x 5/7 | | Yes | June 7 2021 @12:50pm This 18 days old male neonate was brought on the ward from the OPD accompanied by OPD nurse and mom with the complain of hot skin @ night , not latching on the breast and not passing stool x one week now . On arrival on the ward observed neonate poorly nourish with rashes on his skin and his eyes also yellow neonate has good sucking reflex and mom is producing enough breast milk but mom not positioning neonate well on the breast. According to mom she delivered May 21 2021 neonate did not cry nor suck until the next day . She admitted that she was D/C on the 22 of May 2021, neonate was well untill one week ago . According to her ANC book APGAR was 8 and 10 birth weight 2.6kg. M/S ordered no malaria / parasite seen Hemoglobin 15 g/dl. Neonate's mom was encouraged to express breast milk to top up with cup feeding and she was taught to position neonate well on the breast. june 10th 2021 NGTube was inserted after it was observed that neonate was not latching on the breast and still had not passed stool. JUne 11 2021 it was observed that neonate passed stool.Neonte was treated for 5 days and it was observed that he was latching well on the breast . he was D/C home June 14th 2021 with weight 2.6kg. |
| | | | | | | | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K | | | June 15, 2021,@ 4:50 pm I was called on the delivery ward to receive this 0 hour old neonate who was delivered at 4 :56pmwith APGAR 7 and 10, weight 3.0kg .According to mom's history,she came walking on the OB ward with the Impression Malaria in |

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| **50** | | | 3 | Risk for sepsis/ congenital Malaria | 7.0 | 10.0 | injection,Antimalarial drugs. Ampicillin 50mg/kg iv tid x7/7, Gentamicin 4mg/kg iv qd x 7/7,Vitamin k 0.2ml im stat,T/C eye ointment apply to eyes, cord care with Chlorhexiden gel bid, Artesunate 3mg/kg iv x7/7. | | Yes | pregnancy /laten phase of labour . LMP August14 2021membrane ruptured @ 1: 26pm on examination it was clear and not offensive .Neonate's mom was brought on the ward due to acroLabs orcynosis and weak cry . M/S done 1+malaria. Neonate was treated for 7 days and D/c on the 21 of June 2021 with weight 2.75kg. |
| **51** | | | 3.1 | Severe birth asphysia risk for sepsis | 2.0 | 3.0 | Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 50mg/kg ivtid x7/7, Gentamycin 4mg/kg iv qd x7/7, vitamin k 0.2mlim stat, T/C eye ointment apply to eyes, cord care bid with Chlorhexidine gel | | No | June 15, 2021 @ 1:15pm I was called to the OT to attend the delivery of this G1, P0 19years old female who was refered fr om Zeby clinic with the complain of refusal to push .Patient was received in the ER @ 12:09am June 15 2021according to the history on arrival she was 6cm dilated.FHT172b/m.At 12:40am patient was taken to the OB ward FHT done 178b/m CX6cm dilated.,at 1:25pmC/S was donewith a live but very depressed male neonate APGAR 2and 3, weight 3.1kg. Neonate was resucitated for 6 mins and started breathing .Neonate was brought on the ward at 1:37pm and resuscitated again for5 mins. Neonate was placed on 02 therapy @2 liters .June 16 2021 @12 :25pm NGTube was inserted 3.2ml of dark content was aspirated via NGTube and 3.2ml of N/S was served iv slowly .Neonate went into apnea three times and was resuscitated and started breathing again.June 17 2021 @12:25am Neonate's vital signs started desaturating Neonate was stimulated and resuscitated but to no avail . It was observed that vital signs ceased @2:36am. |
| **52** | | | 3 | Risk for neonatal sepsis | 7.0 | 9.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. Ampicillin 50 mg /kg iv tid x 5 days , gentamicin 4 mg/kg iv qd | | Yes | June 15 2021 At 8 :35pm this 10 mins old neonate was brought on the ward due to risk of neonatal sepsis. Neonate was delivered @ 8:25pm via NVD .According to mom's history she was referred from Gbatala clinic due to her being uncooperative. she was received on the labor ward @ 3:49pm PV done CX 9cm dilated membrane absent. Sne verberlized that |

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| | | | | | | | x5/7 , T/C eye ointment apply to eyes , Cord care with chlorhexindine gel bidx, Vitamin k 0.2ml im stat, D10%60ml/kg iv x 24 hrs, Phenobarbitone 15mg/kg iv stat then 5mg/kg iv prn. | | | membrane ruptured @ the clinic but does not know the time.Neonate was brougnt on the ward for futher management. June 16 2021 neonate was observed having seizures phenobarbitone was served. Neonate became stable and was treated for 7 days and D/C home June 22, 2021 with weight 3.35kg |
| **53** | | | 3.1 | Moderate birth asphyxia /Risk for sepsis | 4.0 | 7.0 | Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg iv tid x7/7, Gentamicin 4mg/kg iv qd x7/7, Vitamin k 0.2ml im stat D10% 60ml/kg iv x 24 hours T/C eye ointment apply to eyes ,Cord care with Chlorhexidine gel bid x | | No | June 23, 2021 at 3:15pm, This 15 mins old neonate was brought from the OB ward with the APGAR 4 and 7, weight 3.1kg ,Neonate's mom is an 18 years old G1, P0, who was seen in the ER at 9:00am with the complain of abdominal pain x11:55am . Membrane ruptured with clear fluid but not offensiveat 2:30pm .Labor was augmented at 3:pm.SVD was done with a live male neonate , APGAR score 4 and 7 , Neonate was resuscitated for 4 minutes and started breathing , the baby was brought on the NICU for further management . June 24, 2021 at 8:39 am RBS done 11.5mmol/L 31ml of N/S 10 ml/kg iv was served.At 1:06am neonate went into apnea v/s done HR;50b/m, SPO2 4% resuscitation was done via bag and mask , chest compression was done up to 20 mins at 11;10 am adenaline 0.3ml was served . All efforts was made but to no avail, vital signs ceased at 11:45am The relatives were counselled and the body taken away. |
| **54** | | | 2.7 | Moderate birth asphysia / Risk for neonatal sepsis/ congenital malaria. | 4.0 | 6.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg iv tid x7/7, Gentamicin 4mg/kg iv qd x7/7, vitamin k 0.2ml im stat, TT vacine 0.5ml im stat, T/C eye ointment apply to eyes , | | Yes | June 20, 2021,at 4:34am I was called to the OB ward to attend the delivery of this 18 years old G1 P0 patient who came walking to the facility as a referral from Samay clinic with the C/O of stomach hurting,back pain,x this morning .According to the history membrane ruptured at the clinic at 5:20pm. Patient was 3cm dilated on arrival at the hospital with membrane absent, presentation was face.Patient started convulsing and MGS04 was served . AT 4:35am |

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| | | | | | | | Chlorhexiden gel applied to the cord bid, 02 therapy at 2 liters. | | | she gave birth to a live male neonate APGAR 4 and 6 neonate was resuscitated for 15 mins and started breathing . Neonate was brought on the ward for further management. Lab done M/S 1 + malaria. Neonate was treated for 10 days and D/C home july 4, 2021 with weight2.9kg |
| **55** | | | 2.7 | Moderate birth asphysia /risk for sepsis | 4.0 | 6.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection,Antimalarial drugs. Ampicillin 100mg/kg iv tid x7/7, Gentamici 4 mg /kg iv qd x7/7, Vitamink 0.2ml im x24 hours, Artesunate 3mg/kg iv x 7/7,TT vaccine 0.5ml im stat, T/C eye ointment apply to eyes , cord care bid with chlorhexidine gel x , D10% 60ml/kg iv x 24 hours. | | Yes | June 24 2021,@ 4 :34 am , I was called to the OB ward to attend the delivery of this 18 years old G1 ,P0, who came to the facillity as a referral from Samay clinic with the c/o stomach hurting ,back hurting x this morning . According to her history membrane ruptured @ the clinic @ 5:20pm. Patient was 3cm on arrival @ the hospitalwith membrane absent and presentation was face .Patient started convulsing and MGS04 was served her BP was 150/100. She gave birth to a live male neonate but depressed ,neonate was resuscitated for 15 mins and started breathing. Neonate was brought in the NICU for further mgt.Neonate was treated for 10 days and D/C home July 4 2021 with weight 2.9kg |
| **56** | | | 3.3 | Risk for neonatal sepsis | 7.0 | 9.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 50mglkg iv tid x5/7, Gentamicin 4 mg/kg iv qd x 5/ 7, Vitamin k 0.2ml im stat, T/C eye ointment apply to eyes , cord care bid with Chlorhexidine gel, D10% 60 ml/kg iv x 24 hours | | Yes | June 30, 2021 , At 11: 45 am I was called to the OT to attend the delivery of this 24 years old G7,P4, A2, L2 D2 who came from home with the c/o stomach and back pains which started yesterday. According to the history she was labouring in an unknown person's house but denied home treatment .She was received on the OB ward at 1:38am pv done cx7cm dilated, membrane ruptured on examination with yellowish fluid and meconiun stool. At 11:50 am Pt was taken to the OT for surgery due to obstructed labour . AT 12:05pm C/S was done with a live male neonate who was breathing but stared a weak cry in the 5th min . Observed neonate's head with caput. Neonate was brought on the ward for further management.Neonate was treated for 5 days and D/C home with weight 3.15kg |

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| **57** | | | 2.6 | moderate birth asphysia/ risk for sepsis | 5.0 | 7.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. Ampicillin 100mg/kg iv tidx7/7, Gentamicin 4mg/kg iv qd x7/7, Vitamin k 0.2ml im stat, D10% 60ml/kg iv x24hours ,T/C eye ointment apply to the eyes, Cord care bid with Chlorhexidine gel, 02 at 2 liters / min. | | Yes | July 1,2021, at 9:12pm I was called to the OB ward to attend the delivery of this 17 years old G1, P0 patient who came to the hospital as a referral from Naama clinic with the DX of refusal of vaginal exam. She arrived at 3:48pm.PV done at 3:50pm cx 8cm dilated and membrane ruptured on examination. A difficult vaginal delivery was done at 9: 14 pm with a depressed male neonate .APGAR 5/7. Neonate was resuscitated for 8 mins and started breathing .Neonate was brought on the ward for further management. Neonate was treated for 7 days and D/C home on July 9 2021 with weight 2.5kg. |
| **58** | | | <2.5 | sever birh asphyxia/risk for sepsis | 1.0 | 5.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg iv tid x7/7, Gentamicin 4mg/kg iv qd x7/7, Vitamin k 0.2ml im stat, D10% 60ml/kg, T/C eye ointment apply to eyes, cord care with chlorhexidine gel bid , 02 therapy at 2 liters. | | Yes | July 1 2021 at 2:pm I was called to the OT to attend the delivery of this G1, P0 patient who came to the facility with the complain of abdominal pain , fluid leaking from her since last night .PV done cx 7 cm dilated at 8:47am . At 9am PV done she was 8cm dilated membrane and membrane ruptured at 9:50am with meconiun stain. At 2:25pm a live but depressed male neonate was extracted from mom's uterus APGAR 1 and 6 neonate was resuscitated for 15 mins and started breathing and was brought on the ward for further management. Neonate was treated for 7 days and D/C home with weight 2.6kg. |
| **59** | | | 3.2 | Severe birth asphysia /early onset of sepsis | 3.0 | 5.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. | | Yes | September7, 2021 @3:23am I was called to the OB ward to attend to the delivery of this G5, P4, Ao, Do, L4 . According to her history, She was referred from the OPD and to the ER and later admitted on due to huge abdomin 41cm . September 6, 2021 at 10:33pm patient was 6cm dilated. September 7, 2021 at 3:21 am a live but very depressed female neonate was delivered after a very difficult vagina delivery. On arrival on the OB ward 2 mins after the delivery observed neonate being resuscitated the baby was resuscitated |

