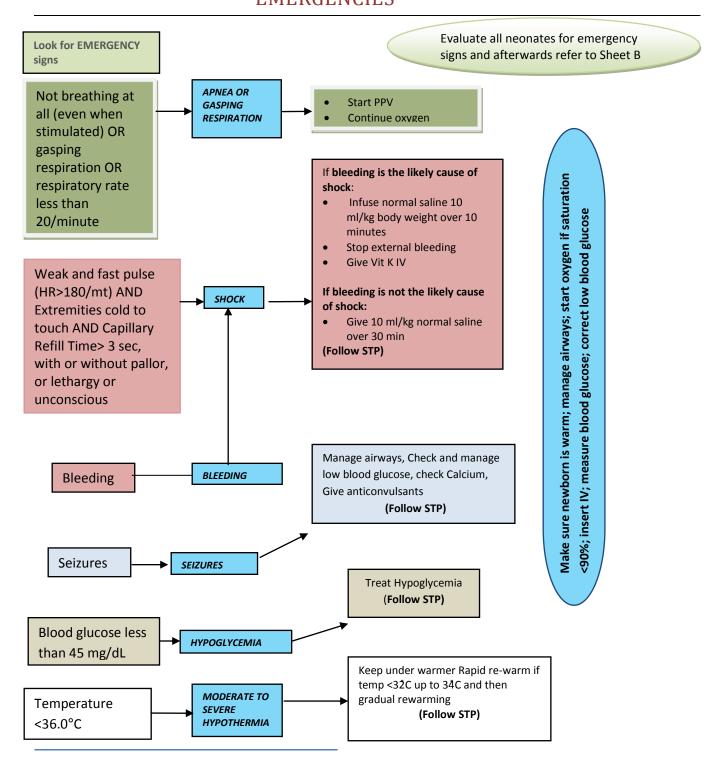


SHEET A RAPID ASSESSMENT AND IMMEDIATE MANAGEMENT OF EMERGENCIES





ASK



SHEET B ASSESSMENT FOR SPECIFIC CONDITIONS

(AFTER EMERGENCY MANAGEMENT OR IF EMERGENCY SIGNS ARE ABSENT)

NEONATAL HISTORY

- Age of the neonate and the birth weight if available.
- Was the baby born term? If not, then at what gestation?
- Delayed Cry/ not breathing at birth/ requirement of BMV at birth
- Is the baby having any other problem in feeding/ choking/ vomiting?
- When did the problem start?
- Has the baby worsened?

MATERNAL HISTORY

- Medical, obstetric, social history,
- Pregnancy: Duration, chronic diseases, HIV, any complications, history of maternal fever
- Labour: Any complications, duration of rupture of membranes, any complication-fetal distress, prolonged labor, caesarean section, color and smell of amniotic fluid, instrumental delivery, vaginal delivery, malposition, malpresentation, any other complications

