Republic of the Philippines
Department of Health
MARGOSATUBIG REGIONAL HOSPITAL
Margosatubig, Zamboanga del Sur

NICU ADMISSION NOTIFICATION SLIP

I: PATIENT'S DATA

HRN : _____
Area : _____ Date: : _____
Name : _____ Gender : ☐ Male ☐ Female
Birthweight : _____ grams APGAR Score : _____ Ballard Score : _____
Type of Delivery : ☐ NSVD ☐ Cesarian Section ☐ Force/ Vaccum Assisted Delivery
Attending Physician/ Pediatrician : _____
Indication/Diagnosis : _____

II: SPECIAL ENDORSEMENT

Contraptions : ☐ ETT ☐ OGT ☐ IVF ☐ Umbilical Catheter ☐ Others : _____
Mechanical Ventilator : ☐ Yes ☐ No
If Yes, Settings : Mode : _____ PIP : _____ RR : _____
PEEP : _____ FIO2 : _____ IE : _____
O2 Inhalation : ☐ Nasal Cannula ☐ Face Mask at : _____ L/min
Bubble CPAP : ☐ Yes ☐ No
If Yes, Settings : FIO2 : _____ PIP : _____ PEEP : _____

III: OTHERS

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Endorsed by: _____
Signature over Printed Name of NOD

Received by: _____
Signature over Printed Name of NICU-NOD

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