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| | | | | | | | | | | for 15 mins and started gasping . Neonate was rushed on the NICU ward and put on o2 therapy and for further management. |
| **60** | | | <2.5 | Neonatal Tetanus / Neonatal Sepsis | 7.0 | 8.0 | Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Magnesium sulphate (for neonatal tetanus). Ampicillin 100mg/kg iv tid x 7/7, Gentamicin 4mg/kg iv qd x7/7,Metronidazole 15mg/kg iv stat, then 7.5mg/kg iv tid x7/7, TAT vaccin 0.5ml im stat, TT vaccine 0.5ml im stat, Magnessium Sulfate 25mg/kg iv qid x 7/7, DZP 0.5ml /kg rectally PRN x7/7, R/ dextrose 2.15x 100, NGtube inserted for feeding , Cord care with N/S bid. | | No | Sept 7, 2021 at 9:50pm .This 5 days old male neonate was brought in the neonatal unit from the ER accompanied by mom and an ER Nurse Aide with the complain of referral from Baptis clinic due to stiffness, abdomin distended, lock jaw and unable to suck. According to patient's mom ,she gave birth Sept 2, 2021 in her village and cord was cut with a blade . She verbalized that neonate was well until Sept 7, 2021 when she noticed neonate not latching on the breast. She then took the baby to Baptis clinic where she was refferred to CB Dunbar hospital . On arrival observed neonate stiff with yellow eyes and face . Neonate was also seen with lock jaw and also sizure. Neonte was admitted for further management.Note : birth weight and APGAR are unknown there was no history on the pregnancy and delivery. Sept 8, 2021 at 10:28 am neonate went into apnoea he was stimulated for 3 seconds and started breathing , at 11:am neonate started desaturating with Spo2 81% 02 was increased to 2.5L/m , RBS done 4.8mmol/L. The spo2 kept flutuating between 81-92 %with heart rate between 61-81b/m. At 3:10 pm neonate went into another episode of apnoe and stmulation was done for 3 seconds but neonate was unresponsive . He was resuscitated for 13 mins but remained unresponsive all vital signs ceased at 3:38pm . The relatives were counseld and the body taken away |
| | | | | | | | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous | | | July 9 2021, at 10:pm . This 14 hours old female neonate was brought on the ward from the ER with the complain of referral from Baptist clinic. According to the ER nurse, neonate came in the ER with mom and relative with the complain of neonate jerking and having high pitch cry. The |

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| **61** | | | 4.1 | Early onset of neonatal sepsis | 6.0 | 9.0 | fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam). Ampicillin 100mg/kg iv tid x7/7, Gentamicin 4mg/kg iv qd x7/7, T/C eye ointment apply to the eyes , cord care bid with chlorhexidine gel. Phenobarbitone 15mg/kg iv stat then 5mg/kg iv prn . | | Yes | referral note stated that neonate was born at Baptist clinic JUly 9 , 2021 at 1:10pm . APGAR 6 and 9, weight 4.1kg. Neonate was resuscitated for 10 to 15 min . On arrival on the ward observed neonate cynosed with high pitched cry immediate vital signs on arrival . HR 109, Resp 34, Temp 36 , Spo2 87 . Neonate was placed on 02 thearapy. Neonate was treated for 10 days and D/C home July 19 ,2021 with weight 3.95kg. |
| **62** | | | 2.9 | Moderate birth asphysia/ congenital malaria / Risk for sepsis | 4.0 | 6.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection,Antimalarial drugs. Ampicillin 100mg/kg iv stat,then 50mg/kg iv tid x7/7, Gentamycine 4mg/kg iv qdx 7/7, vitamin k 0.2ml stat, T/C eye ointment applied to the eyes, cord care bid with chlorhexidine , D/10% 60ml/kg iv x 24 hours, Artesunate 3mg/kg iv x protocol | | Yes | July 29, 2021, at 10:00am I was called to the OT to attend the delivery of this 20years old G3, P2 patient due to mal presentation (brow). According to the history , she was addmitted in the facility July 27, 2021 due to the clo painful legs, no appetite , fast breathing at night ,and unable to breath at night . wound was also observed on the perineal area with itching x 1 month . She also had 1+ malaria and was treated with Ceftriaxone 2g/kg iv stat , Act 100/270mg. JUly 28, 2021 at 8:27am patient complained of vaginal discharge which was foul smelling. July 29, 2021 at 9:59am patient was taken to the OT due to retain twin and malpresentation (brow) at 10:10am c/s was done with a live but floppy and cynosed male neonate who was resuscitated for 4minutes and started breathing . Neonate was brought on the ward for further management. Neonate was treated for 7 days and D/C home August 6, 2021 with weight 2.9 kg. |
| | | | | | | | | | | Aug 8, 2021 at 11:30 am I was called to the OR to attend the delivery of this 24years old G1, P0 ,patient who came to the hospital August 7, 2021 with the complain of stomach hurting x today and water coming from her x3/7. PV done @2 am she was 2cm dilated with bloody show. PV done again @ 6:46am she was still 2cm dilated ,FHR 137b/m August 8, 2021 @12:40am PV done cx 5cm dilated |

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| **63** | | | 3.25 | Mild birth asphysia /Hypospadia/risk for sepsis | 5.0 | 10.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection,Antimalarial drugs. Ampicillin 50mg/kg iv tid x7/7, Gentamycin 4mg/kg iv qd x 7/7, vitamin k 0.2ml im stat ,D10% 60ml/kg iv x 24hour, T/C eye oitnment apply to eyes , cord care bid with Chlorhexidine gel, Artesunate x protocol | | Yes | membrane ruptured with greenish fluid no foul smelling .Ampicillin 2g was served.At 8:40 am bloody urine was seen in the catheter , PV done patient was also fully dilated, molding + with strong contraction in ten minutes lasting 42 seconds , FHT 130b/m, @11:50am August8, 2021 a live but depressed male neonate was extracted from mom uterus APGAR 5 and 10. He was resuscitated for 3 minutes and started breathing . Neonate cried in the 4th minutes . Observed neonate penis with hypospadia. Neonate was brought on the ward for further mangement mom was counselled on the condition. Neonate was treated for seven days and D/C home August 16, 2021 with weight3.65kg and mom educated on referral and surgery. |
| **64** | | | 3.65 | Mild birth asphysia / Early onset of neonatal sepsis | 5.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg iv tid x7/7, Gentamycin 4mg/kg iv qd x7/7, vitamink 0.2ml im stat ,T/C eye ointment apply to eyes , cord care bid with chlorhexidine gel, 02 therapy at 2 liters. | | Yes | August 14, 2021 @2:20 am , I was informed about this 37years old G8, P7 patient who was referred form Fenutolic clinic with the history of stomach and back pains . According to this patient the above complaints started at home midnight and went to the clinic August 13 , 2021. At 11: 35pm . she was taken to the OT at 1:35am. At 2:36 am a live but depressed female neonate was extrracted from mom uterus and resuscitated for 2mins but cried in the 8th minutes . Neonate was observed with meconuim stain on the body and mouth which was foul smelling .Neonate was wraped and dried cord was cut and neonate brought on the ward for further management. August 16, 2021 Neonate started running temperature the body was exposed and sponged . Neonate was treated for seven days and D/C home August 21 ,2021. |
| | | | | | | | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous | | | August 20 2021, at 8:15am I was called to the OB ward to attend the delivery of this 31years old G10, P8, A1, L7 who was referred from Botota clinic due to previous C/sx1. On arrival observed neonate on |

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| **65** | | | 3.65 | Moderate birth asphysia/ Congenital Malaria/ Risk for sepsis | 4.0 | 6.0 | fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection,Antimalarial drugs. 02 therapy at 2liters, Ampicillin50mg/kg iv tidx7/7, Gentamicine 4mg/kg iv qd x7/7, Vitamin k 0.2ml im stat, T/C eye ointment apply to eyes, cord care bid with chlorhexidine gel, Artesunate 3mg/kg iv x protocol, Phenobarbital 15mg/kg iv stat then 5mg/kg prn. | | Yes | moms uterus and cord being cut . Neonate was resuscitated for 5 minutes and started breathing but did not cry . Neonate was brought on the ward and put on 02 therapy at 2 liters and for further management. According to the history, membrane ruptured at 8:05pm no foul smelling nor meconium stain. Neonate was treated for 14 days and discharged on the 3rd of September 2021 with the weight of 3.85kg. |
| **66** | | | 2.9 | Risk for sepsis / abnormal presentation of the occiput | 8.0 | 10.0 | Skin to skin care (KMC),Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 50mg/kg iv tid x 5/7, Gentamycin 4mg/kg iv qd x 5/7, vitamin k 0.2ml im stat, T/C eye ointment apply to eyes , Chlorhexidine gel apply to cord bid | | Yes | August 27, 2021 at 11:55am I was called to the OT to attend the delivery of this 16 years old G1, P0 patient who was referred from Tokpaipoly clinic with the complain of breech presentation. According to the referral membrane ruptured at 8:30pm August 26 2021. August27, 2021at 8:51 am she was received in the ER with the complain of labor painx 3days and fluid leaking via the vaginax 2days . PV done patient was fully dilated with membrane absent . At 12:14pm a live male neonate was extracted from mom uterus . observe abnormal presentation of the occiput region. Neonate wrapped up well and shown to relatives and brought on the NICU for further management.Neonate was treated for 5 days ,observe the occiput normal . Neonate was D/C on September 2 , 2021 with weight of 2.8kg. |
| **67** | | | 2.98 | Late onset of neonatal sepsis | 8.0 | 9.0 | Skin to skin care (KMC). Ampicillin 50 mg/kg iv tid x5/7, Gentamicin 4 mg/kg iv qd x5/7 , | | Yes | Sept 3, 2021 @ 9:2021, This 10 days old female neonate was brought on the ward from home by mom with the complain of hot skin and distended abdomin which started 3 days ago . According to mom she delivered August 25, 2021 at the CB Dunbar hospital gate in the car . She admitted that the baby cried and also latched on the breast at birth the cord was also cut by a midwife from the hospital . On arrival on the ward, neonate was observed latching well on the breast , cord had already |

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| | | | | | | | | | | dropped and dried .Neonate was treated for 5 days and discharged home September 8, 2021 with weight3.6 kg |
| **68** | | | 2.7 | Risk for neonatal sepsis | 7.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 50mg/kg iv tid x3/7, Gentamicin 4mg/kg iv qdx 3/7, Vitamin k 0.2ml im stat, T/C eye ointment apply to eyes , cord care with Chlorhexidine gel bid, 02 therapy at 2 liters/ min, D10% 60mg/kg iv x 24 hours. | | Yes | July 9, 2021 .At 11:30am I was called on the OB ward to attend the delivery of this 25 years old G2, P0 , A1 patient who came walking in the ER on July 9 ,2021 at 3:08am with the complain of back hurting x last night . On arrival at the hospital PV done cx 4cm dilated with membrane intact. July 9, 2021 at 5:34 am patient was taken to the OB ward PV done CX 6cm dilated, membrane ruptured at 9:18 am no foul smell nor meconium stain. She became fully dilated at 11:00. At 11:48 Vaccum delivery was done with a live male neonate . Neonate was breathing but was not crying . APGAR 7 and 8, weight 2.7kg.Neonate was dried and stimulated and started crying at the fourth minute but weak . Neonate was brought on the ward and placed on 02 therapy at 2 liters .Neonate was treated for 3 days and D/C home July 12, 2021 with weight 2.7 kg. |
| **69** | | | <2.5 | preterm at 27wks / extrem low birth weight/ Risk for Neonatal Sepsis | 7.0 | 8.0 | Skin to skin care (KMC),Oxygen,Nasal CPAP,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. O2 therapy at 2 liters , Ampicillin 50mg/kg iv tid x7/7, Gentamicin4mg/kg iv qd x7/7, Vitamin k 0.2ml im stat , D10% 80ml/kg iv x24hours | | No | Sept 8, 2021 at 2:35am I was called to receive this 27weeks gestation neonate who was delivered at 2:30 am with the APGAR 3 and 4 , weight 0.8kg according to mom history , she was admitted at the hospital due to the leaking of yellowish fluid . Sept 10, 2021 Neonate started desaturating while on the O2 therapy he was stimulated but still continue to desaturate the O2 was charged to CPAP the vital signs read temp ;35.1, heart rate ;40b/m , Respiration; 31b/m and the SPO2 33%. neonate was wraped up well in the survival blanket and placed under the radient warmer but still did not improved . Neonate's vital signs ceased at 11:30 am the relatives were counseld and the boy was taken away . |
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| **70** | | | 3.1 | Risk for neonatal sepsis | 8.0 | 10.0 | Skin to skin care (KMC),Intravenous antibiotics,Vitamin K injection. Ampicillin 50mg/kg, Gentamicin 4mg/kg, vitamin k 0.2mlim stat, | | Yes | from the OB ward accompanied by midwife and mom with the complain of neonate's mom being referred from Foequelleh clinic due to prolong labour and delivered at CB Dunbar hospital at 12:40am NVD with a live male neonate APGAR 7 and 10, weight 3.1kg . Neonate was brought on the ward due to prolong rupture of membrane. According to the midwife neonate's membrane ruptured at home time is unknown . |
| **71** | | | 3 | Early onset of neonatal sepsis query menigitis | 7.0 | 10.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam). Ampicillin100mg/kg iv tid x7/7, Gentamicin 4mg/kg iv qd x7/7, Phenobarbital 15mg/kg iv stat, then 5mg /kg iv PRN ,R/Dextrose 100mg/kg iv x 24 hours , Ceftriaxone 50mg/kg iv qd x7/7 O2 therapy at 2L/M | | Yes | Sept 21 2021 @ 11:20pm This 2 days old male neonate was brought on the ward by mom and a nurse from the ER with the complain of neonate jerking since this mane . According to mom she delivered at CB Dunbar hospital September 21, 2021. She admitted that neonate was well until this mane when they were sent home before they noticed the neonate jerking, and decided to come back to the hospital. on arrival at the NICU, observeneonate spasiming with eyes, legs, and arms involved lasting for 20 seconds Also bulgging fontanelles. According to mom history, her membrane ruptured on her way to the hospital no history of foul smelling or meconium stain.the neonate was treated for 7 days and dischared Sept 27 2021 with weight 3.2kg. |
| **72** | | | <2.5 | severe birth asphysia | 3.0 | 3.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. 02 therapy at 2 liters , Ampicillin 100mg/kg iv tid x7/7, Gentamycin 4mg /kg iv qd x7/7 , vitamin k 0.2 ml im stat , T/C eye ointment apply to the eyes , cord care bid with Chlorhexidine gel, Phenobarbital 20mg/kg iv stat ,then 5mg/kg iv prn , NGTube for feeding ,D10% 60ml /kg iv x24 hours | | Yes | I was called on the delivery ward to attend to this female neonate born very depressed .On arrival on the OB ward observed this neonate very floppy and being resuscitated by the midwife . Resuscitation was done for 13 mins and neonate started breathing.According to the midwife membrane ruptured on assessment , fluid was clear and not foul smelling .This neonate improved and was discharged home October 18, 2021 weight 2.8. |
| | | | | | | | Skin to skin care (KMC),Intravenous antibiotics,Vitamin K injection. Ampicillin 100mg/kg Iv stat, then | | | According to the mothre's history her membrane ruptured @home it was also observed that the amiontic fluid was foul smelling with greenish |

