PATIENT RECORD FORM

It will be an institution based cross-sectional study.

Proforma of the questionnaire will be as given below:

18. Date

19. Serial No.

20. Date of admission :

21. Date of birth:

22. Type of delivery: Institutional/Domiciliary/TD assisted

23. Name

24. Age

25. Sex

26. Religion

27. Name of. Guardian

28. Residential address

29. Monthly income of the family(A/B/C/D/E)

a. < Rs 2000

b. Rs 2000 - Rs 5000

c. Rs 5001 – Rs 10000

d. > Rs 10000

e. < Rs 20000

30. History of present illness

a. Weak or reduced suckling

b. Weak or absent cry

c. Fever

d. Drowsy and unconscious

e. convulsion

31. Clinical findings

32. Provisional diagnosis

33. Relevant maternal bad delivery history(BOH), if any

34. Investigation done a) Blood culture

b) Complete blood count

18. Treatment received