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| **73** | | | 3.3 | Risk for sepsis | 9.0 | 10.0 | Ampicillin 50mg/kg Iv tid x5/7\n Gentamycin 4mg/kg iv qd x5/7, Vitamin k 0.2ml im stat, T/C eye ointment apply to eyes , cord care bid with Chlorhexidine | | Yes | meconium stain the mother also had 6 ANC vists, 2 IPT, and 2 TT vaccines. This neonate improved and was dischaged home October 13 2021 weight 3.1kg |
| **74** | | | 3.6 | Birth asphysia risk for sepsis | 4.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg iv stat then 50mg/kg iv tid x7/7, Gentamycin 4mg/kg iv qd x7/7 , vitamin k 0.2ml im stat , T/C eye ointment apply to eyes, cord care bid with chlorhexdine gel , D10 % 60 ml /kg iv x24 hours , 02 therapy @2liters. | | Yes | Neonate's mom is a 17 years old g1 p0 female , gestational age 39cm . According to her history the amniotic fluid was greenish and foul smelling .She had 7 ANC visits ,2TT vacines and 2 IPT. Neonate was born very depressed . She was resuscitated for 10 mins and started breathing but was still floppy. This neonate improved and was discharged home on October 16, 2021 with weight 4.1kg. |
| **75** | | | <2.5 | birth asphysia / preterm/ risk for sepsis | 4.0 | 6.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous glucose,Vitamin K injection. Ampicillin 100mg/kg iv stat then 50mg/kg iv tid x7/7, Gentamycin 4mg/kg iv q 36 hrs, Tetracycllin eye ointment apply to eyes, cord care bid with Chlorhexidine gel , vitamin k 0.2ml im stat , D10% 80 ml/kg iv x 24hrs. | | Yes | October 10 ,2021 : This 0 hour old neonate was extracted from mom's uterus very depressed . Neonate was resuscitated for 5 mins and started crying . she was brought on the Nicu and treated for 9 days . The neonate improved and was discharged home on October 19 2021 |
| **76** | | | 2.9 | late preterm at 36 weeks /risk for sepsis | 7.0 | 10.0 | Skin to skin care (KMC),Vitamin K injection. Ampicillin 100mg/kg iv stat , then 50mg/kg iv tid x3/7 \n Gentamycin 4mg/kg iv q 36 hrs , vitamin k 0.2ml im stat. cord care bid with chlorhexidine gel. | | Yes | This neonate was brought on the ward from the OB ward due to ruptured of membrane at home time unknown and neonate did not cry in the first one minute . on arrival on the ward it was observed that neonate was pink and had good reflexes. He was treated for 3 days and discharged home with weight 2.4. |
| **77** | | | 3.5 | birth asphysia / early onset of sepsis | 5.0 | 8.0 | Skin to skin care (KMC),Oxygen,Intravenous antibiotics,Intravenous fluids,Intravenous glucose,Anti-convulsant drugs (Phenobarbital or Diazepam),Vitamin K injection. Ampicillin 100mg/kg iv tid x7/7 , Gentamycin 4mg /kg iv qd x7/7, Ceftriaxone 50 mg /kg iv qd x7/7, vitamink 0.2ml im stat , D10% 60ml/kg iv x 24hours , Tetracycllin eye ointment apply to eyes , Cord care bid with Chlorhexidine gel, Phenobarbital 20mg/kg iv stat, then 5mg/kg iv prn. NGTube inserted for feeding. | | Yes | October 31 2021 at 4: 26pm : This o hour old female neonate was born depressed and resuscitated for 8 seconds . according to mom 's history her membrane ruptured at home time is unknown. Neonate was treated for 7 days and improved she was discharged home November 7 ,2021 weight 3.4. |
| **78** | | | 4.3 | Risk for Sepsis, Early onset of sepsis | 6.0 | 8.0 | Ampicillin 100mg /kg iv stat, then Ampicillin 4mg/kg iv tid x3/7 , Gentamycin 4mg /kg iv qd x3/7 , Vitamin k 0.2ml im stat, D10% 60ml iv x 24 hrs, T/C eye ointment | | Yes | Neonate's mom is a 37 years old G6 p3, A2, LN2, D1. She had 2TT vaccines , 1 IPT . UTI and Malaria in the 37th week of gestation. According to the midwife neonate did not cry at birth . Neonate was |

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| | | | | | | | apply to eyes , Cord care with Chlorhexidine gel | | | obsreved crying 3 hours after birth in the NICU. He was treated for 3 days and discharged home |
| **79** | | | 2.6kg | Severe birth asphysia / risk for sepsis | 3.0 | 6.0 | Ampicillin 100mg/kg iv tid x 7/7,Gentamycin 4mg/kg iv qdx 7/7, vitamink 0.2 ml im stat, T/c eye ointment applied to the eyes , cord care bid with chlorxidine gel, Phenobarbital 20 mg/kg iv stat, resuscitation was done for 5 minutes according to referral notes . | | Yes | This 4 hours old female neonate was referred from Konobo health center November 4th with the complain of difficulty in breathing and not crying since birth, Neonate's mom is an 18 years old G1, P0 who had 6ANC visits , 2 tetanus vaccines , 4 IPT. The neonate was treated and improved . She was dischared on November 10th 2021. |
| **80** | | | 2.5 | Birth asphysia/ risk for sepsis | 6.0 | 8.0 | 02 therapy at 2 liters, Ampicillin 100mg iv stat, then 50mg iv tid x7/7, Gentamycin 4mg /kg iv qd x7/7, D10% 60ml /kg iv x 24 hrs , vitamin k 0.2 ml im stat, T/C eye ointment apply to eyes , Chlorhexidine gel apply to cord bid | | Yes | Neonate's mom is a 15 years old primi gravid. According to her history she had PPROM x 2days and cephalopelvic disproportion . The C/S was done and neonate was extracted depressed .He was treated and and improved and was discharged home November 2021. |
| **81** | | | 3.9kg | Risk for Sepsis | 9.0 | 10.0 | Ampicillin 100mg iv stat, then 50mg iv tid x3/7, Gentamycin 4 mg iv qd x3/7 | | Yes | Neonate's mom is an 18 years old primi gravida who had 1TT vaccine, 1IPT .According to her history she had leaking membrane x 2 days .she also had MIP in the 11 weeks and was treated with ACT. the neonate was treated for 3 days and discharged home. |
| **82** | | | 3.3 | Birth Asphysia/ Risk for Sepsis | 4.0 | 7.0 | The neonate was resuscitated for 10 minutes .He was placed on Ampicillin 100mg/kg iv tid x 7/7 , Gentamycin 4 mg/kg iv qd x 7/7, Vitamin k0.2 ml im stat, D10%60 ml iv x 24 hrs , T/C eye ointnment applied to the eyes, Chlorhexidine gel applied to the cord | | Yes | The neonate's mom is an 18years old G1 P0 .Who came to the hospital fully dilated membrane ruptured at home . She had 4 ANC visits , 3-IPT, TT -1. The neonate was resuscitated for 10 mins and started breathing but cried after 30 mins. The neonate improved and was discharged November 17 ,2021 |
| **83** | | | 2.1kg | Risk for Sepsis | 9.0 | 10.0 | Ampicillin 100mg/kg iv stat, then Ampicillin 50 mg/kg iv tid x3/7, Gentamycin 4mg /kg iv x3/7, Vitamin k 0.2ml im stat. T/C eye ointment apply to eyes cord care bid with chlorhexidine gel | | Yes | Neonate's mom is a 22 years old G2 P1 who had 3 ANC visits .She also had STI in the 26 weeks of gestation, 3 IPT and no history on TT vaccine .According to her history membrane ruptured at home . the neonate was treated for 3 days and discharged home. |
| **84** | | | 2.6 | Moderate birth Asphysia/ Risk for sepsis | 3.0 | 6.0 | 02 therapy at 2 liters ,Ampicillin 100mg/kg iv stat, then 50 mg/kg iv tid x5/7, Gentamycine 4mg/kg iv qd x5/7, Vitamin k 0.2ml im stat, D10% 60ml iv x24hrs , T/C eye ointment apply to eyes , cord care bid with chlorhexidine gel. | | Yes | Neonate's mom is a 32 yeras old G5 P2. she had 7 ANC visits ,2 TT vaccines 2 IPT. She had 2 episodes of UTI and 2 episodes of STI. She had NVD with a depressed female neonate .The neonate was resuscitated for 5 mins and placed on 02 therapy . She was |

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| | | | | | | | | | | treated for 6 days and discharged. |
| **85** | | | 2.0kg | Late preterm @ 35weeks gestation /severe birth asphysia/ risk for sepsis | 1.0 | 2.0 | Ampicillin 200mg iv stat, then 100mg/kg iv tid x7/7, Gentamycine 8mg/kg iv q36 hrs x7/7 , T/C eye ointment apply to eyes, cord care bid with chlorhexide gel , 02 therapy @2 liters , D10% 80 ml/kg iv x 24 hours , Kmc , cupfeeding. | | Yes | Neonate's mom is a primi gravida who has been suffering from malaria and spleenomegaly since childhood. The C/S was done due to NRFS, CPD, Spleenomegaly the neonate was very depressed .She was resuscitated for 8 mins and started breathing. She was treated for7 days and dischared home |
| **86** | | | 2.77kg | Risk for sepsis | NaN | NaN | Ampicillin 100mg /kg iv stat ,Ampicillin 50 mg/kg iv tid x3/7, Gentamycin 4 mg/kg iv qdx3/7 , Vitamin k 0.2ml im stat. | | Yes | This 0day old male neonate was brought in the NICU by a midwife with the complain of home delivry and vomiting . According to her she met the neonate already out on arrival at the mothre's house but the cord was cut by she the midwife . Mom had 3 episodes of STI in pregnancy and threaten abortion in the 13th week of gestation. SHe is a 27 years old G3, P2 .She had 11 ANC visits 2TT vaccines and 3 IPT. Neonate was treated for 3days and discharged home |
| **87** | | | 1.5kg | Preterm @32 weeks risk for sepsis | 4.0 | 6.0 | 02 therapy @2 liters, Ampicillin 100mg iv stat then , 50mg/kg iv tid x7/7, Gentamycin 4mg/kg iv q36hrs, vitamin k 0.2 ml im stat, D10% 80ml/kg iv x 24hr. T/C eye ointment apply to eyes , cord care bid with chlorhexide gel, skinto skin care . cup feeding. | | Yes | Neonate's mom is a 31 years old G4, P3. She had 3 ANC visits , 1 TT vaccine , 3 IPT .The C/S was done due to severe pre eclampsia, concealed placenta Abruptio and NRFS. The neonate was resuscitated for 9 min. He was treated for one month and discharged home. |
| **88** | | | 3kg | Early onset of neonatal sepsis | 8.0 | 10.0 | Ampicillin 100mg/kg iv stat then Ampicillin 50mg/kg iv tid x3/7 , Gentamycin 4mg /kg iv qd x3/7 , | | Yes | Neonate's mom is a 22 years old G4, P1,who had 6 ANC visits 2TTvaccines ,3 IPT . she had Desentry in the 18 weeks of gestation .She had normal vaginal delivery but complained of increased temperature the next day after delivery. The neonate was treated for 5 days and discharged home. |
| **89** | | | 2.3 kg | preterm at 35 weeks gestation / Early onset of sepsis | 8.0 | 9.0 | Ampicillin 100mg iv stat then Ampicillin 50 mg /kg iv tid x 3/7 , Gentamycin 4mg/kg iv qd x 3/7, Vitamin k 0.2ml im stat, T/C eye ointment apply to eyes , cord care bid with chlorhexidine gel | | Yes | Neonate's mom is an 18 years old G1, P0 who had normal vaginal delivery at 35 weeks gestation . The neonate was being monitored but later started having increased temperature ranging from 37.8 to 38.6. He was treated for 5 days and discharged home with weight 2.2 kg |
| | | | | | | | 02 therapy at 2 liters ,Ampicillin 100mg /kg iv stat, then Ampicillin 50mg/kg iv tid x 7/7, Gentamycin 4mg/kg iv qd x7/7, Ceftriaxone 50mg/kg | | | Neonate's mom is an 18 years old G1 p0 .She had 6 ANC visits ,2 TT vaccine , 5 IPT. According to her history membrane |

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| **90** | | | 3.3 | Severe birth asphysia /Risk for sepsis | 2.0 | 3.0 | iv bid x 7/7 ,D10% 60ml iv x 24 hours , T/C eye ointment apply to eyes , cord care bid with Chlorhexidine gel, Phenobarbital 20mg/kg iv stat then 5mg/kg iv prn, NGTube for feeding. | | Yes | ruptured at home .Neonate was resuscitated for 13 minutes and started gasping but was very floppy.He was treated for 14 days and Discharged home |
| **91** | | | 3.0kg | Risk for neonatal sepsis | 8.0 | 10.0 | Ampicillin 100mg/kg iv stat then Ampicillin 50 mg/kg iv tid x3/7 , Gentamycin 4mg/kg iv qd x3/7 , Vitamink 0.2 ml im stat, T/C eyeointment apply to eyes , Cord care with Chlorhexidine gel bid. | | Yes | Neonate's mom is is a22years old G2,P 0,A1 who had 5 ANC visits ,she took 2TTvaccines ,3IPT She had normal vaginal delivery but had leaking membrane for 3 days . The neonate was treated for 3 days and dischareged home. |
| **92** | | | 3.1 kg | late onset of sepsis | 9.0 | 10.0 | Ampicillin 100mg/kg iv stat, then Ampicillin 50 mg/kg iv x3/7, Gentamycin 4mg/kg iv qd x3/7 , Nystatin syrup 2.5ml po bid x 3days. | | Yes | This 23 days old male neonate was brought from home by mom with the complains of increased temperature stomach hurting , and not passing stool x 4 days . She denied home treatment .On arrival on the ward observed neonate abdomin soft and flat .She was encouraged to do frequent breastfeeding neonate started passing flatus and stool the next day. He was treated for 3 days and discharged home. |
| **93** | | | 2.2kg | Late onset of sepsis /query NEC. | 9.0 | 10.0 | Ampicillin 100mg/kg iv atat , then Ampicillin 50mg/kg iv tid x7/7, Gentamycin 4mg/kg iv qd x7/7 , Metronidazole 7.5mg/kg iv tid x7/7, NGTube insertion for decompression, NPO and DNS 100ml/kg iv x 24 hrs | | Yes | This two weeks old female neeonate was brought from home by mom with the complain of distended and tender abdomin x one week . On arrival observed abdomin distended and tender on touch and neonate having good sucking reflex. Mom verberlized that she gave country herbs at home , she verberlized that neonate did not vomit but not passing stool normally. The neonate was treated for seven days and discharged home after she improved. |
| **94** | | | 2.7 | Moderate birth asphysia | 3.0 | 4.0 | 02 therapy at 2 liters , Ampicillin100mg/kg iv stat ,then 50mg/kg iv tid x7/7, Gentamycin 4mg/kg iv qd x7/7 , Vitamin k 0.2 ml im stat, D10% 60 ml iv x 24 hour, T/C eye ointment apply to the eyes , cord with Chlorhexidine gel bid | | Yes | Neonate's mom is a 14 years old G1 P0 who had 3TT vaccines ,3 IPT, she had malaria also in the 33 weeks of gestation . She had NVD with a very depressed male neonate who was resuscitated for 6 mins . This neonate was treated for 6 days and discharged home. |
| **95** | | | 2.7 | Moderate birth asphysia /Risk for sepsis | 3.0 | 5.0 | Ampicillin 270mg iv stat then Ampicillin 135mg iv tid x7/7, Gentamycine 4mg /kg iv qd x7/7, T/C eye ointment apply to the eyes , cord care bid with gentamycine, vitamin k 0.2 ml im stat. skin to skin care. | | Yes | Neonat's mom is a 40 years old G7, P6 previous C/S x1 .She had 5 ANC visits 2 TT vaccines , 2 IPT a normal vaginal delivery was done but neonate was depressed and resuscitated for 4 mins and started breathing. Neonate |

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| | | | | | | | | | | was treated for 6 dys and discharged home. |
| **96** | | | unknown but admission weight 2.2kg | Bronchiolitis/ Early onset of sepsis | NaN | NaN | 02 therapy at 2 liters, Ampicillin 100mg/kg iv tidx5/7, Gentamycin 4mg/kg iv qd x5/7, D10%100ml/kgiv x24 hrs | | Yes | This neonate's mom is a 15 years old G1 P0 .She had 6 ANC visits , 2 TT vaccines, 5 IPT. This neonate was brought in respiratory distress with increased temperature of 38.2 . M/S ordered but no malaria parasite seen.The neonate was treated for 10 days and discharged home |
| **97** | | | 3.3 | Risk for neonatal sepsis | 9.0 | 10.0 | Ampicillin 100mgi v stat, then Ampicillin 50 mg/kg iv tid x3/7, Gentamycin 4mg/kg iv qd x3/7, vitamin k 0.2ml im stat, T/c eye ointment apply to eyes , cord care bid with Chlorhexidine gel. | | Yes | Neonate's mom is a 20 years old G2 P1 who had 3 ANC visits , 2 TT vaccines ,3 IPT. She had normal vaginal delivery but membrane ruptured at home .The neonate was treated for 3 days and discharged home. |
| **98** | | | 3.0kg | Severe birth asphysia /risk for sepsis, query menigitis | 4.0 | 8.0 | 02 therapy at 2 liters, Ampicillin 100mg/kg iv tid x7/7, Gentamycin 4mg/kg iv qd x7/7, Ceftriaxone 50mg/kg iv bid x7/7, T/C eye ointment apply to eyes, cord care with chlorhexidine gel vitamin k 0.2 ml im stat, Phenobarbital 20mg/kg iv stat , then Phenobarbital 5mg/kg iv PRN. Skint o skin done by mom | | Yes | Mom is a 24 years old G3P1, she had 3 ANC visits ,3 TT vaccines , 2 IPT .She also had leaking membrane . Neonate was born depressed and was resuscitated for 3 mins he started breathing and crying but was cynotic, weak with greenish meconion seen on the skin . Neonate was treated for 12days and discharged home. |
| **99** | | | 2.0kg | Low birth weight / Risk for sepsis | 9.0 | 10.0 | Ampicillin 100mg/kg iv stat, then 50mg/kg iv tid x3/7, Gentamycin 4mg /kg iv qd x3/7, Vitamin k 0.2ml im stat, T/C eye ointment apply to eyes, cord care bid with Chlorhexidine gel apply to cord bid 02 thearapy at 2 litters | This neonate condition changed on the 27th of December .Neonate became weak and not tolerating the feeds . The neonate went into apneo was stimulated but to no avail . resuscitation was done but observed bright red blood drooling from the mouth and nose . vitamin k 1mg iv was served but to no avail the blood kept oozing out until neonate's vital signs ceased. | No | Neonate's mom is a 38 years old primi gravida , she took 2 TTvaccines one 5 IPT, She also had 2 episodes of STI in the 17th and 25th weeks of pregnancy and Malaria in the 23rd week of gestation and was treated with ACT. The C/S was done due to 3rd trimester pregnancy with coexisting multiple Myoma,precious pregnancy and breech presentation. |
| | | | | preterm @36wks, | | | 02 therapy at 2liters, Ampicillin 100mg/kg iv stat then Ampicillin 50mg/kg iv tid x 7/7 , Gentamycin | | | Neonate's mom is a 28 years old G3 P2 .C/S was done due to previous C/s x1 /suprapubicumbillical repair. The neonate was received from the OT very depressed |

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| **100** | | | 1.9kg | Severe birth asphyxia/ congenital Pneumonia | 5.0 | 9.0 | 4mg/kg iv qd x7/7 , Vitamin k 0.2ml im stat, D10% 80mg/kg iv x24hours , NGTube inserted for feeding Phototherapy , Skin to skin. | | Yes | with deep chest indrawing . On the 30 th 0f December the neonate was observed jaundice and Phototherapy was started. she improved and was discharged home January 20th 2022 |
| **101** | | | 3.6 | severe birth asphyxia / meconium aspiration syndrome / Early onset off sepsis/ Necrotizing enterocolitis, Hydrocele. | 5.0 | 7.0 | 02 therapy at 2 liters , Ngtube for decompression, Ampicillin 100mg/kg iv tid x7/7 ,Gentamycine 4mg/kg iv qd x 7/7 , Ceftriaxone 180mg iv bid x7/7, Vitamin k 0.2 ml im stat, Phenobarbital 20mg/kg iv stat, then 5mg/kg iv prn , Metronidazole 15mg/kg iv stat then 7.5mg/kg iv tid x7/7. D10%60ml/kg iv x 24 hrs , RBS 12.5mmol/l (Normal saline 10mg/kg iv was served). DNS 100ml iv x 24 hrs.cord care with chlorhexidine gel .T/C eye ointment applied to the eyes , PCM iv 10mg/kg iv stat then PRN | | No | January 5 2022, @4:25am this 0 day old post date(44wks) male neonate was brought on the NICU from the OB ward by a midwife with the complain of neonate born depressed and also shoulder distocia . On arrival observed peripheral cynosis Spo2 was 88 %so neonate was placed on 02 therapy, the next day neonate was observed having seizures and high pitch cry distended abdomin and vomiting dark brown content, the neonate had increased temperature ranging from 37.7 to 38.0 .January 9 th , 2022 The neonate's abdomin was still didstended and was also still vomiting the brownish content with the scrotum seen swollen . January 10, 2022 Neonate was observed going into apnea when stimulated and resuscitated the neonate did not respond it was observed that the vital signs ceased. |
| **102** | | | 2.5 | Malformation of the knees, (hyperextension of the bilateral knees)/ risk for sepsis. | 7.0 | 8.0 | The legs were bandage at the knees level, 02 therapy was set up at 2 liters/min, Ampicillin 100mg/kg iv stat, then Ampicillin 50mg/kg iv tid x 5/7, Gentamycin 4mg/kg iv qdx5/7 , Vitamin k 0.2 ml im stat. | | Yes | Neonate's mom is an 18 years old G1 ,P0 .Neonate's presentation was breech her mom had 7 ANC visits 4tt vaccines and 2IPT. The neonate had good reflexes on admission. She was treated for 5 days and discharged home. |
| **103** | | | 1.0kg | Birth asphysia/ Low birth weight | 5.0 | 7.0 | 02 therapy at 2 liters , Ampicillin 100mg/kg iv stat, Ampicillin50mg/kg iv tid x5/7 , vitamin k 0.2 ml im stat., D10% 80ml iv x 24 hours, NGTube inserted for feeding . | | Yes | Neonate's mom is a 23 years old G2, P1, LN 1 .She had 5 ANC visits 2 TT vaccines , 2 IPT . She was 44weeks multiple gestation .She came to the hospital fully dilated and her membrane ruptured at home. She had Normal vaginal delivery. This 0 day old male neonate is the first twin he was born depressed and resuscitated for 15 minutes and started breathing . He was treated for 1month and 17 days and discharged home. |
| | | | | | | | | | | This 0 day old second twin neonate was received from the OB ward January 10, |

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| **104** | | | 1.0kg | Low birth weight / Risk for Sepsis | 9.0 | 10.0 | Ampicillin 100mg/kg iv stat then Ampicillin 50mg/kg iv tid x5/7, Gentamycin 4mg/kg iv qd x 36hours, D10% 80ml x 24hours, Vitamin k 0.2ml im stat , NGTube inserted for feeding. | | No | 2022 due to low birth weight .This neonate's mom is a 23 years old G2, p1,LN1She attended ANC 5 times her membrane ruptured at home. January11, 2022 neonate was observed cynotic whiles 02 therapy was in progress he was stimulated and started breathing again . January 14, 2022 RBS done (1.5mm0l/L) D10%2ml/kg was served. The neonate had several episodes of apnea he was stimulated and started breathing again . January 16 , 2022 the neonate was observed vomiting bright red blood and blood also oozing out from the nose Vitamin k was served but to no avail.January 17 2022 the neonate went into apnea he was stimulated but to no avail it was observed that the neonate's vital signs ceased. |
| **105** | | | 3.3 | Risk for sepsis / exposed infant | 9.0 | 10.0 | 02 therapy at 2liters, Ampicillin 100mg/kg iv stat then Ampicillin 50mg/kg iv tid x3/7 , Gentamycin 4mg/kg iv qd x3/7 , Vitamink0.2ml im stat , D10%60ml/kg iv x 24hrs Nevirapine | | Yes | Neonate's mom is a 40 years old G8 ,P6 ,A1,L5. This 0 day old female neonate was delivered via c/s due to PROM , labour distocia and cord entanglement .The neonate was not resuscitated but had grunting sound and turn cynosed after 10minutes . She was treated for 3 days and recovered and was discharged home . |
| **106** | | | 2.9 | Late onset of sepsis | 8.0 | 10.0 | Ampicillin100mg/kg iv stat, then Ampicillin 50mg/kg iv tid x7/7, Gentamycin12mg/kg iv qdx7/7, Ceftriaxone 50mg/kg iv bid x7/7, sponge bath was done due to increased temperature and the body exposed. | | Yes | January 16 2022 This two weeks old male neonate was brought to the hospital by mom from home with the complian of hot skin and neonate passing stool frequently x 1day . she denied home treatment.Neonate's mom is a 33 years old gravida 4 para3, LN 2 .She had malaria and UTI during the pregnancy and was treated Quinnie and Amoxicillin respectively.The neonate was treated for 7 days and dishcarged home. |
| **107** | | | 2.7 | Risk for sepsis. | 8.0 | 10.0 | Ampicillin 100mg iv stat then Ampicillin 50mg iv tid x3/7, Gentamycin 4mg/kg iv qdx 3/7, Vitamin k 0.2ml im stat ,T/C eye ointment apply to eyes, Cord care bid with Chlorhexidine gel | | Yes | Neonate's mom is a 17 years old G1,P0 . She had 5 ANC visits ,0 TT vaccine 3 IPT .She had leaking membrane and foul smelling amniotic fluid.The neonate was treated for 3 days and discharged home. |
| | | | | | | | Ampicillin100mg/kg iv stat, then Ampicillin 50mg/kg iv | | | Neonate's mom is a G2, p1. She came to the facility fully dilated with membrane |

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| **108** | | | 2.5 | Mild birth asphyxia | 6.0 | 8.0 | tid x5/7 , Gentamycine 4mg/kg iv qd x5/7 , Vitamin k 0.2ml im stat, cord care bid with chlorhexidine gel | | Yes | absent . The neonate was stimulated and started breathing and crying .He was treated for 8 days and discharged home. |
| **109** | | | 2.5kg | severe birth asphysia/Risk for sepsis | 2.0 | 4.0 | Ampicillin 100mg/kg iv stat,then Ampicillin 50mg/kg ivtid x7/7, Gentamycin 4mg/kg iv qd x7/7, D10%60mlx kg iv x 24 hours T/C eye ointment apply to eyes , cord care bid with chlorhexidine gel | | Yes | Neonate's mom was a 38years old G2, p1, D1 . the C/S was done due to obstructed labour . the neoante was born very depressed and resuscitated for 20mins she started breathing but was still floopy and still not crying.The amniotic fluid was stained with grade four meconiun. due to mom's crtical condition she was not producing enough breast milk so the neonate was placed on formular feeds . the neonate was treated for 15 days and discharged home. |
| **110** | | | 2.0kg | preterm at 32 weeks /risk for sepsis | 7.0 | 9.0 | Ampicillin 100mg/kg iv stat ten Ampicillin 50mg/kg ivtid x5/7, Gentamycin q 36hours iv x5/7, Vitamin k0.2ml im stat., D10%168ml iv x24 hours ,T/C eye ointment apply to eyes , cord care bid with Chlorhexidine gel, | | Yes | Neonate's mom is a 22years old G2 p1, L1.The C/S was done due to preclampsia .Neonate was stimulated and started crying after birth but was breathing normally .She was treated for 5days and discharged home. |
| **111** | | | 2.5kg | Moderate birth asphysia | 4.0 | 6.0 | Ampicillin 100mg/kg iv stat,then Ampicillin 50mg/kg iv tid x7/7, Gentamycin 4mg/kg iv qd x7/7, Vitamin k 0.2ml im stat. D10% 60ml iv x24 hours, T/C eye ointment apply to eyes , cord care bid with chlorhexidine gel. | | Yes | Neonate's mom is a 20 years old G1 ,P0 who had 9 ANC visits 2 TT vaccines , 2 IPT.She had malaria during the pregnancy. The neonate was resuscitated for 3 minutes and started breathing but did not cry until after one hour. She was treated for six days and discharged home. |
| **112** | | | 2.9kg | Mild birth asphysia /risk for sepsis | 4.0 | 9.0 | Ampicillin 100mg/kg iv stat, then Ampicillin 50mg/kg iv tid x5/7, Gentamycin 4mg/kg iv qd x5/7, vitamin k 0.2ml im stat, D10%60ml /kg iv x24 hours , 02 therapy at 2 liters . | | Yes | Neonate's mom is a 15 years old G1, p0. She had one ANC visit the C/S was done due to CPD The amniotic fluid was very green with meconium stain the neonate was resuscitated for 3 mins and started breathing . He was treated for 5 days and discharged home. |
| **113** | | | 3.1kg | Mild birth asphysia / Risk for sepsis | 5.0 | 10.0 | Ampicillin 100mg/kg iv stat, then 50mg/kg iv tid x5/7, Gentamycin 4mg/kg iv qd x5/7 , Vitamin k 0.2ml im stat, T/C eye ointment applied to the eyes , cord care bid with Chlorhexidine gel | | Yes | Neonate's mom is a 21 years old Gravida3 para1, A1,L1.She had 2 episodes of malaria during the pregnacy .The neonate was born depressed and resuscitated for 2 minutes .The amniotic fluid was very green . He was treated for 5 days and discharged home. |
| | | | | | | | Ampicillin 100mg/ iv stat, | | | March 17, 2022 This 1week old male neonate was brought from home by mom with the complain of hot skin and passing frequent stool. On arrival observed neonate pink and well |

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| **114** | | | 3.4 | Late onset of sepsis | 9.0 | 10.0 | Ampicillin 50m/ iv tid x5/7, Gentamycin 4mg/ iv qd x5/7, Nystain syrup 2.5ml po bid x5/7, sponge bath and body exposed. | | Yes | nourished but has increased temperature 37.7 and frebrile on touch but has good reflexes . Mom had 6 ANC visits, 1TT vaccine and 4 IPT. She is a 28 years old G5, para4 ,LN3 m. The neonate was treated for 5 days and D/C home |
| **115** | | | 3.4kg | Late onset of sepsis | 9.0 | 10.0 | Ampicillin 100mg/kg iv stat, Ampicillin 50m/kg iv tid x5/7, Gentamycin 4mg/kg iv qd x5/7, Nystain syrup 2.5ml po bid x5/7, sponge bath and body exposed. | | Yes | March 17, 2022 This 1week old male neonate was brought from home by mom with the complain of hot skin and passing frequent stool. On arrival observed neonate pink and well nourished but has increased temperature 37.7 and frebrile on touch but has good reflexes . Mom had 6 ANC visits, 1TT vaccine and 4 IPT. She is a 28 years old G5, para4 ,LN3 mother. The neonate was treated for 5 days and D/C home |
| **116** | | | 3.9 | birth asphyxia /Risk for sepsis | 4.0 | 7.0 | 02 therapy at 2 liters, Ampicillin 100mg iv stat, then Ampicillin 50mg/ iv tid x7/7, Gentamycin4mg/ iv qd x7/7, Vitamin k 0.2ml im stat, D10% 60ml iv x24 hours | | Yes | Neonate's mom is a 32years old G5, P4 ,LN3, A1 she had one ANC visit membrane ruptured at home . Neonate was born depressed and resuscitated for 2mins and started breathing . After 3 hours the neonate had good sucking reflex and started latching on the breast neonte is still admitted on the ward.. |
| **117** | | | 3.2 | Mild birth Asphysia/ Early onset of Sepsis | 4.0 | 8.0 | Ampicillin 100mg/ iv stat, then Ampicillin 50mg/ iv tid x7/7, Gentamycin 4mg/ iv qd x7/7, vitamink 0.2ml im stat, D10% 60ml/ iv x 24 hours , 02 at 2liters | | Yes | This 0 day old male neonate was brought from the OB ward due to prolong labour, membrane leaking at home ,and neonate born depressed , and started having increased temperature the 2nd day . According to the mom's history she is a 21 years old G1, para 0 she had pre-eclampsia with severe features , placenta calcified grade3 and prolong labor. The neonate was treated for five days and discharged home. |
| **118** | | | 2.8 | Early onset of sepsis | 9.0 | 10.0 | Ampicillin 100mg/ iv stat then Ampicillin 50mg/ iv tid x5/7, Gentamycin 4mg/ iv qd x5/7 , Vitamin k 0.2 ml im stat, D10% 60ml/ iv x 24 hours, sponge bath and the body exposed. | | Yes | This 0 day old male neonate was brought from the OT due to prolong labour .On arrival on the ward observed neonate pink with no respiratory distress, neonate also had good reflexes but started vomiting clear fluid after few hour and running temperature .The neonate is still being treated on the ward. |
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| **119** | | | 2.8kg | Early onset of sepsis | 9.0 | 10.0 | Ampicillin 100mg/kg iv stat then Ampicillin 50mg/kg iv tid x5/7, Gentamycin 4mg/kg iv qd x5/7 , Vitamin k 0.2 ml im stat, D10% 60ml/kg iv x 24 hours, sponge bath and the body exposed. | | Yes | prolong labour .On arrival on the ward observed neonate pink with no respiratory distress, neonate also had good reflexes but started vomiting clear fluid after few hour and running temperature .The neonate is still being treated on the ward. |
| **120** | | | 3.9kg | birth asphyxia /Risk for sepsis | 4.0 | 7.0 | 02 therapy at 2 liters, Ampicillin 100mg iv stat, then Ampicillin 50mg/kg iv tid x7/7, Gentamycin4mg/kg iv qd x7/7, Vitamin k 0.2ml im stat, D10% 60ml iv x24 hours | | Yes | Neonate's mom is a 32years old G5, P4 ,LN3, A1 she had one ANC visit membrane ruptured at home . Neonate was born depressed and resuscitated for 2mins and started breathing . After 3 hours the neonate had good sucking reflex and started latching on the breast neonte is still admitted on the ward.. |
| **121** | | | 3.2 | Mild birth Asphysia/ Early onset of Sepsis | 4.0 | 8.0 | Ampicillin 100mg/kg iv stat, then Ampicillin 50mg/kg iv tid x7/7, Gentamycin 4mg/kg iv qd x7/7, vitamink 0.2ml im stat, D10% 60ml/kg iv x 24 hours , 02 at 2liters | | Yes | This 0 day old male neonate was brought from the OB ward due to prolong labour, membrane leaking at home ,and neonate born depressed , and started having increased temperature the 2nd day . According to the mom's history she is a 21 years old G1, para 0 she had pre-eclampsia with severe features , placenta calcified grade3 and prolong labor. The neonate was treated for five days and discharged home. |
| **122** | | | 2.9 | Severe birth asphyxia, Early onset of sepsis | 4.0 | 5.0 | 02 therapy at 2 liters , Ampicillin 100mg/ iv tid x7/7, Gentamycin 11.6mg/ iv qd x7/7, D10% 174ml iv x 24 hours , T/C eye ointment apply to eyes, Cord care bid with Chlorhexidine gel ,NGTube inserted for feeding. Phenobarbital 20mg/ iv stat, then Phenobarbital 5mg/ iv prn , RBS done 8mmol/L corrected with 10ml/ iv. | | Yes | Neonate's mom is a 20 years old G2 P1 LN1 m who had 2 ANC visits , 0 TTvaccine, 1 IPTShe laboured at home and came to the facility with membrane absent,very green meconium stain .the neonate was verry floopy and started going into apnea on aadmission she was stimulated and started breathing again Neonate is till on the ward on 02 therapy . |
| **123** | | | 2.9kg | Severe birth asphyxia, Early onset of sepsis | 4.0 | 5.0 | 02 therapy at 2 liters , Ampicillin 100mg/kg iv tid x7/7, Gentamycin 11.6mg/kg iv qd x7/7, D10% 174ml iv x 24 hours , T/C eye ointment apply to eyes, Cord care bid with Chlorhexidine gel ,NGTube inserted for feeding. Phenobarbital 20mg/kg iv stat, then Phenobarbital 5mg/kg iv prn , RBS done 8mmol/L corrected with 10ml/kg iv. | | Yes | Neonate's mom is a 20 years old G2 P1 LN1 mother who had 2 ANC visits , 0 TTvaccine, 1 IPTShe laboured at home and came to the facility with membrane absent,very green meconium stain .the neonate was verry floopy and started going into apnea on aadmission she was stimulated and started breathing again Neonate is till on the ward on 02 therapy . |
| | | | | | | | Ampicillin 310mg iv stat, then Ampicillin155mg iv tid | | | This 0 day old male neonate was born depressed and resuscitated for 4 mins he started |

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| **124** | | | 3.1 | Mild birth Asphyxia Risk for sepsis | 3.0 | 5.0 | x7/7, Gentamycin 12.4 mg iv qd x7/7, Vitamin k 0.2 ml im stat, T/C eye ointment applied to the eyes , cord care bid with Chlorhexidine gel , D10% 186 ml iv x24 hours. | | Yes | breathing with a weak cry. His mom is a 19 years old primi who delivered vaginally .gestational age was 39 cm by FH the neonate was treated for 7 days and D/c home on April 3, 2022. |
| **125** | | | 3.4 | Risk for neonatal sepsis | 9.0 | 10.0 | Ampicillin 340mg iv stat, then 170 mg iv tid x3/7, Gentamycin 13.6 mg iv qd x3/7, Vitamin K 0.2 ml im stat, D 10% 204 ml iv x 24 hrs ,T/C eye ointment applied to the eyes | | Yes | This 0 day old neonate was extracted from mom's uterus due to prolong labour and non reasurance fetus status . The neonate's mom is a 21 years old primi who was referred from Konabo health center . She had 6 ANC visits UTI and MIP during the pregnancy . The neonate was treated for 3 days and D/C home on the 15 of April, 2022. |
| **126** | | | 3.2 | mild birth asphyxia/ risk for sepsis | 4.0 | 7.0 | Ampicillin 100mg iv stat, then Ampicillin 50 mg/ iv tid x7/7 Gentamycin 12.8 iv qd x7/7, Vitamin k 0.2ml im stat Tetracycline eye ointment applied to eyes D10% 60ml iv x 24hrs , 02 therapy at 2 liters. | | Yes | Neonate's mom is an 18yrs old primi gravida who had 6 ANc visits 2 ttvaccines 5 IPT . She was referred from Beh Town clinic due to obstructed prolong labour but had normal vagina delivery .The neonate was depressed and resuscitated for 3 minutes and started breathing but did not cry until after few hours . The neonate was treated for 6 days and D/C home. |
| **127** | | | 3.5 | Moderate birth Asphyxia | NaN | NaN | Ampicillin 100mg iv stat, then 50mg iv tid x7/7, Gentamycin 4mg/ iv qd x7/7, Ceftriaxone 50mg/ iv bid x 7/7, Vitamin k 0.2 ml im stat, D10% 60ml im x 24 hr, 02 therapy at 2 liters . | | Yes | This 0 day old male neonate was extracted from mom's uterus due to prolong labour and malposition and non reassurance fetus status he was depressed and resuscitated for 2 mins and started breathing . Mom had 10ANC visits, she had an episode of MIP, she took 3 IPT, 2 TT vaccines .He was treated for 9 days and D/C home on the 14 of April 2022 with the weight of 3.0. |
| **128** | | | 2.3 | Mild birth asphyxia /preterm /congenital Malaria | 6.0 | 10.0 | 02 therapy at 2 liters , Ampicillin 230mg iv stat ,then Ampicillin 115mg iv tid x7/7, Gentamycin 9.2mg iv qd x7/7, vitamin k 0.2ml im stat, D10% 138ml iv x 24hrs , vital signs qhrly. | | Yes | This 0 day old female neonate was extracted from mom's uterus due to previous C/S x1 short interval/ prolong laten phase of labour. The neonate was reuscitated for 2mins and started breathing the neonated was treated for 7 days and D/C home on April 12 2022. |
| | | | | | | | Ampicillin 100mg/ iv stat, then 50mg/ iv tidx5/7 ,Gentamycin 4mg/ iv q36hr x5/7,Vitamin k 0.2ml im | | | Neonate's mom is a 24yrs old G1, P0.She had 3 ANC visits , she took 3 IPT and 2TTvaccines .She had desentry and PID during the pregnancy .The C/S was done due to eclampsia. The |

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| **129** | | | 2.5 | Preterm@32weeks /Early on set of neonatal sepsis | 9.0 | 10.0 | stat,D10% 60ml/ iv x24hrs, 02 therapy at 2 liters, NGtube insreted for feeding, skin to skin care. vital signs monitored every hour. | | Yes | neonate had good reflexes but the SP02 was 40% after the C/S. The neonate also started having increased temperature the second day of live ranging from 37.6 to 38. The neonate was treated for 6 days and D/C home. |
| **130** | | | 3.2 | Mild birth Asphysia /Risk for sepsis | 4.0 | 7.0 | Ampicillin 320mg iv stat,then 160mg iv tid x7/7, Gentamycin 12.8mg iv qd x7/7, Vitamin k 0.2ml im stat , D10 192ml iv x 24hr, T/C eye ointment apply to eyes , Cord care bid with chlorhexidine gel | | Yes | This 0 day old male neonate was born depressed and resuscitated for 3 mins the neonate started breathing but did not cry and was floopy . According to mom's history she is an 18 years old primi who had 6 ANC visits 2 tt vaccines , 5 IPT. she was reffered from Beh town clinic due to obstructed prolong labour. the neonate was treated for 5 days and D/C home.with weight 3.3 |
| **131** | | | 2.8 | Mild birth Asphyxia | 4.0 | 6.0 | Ampicillin 280mg iv stat,the Ampicillin 140mg iv tid x5/7, Gentamycin11.2mg iv qd x5/7 , D10% 168ml iv x24hr, Vitamin k 0.2ml im stat, D10% 168ml iv x 24 hrs . Vitamin k 0.2ml im stat. | | Yes | this 0 day old neonate was born depressed and resuscitated for 2 mins and started breathing. The neonate was treated for5 days and discharged home. |
| **132** | | | 2.8 | Mild birth Asphyxia /Risk for Sepsis. | 6.0 | 8.0 | Ampicillin 280mg iv stat, then Ampicillin 140mg iv tid x5/7, Gentamycin 11.2 mg iv qd x5/7, Vitamin k 0.2ml im stat, D10%168ml iv x 24hrs . vital sign done qhourly. | | Yes | This 0 day old male neonate was extracted from mom's uterus due to APH secondary to Abruptio placenta . he was slightly depressed and stimulated and started breathing and crying. |
| **133** | | | 2.6 | Risk for sepsis/Early onset of sepsis. | 9.0 | 10.0 | Ampicillin 260mg iv stat then Ampicillin 130mg iv tid x3/7, Gentamycin 10.4mg iv qd x3/7, vitamin k 0.2ml imstat, vital signs qhrly . | | Yes | This neonate was extracted from mom's uterus due to breech presentation. Mom was referred from Konobo health center due to breech presentation . The neonate started having increased temperature the next day after admission . The neonate was terated for 5 days and D/C home on the 2 of May, 2022. |
| **134** | | | 4.2 | Marcrosomic neonate/ Risk for neonatal sepsis | 7.0 | 10.0 | Ampicillin 100mg iv stat then Ampicillin 50mg iv tid x3/7, Gentamycin 4mg iv qd x 3/7, Vitamin k 0.2 ml im stat.02 therapy at 2liters .RBS=2.5mmol/l | | Yes | Neonate's mom is a 23 years old G2,p1 . She had 6 ANC visits 2TT vaccines and 2 IPT , she had mip and STI during the pregnancy . She had Normal vagina delivery with a macrosomic neonate who had good reflexes but was cynotic . The neonate was treated for 3 days and D/C home. |
| **135** | | | 2.6 | Early onset of Neonatal | 9.0 | 10.0 | Ampicillin 260mg iv stat, then Ampicillin130mg iv tid x7/7, Gentamycin10.4mg iv qdx 7/7, Metro 39mg iv tid | | Yes | This 1 day old neonate was recieved from the OB post partum ward with the complain of yellowish coloration of the urine and skin .On arrival observed the neonate's eyes and |

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| | | | | sepsis | | | x 7/7, D10% 208ml iv x 24hr, NGTube inserted for decompression, photapy, Vitamin k 0.2ml im stat. | | | entried body yellowish . Acccording to the neonate's mom she was treated for Malaria on two occassions and also infection. The neonate was treated for 9 days and discharged home. |
| **136** | | | 2.9 | Post term /Risk for sepsis | 8.0 | 10.0 | Ampicillin 100mg / iv stat, then Ampicillin 50mg/ iv tid x3/7 , Gentamycin 4mg/ iv qd x3/7, vitamin k 0.2ml im stat. | | Yes | The c/s was done due to post term and calcified placenta grade 3. The neonate had good reflexes but started having increased temperature on the 2nd day of live ranging from 37.7 to 38.9 . He was treated for 5 days and discharged home. |
| **137** | | | <2.5 | mild birth asphyxia | 5.0 | 7.0 | Ampicillin 100mg iv stat,then Ampicillin 50mg/ iv tid x7/7, gentamycin 4m/ iv qd x7/7, vitamin k 0.2ml im stat. | | Yes | Neonate's mom is G8P7m . she had 3 ANC visits , She took 3 IPT, no history of TT vaccines. She had normal vaginal delivery but the neonate was depressed and resuscitated for 10mins.The neonate was treated for 7 days and discharged home. |
| **138** | | | 2.9 | Risk for sepsis | 8.0 | 10.0 | Ampicillin 100mg/ iv stat then Ampicillin 50 mg / iv tid x3/7 , Gentamycin 4mg / iv qd x3/7, Vitamin k 0.2ml im stat. | | Yes | Mom is a 19 years old G1 p0 m She had 7 ANC visits ,4 IPT, 1 TTvaccine. She had one episode of Malaria in pregnancy. The C/S was done and the neonate had good reflexes . He was treated for 3 days and discharged home. |
| **139** | | | 2.6 | Moderate birth Asphyxia/Risk for Sepsis | 2.0 | 4.0 | 02 therapy at 2.5 liters, Ampicillin 260mg iv stat then Ampicillin 130mg iv tid x 7/7, Gentamycin 10.4mg iv qd x7/7, D10% 156ml iv x24 hours. | | Yes | This 0 day old male neonate was born depressed vaginally and resuscitated for 8 minutes and started breathing . According to mom's history her membrane ruptured at home with meconium seen in the amniotic fluid . She had 6 ANC visits , she took 5 IPT , and 2 doses of TT vaccine.The neonate was treated for 7 days and D/C home May 15, 2022 with the with of 2.7. |
| **140** | | | 2.6 | Moderate birth asphyxia /Risk for neonatal sepsis | 2.0 | 4.0 | Ampicillin 100mg/ iv stat, then Ampicillin 50mg / iv tid x7/7 , Gentamycin 4mg/ iv qd x7/7, D10% 60ml/ iv x24hrs , 02 therapy at 2liters. | | Yes | Neonate's mom was a 39 years old G2 ,p1m . She had 6 ANC visits , five IPT, 2 TT vaccines. She had normal vagina delivery but the neonate was delivered depressed and the amniotic fluid stained with meconiun. The neonate was resuscitated for 8 mins and started gasping later breathing . He was treated for 7 days and discharged home. |
| | | | | | | | | | | Mom is a 28yrs old G5P3 m she had 10 ANC visits 2TTvaccines, 2IPT.She had salpijectomy due to |

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| **141** | | | 3.1 | Risk for sepsis | 9.0 | 10.0 | Ampicillin 100mg/ iv stat, then Ampicillin 50mg/ iv tid x3/7 , Gentamycin 4mg / iv qd x3/7, Vitamin k 0.2 ml im stat. | | Yes | ectopic pregnancy in 2017. C/S was done due to prolong active phase of labour . The neonate had goog reflexes but the neonate was treated due to the prolong labour and one episode of STI during the pregnancy. The neonate was treated for two days but started having increased temperature His mom refused to stay for further treatment calming that the neonate was latching on the breast well and took the neonate home. |
| **142** | | | 3 | Mild birth Asphyxia | 5.0 | 6.0 | Ampicillin 100mg iv stat, then Ampicillin 50mg/ iv tid x7/7 Gentamycin 4mg/ iv qd x7/7, Vitamin k 0.2ml im stat, D10%186ml iv x 24hrs, 02 therapy at 2 liters. | | Yes | Neonate's mom is a17 years old G1, P0 .She had three ANC visits she took 2 IPT, 1 TTvaccine, She had one episode of MIP during the pregnancy.Normal vagina delivery was done and the neonate was resuscitated for 5 mins and started breathing. She was treated for 7 days and discharged home. |
| **143** | | | 3.2 | Birth asphyxia / risk for sepsis | 3.0 | 4.0 | Ampicillin 100mg iv stat, then Ampicillin 50mg/ iv tid x7/7, Gentamycin 4mg/ iv qd x7/7, Vitamin k 0.2 ml im stat, D10% 60ml / iv x 24hrs ,02 therapy at 2 liters. | | Yes | Mom was a 30 years old G4 P3 according to her she had PPH during one of her SVD. This C/S was done due to CPD and PROM. The neonate was very depressed and was resuscitated for 4 mins and started breathing. She was treated for 7 days and discharged home. |
| **144** | | | 3.5 | Birth Asphyxia,Risk of Neonatal Sepsis | 5.0 | 10.0 | 02 therapy at 2liters /min , Ampicillin 350mg iv stat, then Ampicillin 175mg iv tid x5/7 Gentamycin 14mg iv qd x5/7 , D10 210mg/ iv x 24 hours, Vital signs qhrly ,skin to skin with regular breastfeeding. | | Yes | Neonate's mom was a 30 years old G5, P3, D2(twin) , she had 5 ANC visits ,2 TTvaccines ,4 IPT, The neonate was born slightly depressed .She did not cry in the first min but cried in the fifth min, the Amniotic fluid was foul smelling with meconiun stain. The neonate was treated for 5 days and discharged home. |
| **145** | | | 2.8 | Risk of Neonatal Sepsis | 9.0 | 10.0 | Ampicillin 100mg/ iv stat, then Ampicillin 50mg/ iv tid x3/7, Gentamycin 4mg/ iv qd x3/7 ,Metro 15 mg/ iv stat, then Metro 7.5mg/g iv tid x3/7, TTvaccine 0.5ml imstat, then TAT 0.5ml im stat. Monitor V/S qhrly. Skin to skin and regular breastfeeding. | | Yes | Neonate's mom was a 23yrs old G4, P3 deaf and dumb mom .She had 5ANC visits 5IPT and 4 TT vaccines . She was brought from home by a traditional birth attendance who said she came accross her on her way from the farm in labour and delivered her whiles coming to the hospital . According to her she cut the cord with a new razor blade that she bought from the nearby town.On arrival on the ward the neonate was seen having good reflexes. She was treated for 3 days and discharged |

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| **146** | | | 3 | Risk of Neonatal Sepsis | 9.0 | 10.0 | Iv line established with 21guage cannula, Ampicillin 300mg iv stat, then Ampicillin 50mg/ iv tidx 3/7, Gentamycin 12mg iv qd x3/7, Nevirapine 2.5ml po qd x3/7, Vitamin K 0.2ml im stat, mom is encouraged to breast feed regularly, vital signs q hourly. | | Yes | Neonate's mom is a 36 years old G9 Para7Abortion2 patient .She attended ANC 4 times .she took 1IPTand 2 TTvaccines .The nenate was treted for 3 days and dischaged home. |
| **147** | | | 3.7 | Birth Asphyxia,Risk of Neonatal Sepsis | 3.0 | 7.0 | Ampicillin 100mg/ iv stat, then Ampicillin 50mg/ iv tid x7/7, Gentamycin 4mg/ iv qd x7/7 , Vitamin K 0.2ml im stat, D10% 60ml iv x 24hrs. Tetracycline eye ointment apply to the eyes, Cord care bid with Chlorhexidine gel.Regular breastfeeding and skin to skin care. | | Yes | Mom is a 30 years old G6, P5 mom she had 3 ANC visits , 2 TT vaccines, 3 IPT. a vaccum delivery was done due to poor maternal efforts . The neonate was very floopy and resuscitated for 8 mins and started breathing . she was treated for 6 days and discharged home. |
| **148** | | | <2.5 | Risk of Neonatal Sepsis | 9.0 | 10.0 | Ampicillin 100mg/ iv stat then Ampicillin 50mg/ iv tid x3/7, Gentamycin 4mg/ iv qd x3/7,T/C eyes ointment apply to the eyes , vitamin k 0.2 ml im stat , Cord care bid with Chlorhexidine gel, regular breastfeeding , vital signs qhrly skin to skin care by mom. | | Yes | The neonate's mom was a14 years old G1, P0 patient who was referred from Konobo health center . According to her history she went to the health center with the membrane absent and the neonate also spent 3hrs in the vulva before comming out .He was born with good APGAR and reflexes . he was treated for 3 days and discharged home. |
| **149** | | | 3.9 | Early Onset Neonatal Sepsis,Neonatal Jaundice requiring photapy, Anemia | 7.0 | 10.0 | Ampicillin 100mg/ iv stat, then Ampicillin 50mg/ iv tid x5/7, Gentamycin 4mg/ iv qd x5/7, R/Dextrose100ml/ iv x 24hrs, Photapy, regular breastfeeding, Cloxacillin 50mg/ iv tid x 48hrs cord cleaned with Alcohol,transfusion due to HB(6.6g/dl) sponged bath with body exposed. | | Yes | This neonate was brought from home by mom with the complain of hot skin .on arrival the neonte vital signs read temp 38.1, HR 140bpm, Resp 59bpm,spo2 96% the neonate was also observed jaundiced. He was observed pale after the third day on admission and was transfused due to the HB of 6.6g/dl. The neonate improved and was dicharged home after 8 days of treatment. |
| **150** | | | <2.5 | Risk of Neonatal Sepsis | 8.0 | 10.0 | Ampicillin 240mg iv stat, then Ampicillin 140mg iv tid x3/7 , Gentamycin 9.6 mg iv qd x 3/7, D10% 144mg iv x24hours ,T/C eyes ointment applied to the eyes , Cord care bid with Chlorhexidine gel . | | Yes | This male neonate was extracted from mom's uterus due to placenta previa . The neonate had good reflexes but was covered up because mom had 2 episodes of STI during the pregnancy. He was treated for 3days and dischaged home |
| **151** | | | 3.8 | Birth Asphyxia,Risk of Neonatal Sepsis | 3.0 | 6.0 | Ampicillin 380mg iv stat, then 190mg iv tid x7/7 ,Gentamycin 15.2 mg iv qd x7/7, Vitamin k 0.2 ml im stat.,D10% 228ml iv x24 hrs , Vital signs qhourly , T/C eye ointment applied to eyes , Cord care bid with Chlorhexidine gel , skin to skin care and regular breastfeeding. | | Yes | Neonate's mom is a 21 years old G1, p0 m She had 8 ANC visits ,2TT vaccines and 4 IPT . Normal vaginal delivery was done but neonate was depressed and resuscitated for 15mins and started breathing but floopy and not crying but cried after 10mins .The neonate was |

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| **152** | | | 3 | Birth Asphyxia | 1.0 | 2.0 | Ampicillin 100mgl iv stat, then 50mg/ iv tid x7/7, Gentamycin 4mg/ iv qd x7/7, Vitamin k 0.2 ml im stat, D10% 60 ml / iv x24hrs , vls qhrly, regular breastfeeding and skin to skin by mom. | | Yes | Mom was a 17 years old G1, p0 patientThis was a normal vagina delivery but neonate was depressed and resuscitsted for 15mins .He started breathing but did not cry .he was treated for 5 days and discharged home. |
| **153** | | | 2.7 | Risk of Neonatal Sepsis | 9.0 | 10.0 | Ampicillin 270mg iv stat,then Ampicillin 135mg iv tid x3/7,Gentamycin 10.8mg iv qd x3/7, Vitamin K 0.2ml im stat, V/S qhourly , skin to skin and regular brestfeeding encouraged. | | Yes | Neonates mom was a25 years old G3 P1, A1 m she had 3 episodes of STI during the pregnancy . The neonate was born with good reflexes but was covered up for 3 days and discharged home. |
| **154** | | | 3.2 | Birth Asphyxia,Early Onset Neonatal Sepsis | 7.0 | 10.0 | o2 therapy at 2liters , Ampicillin 100mg/ iv tid x5/7, Gentamycin 4mg/ iv qd x5/7, Vitamin k 0.2ml im stat, V/S qhrly, regular breastfeeding,skin to skin. | | Yes | Mom was a 23 years old G2, P1 m She had 5 ANC visits 2 TT vaccines 3 IPT . SHe had normal Vagina delivery with the neonate slightly depressed .She was only stimulated and started crying.The extremities were cynosed with the vital signs reading Temp-35.4, HR 150bpm, RESP 28 and the SPO2 -80%. She was treated for 5 days and discharged home. |
| **155** | | | 3.7 | Risk of Neonatal Sepsis | 9.0 | 10.0 | Ampicillin 370mgiv stat, then Ampicillin 185mg iv tid x3/7, Gentamycin 14.8 iv qd x3/7 , Vitamin K 0.2ml im stat , D10%222ml iv x 24hrs , vital signs qhrly . | | Yes | Neonate's mom was a 16 years old G1 p0 patient who had 3 ANC visits ,1 TTvaccine, 3 IPT . The C/S was done due to postdatism and prolonged second stage of labour. The neonate was treated for3 days and discharged home. |
| **156** | | | <2.5 | Risk of Neonatal Sepsis | 9.0 | 10.0 | Ampicillin 100mg/ iv stat then 50 mg / iv tid x 3/7, Gentamycin 4mg / iv qd x3/7 , Vitamin k 0.2ml im stat, T/C eye ointment applied to the eyes , cord care bid with chlorhexidine gel . skin to skin care , regular breastfeeding | | Yes | neonate's mom was a 37 years old G-5, P-3 ,A-1 mom who had NVD for this 1st twin and C/S for the 2nd twin . She had 4 ANC visits no history of TT vaccines, 1 IPT and ARI during the pregnancy. The neonate was born with good APGAR and reflexes but weight was 2.4 and was covered up due to the Acute Respiratory tract infection during the pergnancy. The neonate was treated for 3 days and discharged home. |
| **157** | | | 2.8 | Risk of Neonatal Sepsis | 9.0 | 10.0 | Ampicillin 270mg iv stat, then Ampicillin135mg iv tid x3/7, Gentamycin 10.8mg iv qd x3/7, Vitamin K 0.2ml im stat, Encourage breastfeeding and skin to skin. | | Yes | Neonate's mom was a22yrs old G1,P0 m . She had 5 TT vaccines 4 IPT. According to her history she also had PROM and Malaria in pregnancy. The neonate had all the reflexes present and was treated for 3 days and discharged home. |
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| **158** | | | 3.1 | Birth Asphyxia,Risk of Neonatal Sepsis | 6.0 | 8.0 | Ampicillin 100mg/ iv stat, then Ampicillin 50mg/ iv tid x5/7, Gentamycin 4mg/ iv qd x 5/7 , Vitamink 0.2ml im stat. Vitamin k 0.2ml im stat, vital signs qhourly. | | Yes | history of TT vaccine. She had ARI during the pregnancy . It was a multiple gestation the first twin was delivered via NVD and the second twin C/S due to breech presentation . The C/S was done and the neonate was breathing but floopy and not crying but started crying after 10 mins but it was weak . She was treated for five days and discharged home. |
| **159** | | | 3.3 | Early Onset Neonatal Sepsis | 8.0 | 10.0 | Ampicillin 300mg iv stat, then Ampicillin 150mg iv tid x 5, Gentamycin 12mg iv qd x5/7 ,Phenobarbital 60mg iv stat, Encourage breastfeeding | | Yes | This 10 hours old female neonate was brought on the ward due to vomiting brownish substance and also spasming . The neonate's mom had PID in the pregnancy at 14 weeks and was treated with Amoxicillin . The neonate was treated for 5 days and discharged home. |
| **160** | | | <2.5 | Early Onset Neonatal Sepsis, Necrotising enterocolitis | 8.0 | 10.0 | Ampicilin 220mg iv stat ,then Ampicillin 110mg iv tid x5 , Gentamycin 8.8mg ivqd x5/7, Metronidazole 33mg iv stat, then 16.5 mg iv tid x 5/7, R/Dextrose 220ml iv x 24 hours , NGTube inserted for decompression , NPO x 24hours , RBS q 2hourly, Monitor the vital signs q hourly. | | Yes | This one week old male neonate was brought on the ward from home by mom with the complain of contineous crying which started a day ago and also the neonate not passing stool. According to the history ultra sound was done and a transient idiopathic fetal acites with hydrocele was observed at 33weeks . The neonate's mom also had UTI during the pregnancy. She had a normal vagina delivery with compound presentation hand over the head around the neck with distended abdomin with circumfrence of 37cm .On arrival on the ward the neonate was observed having good reflexes but the abdomin distended and tender on touch and also acrocynosis but no respiratory distress observed . The relatives admitted given Nystatin and gripe water at home but to no avail so they decided to seek medical advice. He was treated for 8 days and discharged home. |
| **161** | | | 2.9 | Risk of Neonatal Sepsis | 8.0 | 10.0 | Ampicillin 290mg iv stat, then Ampicillin145mg iv tid x3/7 Gentamycin 11.6mg iv qd x 3/7, vitamink 0.2ml im stat. | | Yes | This 3 days old male neonate was brought from home with the complain of the neonate crying continuously . On arrival the neonate was observed calm but mom had UTI during the pregnancy . The neonate was treated for 3 days and discharged home. |
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| **162** | | | 2.6 | Risk of Neonatal Sepsis | 9.0 | 10.0 | Ampicillin 250mg iv stat, then Ampicillin 125mg iv tid x3/7 , Gentamycin 10 mg / iv qd x3/7, Vitamin k 0.2 ml im stat, D10% 150mg iv in 24 hours , monitor vital signs q hourly, Encourage breastfeeding | | Yes | neonate was brought from the post partum ward by mom with the complain of vomiting . On arrival observed the neonate vomiting dark contet according to her history she had UTI and preclamsia three days to labour and leaking membrane 2 days to delivery. The neonate was treated for 3 days and discharged home |
| **163** | | | 3.3 | Risk of Neonatal Sepsis | 9.0 | 10.0 | Ampicillin 330mg iv stat, then Ampicillin 165mg iv tid x3/7, Gentamycin 13.2mg iv qd x3/7 , Vitamink 0.2ml im stat. D10%198ml iv x24hours, T/C eye ointment applied to the eyes ,cord care bid with chlorhexidine gel | | Yes | C/S was done due to previous C/s .The neonate was extracted with good reflexes but was covered up because the membrane ruptured more than 18 hours and the mom had 4 episodes of UTI during the pregnancy. The neonate was treated for 3 days and discharged home. |
| **164** | | | 3.4 | Risk of Neonatal Sepsis | 8.0 | 10.0 | Ampicillin 370mg iv stat, then 185mg iv tid x3/7, Gentamycin 14.8mg iv qd x3/7, D10% 222ml iv x24hours , T/C eye ointment apply to the eyes cord care bid with chlorhexidine gel , Vitamin k 0.2ml im stat . Regular breastfeeding. | | Yes | The C/S was done due to suspected fetus marcrosomia /prolong laten phase of labour. The neonate was extracted with good reflexes but acrocynosis observed. According to the m's history she had PROM for 72hour. The neonate was treated for 3 days and discharged home. |
| **165** | | | 3.8 | Early Onset Neonatal Sepsis | 8.0 | 9.0 | Ampicillin 380mg iv stat,then Ampicillin190 mg iv x 5/7, Gentamycin 15.2 mg iv qd x 5/7, Vitamin k 0.2 ml im stat,Cord care bid with Chorhexidine gel , D10% 228ml iv x 24 hours , 02 therapy at 2 liters. | | Yes | This 0 day old male neonate was extracted from mom's uterus due to suspected marcrosomic fetus and malpresentation . The neonate was observed with good reflexes but cynosed there was also grade three meconium stain in the amniotic fluid. He was treated for 6 days and discharged home. |
| **166** | | | 2.6 | Early Onset Neonatal Sepsis | 6.0 | 7.0 | Ampicillin 260mg iv stat, then Ampicillin 130mg iv tid x5/7 , Gentamycin 10.4 mg iv qd x5/7 , vitamin k 0.2 ml im stat , monitor v/s q hourly, T/C eye ointment appied to the eyes, Cord Care bid with Chlorhexidine gel , Encourage regular breast feeding. 02 therapy at 2 liters. | | Yes | I was called on the OB ward to receive this 0 day old female neonate who was delivered and was breathing well but later stopped according to the attending midwife . The neonate was stimulated and started gasping with poor reflexes . She was treated for 5 days and discharged home. |
| **167** | | | 3.5 | Birth Asphyxia,Early Onset Neonatal Sepsis | 1.0 | 5.0 | Ampicillin 100mg iv stat, then Ampicillin 50mg/ iv tid x7/7, Gentamycin 4mg iv qd x7/7, D10% 60 ml iv x 24 hours, Phenobarbital 20mg iv stat, NGTube for feeding ,vitals done every hour. | | Yes | This 0 day old male neonate was referred from Konobo health center with the complain of the neonate born depressed and has not cried yet. According to the midwife the neonate was depressed and resuscitated . On arrival the neonate was observed smacking his mouth |

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| | | | | | | | | | | but is pink in color and breathing . He was treated for 11days and discharged home. |
| **168** | | | 3 | Early Onset Neonatal Sepsis | 9.0 | 10.0 | Ampicillin 300mg iv stat, then 150mg iv tid x5/7, Gentamycin 12mg iv qd x5/7, Vitamin k 0.2ml im stat, cord care bid with chlorhexidine gel , Vital signs q hourly , Labs : M/S no malaria parasite seen , RBS 3.7mmol/L, Neonate is fed with expressed breast milk via the cup and is well tolerated mom is encouraged to do regular breast feeding. | | Yes | This 0 day old male neonate was brought from the post partum ward by mom with the complain of the neonate not latching on the breast since birth , According to mom's history she was induced due to postdatism , she also had malaria at 30 weeks ,UTI and Diarrhea during the pregnancy. On arrival on the ward the neonate was latching on the breast but not well. He was treated for 5 days and discharged home. |
| **169** | | | 2.4 | Risk of Neonatal Sepsis, SGA/ Malformation of the legs (hyperextension ) | 8.0 | 10.0 | Ampicillin 240mg iv stat then Ampicillin 120mg iv tid x3/7 , Gentamycin 9.6mg / iv qd x3/7, Vitamin k 0.2ml im stat, T/C eyes ointment applied to the eyes , Cord care bid with Chlorhexidine gel bid,the legs were massaged . | | Yes | spontaneous vaginal delivery was done with breech presentation . The neonate was breathing but was stimulated before crying and also observed with hyperflexed legs . According to mom's history she had UTI and MIP . The neonate was treated for 4 days and discharged home. |
| **170** | | | 3.2kg | Risk of Neonatal Sepsis | 8.0 | 10.0 | Ampicillin 320mg iv stat, then Ampicillin 160mg iv tid x3/7 , Gentamycin 12.8 mg iv qd x3/7 , Vitamin k 0.2ml im stat, T/C eye ointment applied to the eyes, cord care bid with chlorhexidine gel . D10% 192ml iv x 24hours , regular breastfeeding was done. | | Yes | Neonate's mom was referred from Konobo health center due to prolong active phase of labour The c/s was done due to failed agumentation . It was observed that the neonate had good reflexes but his mom had 2 episodes of UTI and 2 episodes of malaria during the pregnancy .The neonate was treated for 5 days and discharged home. |
| **171** | | | 2.5kg | Risk of Neonatal Sepsis | 8.0 | 10.0 | Ampicillin 250mg iv stat, then Ampicillin 125mg iv tid x3/7, Gentamycin 10mg iv qd x3/7 ,Vitamin k 0.2ml im stat, D10% 150ml iv x24hours, T/C eyes ointment applied to the eyes , Cord care bid with Chlorhexidine gel | | Yes | This neonate's mom was referred from Konobo health center due to prolong active phase labor distocia. C/S was done the neonate was extracted but was stimulated before crying . The amniotic fluid was stained with grade three meconium. He was treated for 3 days and discharged home. |
| **172** | | | 2.5kg | Risk of Neonatal Sepsis | NaN | NaN | Ampicillin 250mg iv stat, then Ampicillin 125mg iv tid x3/7, Gentamycin 10 mg iv qd x 3/7 , Vitamin k 0.2ml im stat, T/C eye ointment applied to the eyes Cord care bid with Chlorhexidine gel, TAT 0.5ml im stat. | | Yes | This 0 day old neonate was brought from home by mom with the complain of on her way to the urinal the umbilical cord cut and the neonate fell on the ground. On arrival on the ward the neonate was observed with mud on his body he was cleaned and put skin to skin with mom. The neonate was also observed with good |

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| | | | | | | | | | | reflexes . He was treated for 4 days and discharged home. |
| **173** | | | <2.5 | Risk of Neonatal Sepsis,Prematurity | 7.0 | 10.0 | Ampicillin 210mg iv stat, then 105mg iv tid x3/7 , 02 therapy at 2 liters , Gentamycin 8.4 mg iv qd x3/7 , Vitamin k 0.2 ml im stat, T/C eye ointment applied to the eyes , Cord care bid with Chlorhexidine gel , | | Yes | Normal vaginal delivery was done . According to the neonate's mom the neonate did not cry right after birth she was stimulated before she cried . The neonate's mom had one episode of MIP during the pregnancy .She was treated for 4 days and discharged home. |
| **174** | | | <2.5 | Risk of Neonatal Sepsis,Prematurity | 7.0 | 10.0 | Ampicillin 210mg iv stat, then 105mg iv tid x3/7 , 02 therapy at 2 liters , Gentamycin 8.4 mg iv qd x3/7 , Vitamin k 0.2 ml im stat, T/C eye ointment applied to the eyes , Cord care bid with Chlorhexidine gel , | | Yes | Normal vaginal delivery was done . According to the neonate's mom the neonate did not cry right after birth she was stimulated before she cried . The neonate's mom had one episode of MIP during the pregnancy .She was treated for 4 days and discharged home. |
| **175** | | | 2.8kg | Risk of Neonatal Sepsis | 8.0 | 10.0 | Ampicillin 280mg iv stat, then Ampicillin 140mg iv tid x3/7 , Gentamycin 11.2 mg iv qd x3/7 , Vitamin K 0.2 ml im stat, T/C eye ointment applied to the eyes Cord care bid with Chlorhexidine gel. | | Yes | The C/S was done due to mal presentation and prolong active phase labour. Mom also had one episode of STI during the pregnancy. The neonate was extracted from mom's uterus with good reflexes but was treated for 4days and discharged home. |
| **176** | | | 3.4kg | Late Onset Neonatal Sepsis,Malaria | 7.0 | 10.0 | Ampicillin 390mg iv stat, then Ampicillin 195mg iv tid x5/7, Gentamycin 15.6mg iv qd x5/7 , Clotromazole cream apply bid to the skin ,Nystatin syrup 2.5 ml po bid x5/7, Artesunate 11.7mg iv x protocol ,encourage regular breastfeeding , skin to skin care was encouraged. | | Yes | This 3 weeks old male neonate was brought on the ward from home by mom with the complain of hot skin since morning, coughing since two days ago and thrush. She verberlized that she gave herbs for the thrush. According to her the neonate was delivered at the clinic but did not cry right after birth . On arrival the neonate was observed febrile on touch with rashes on the skin but latching on the breast. He was treated for 5 days and discharged home. |