



MINISTRY OF HEALTH

NEWBORN DANGER SIGNS CHECKLIST

Name of the Baby:	
Age in Days:	
Name of CU:	
Date/month/year:	
Name of CHW:	
Refer to the link facility IF ANY of the following danger signs (From number 1-11) are there.	
1. Not able to feed since birth, or stopped feeding well.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Convulsed or fitted since birth.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Fast breathing: Two counts of 60 breaths or more in one minute (Use a watch)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Severe chest in drawing (chest draws in as the baby breathes)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. High temperature: 37.5°C or more or by touch or mother's report	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Very low temperature: 35.4°C or less (check extremities feet, hand and body)	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Only moves when stimulated, or does not move even on stimulation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Yellow sole	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Bleeding from the umbilical stump	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Signs of local infection: umbilicus red or draining pus, skin boils, or eyes draining pus	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Weight chart using color coded scales if RED or Yellow (refer < 2.5kgs or those born less than 36 weeks of age)	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Follow up and check if baby taken to hospital (if any of the above signs noted)	Yes <input type="checkbox"/> No <input type="checkbox"/>

NB: Postnatal visits to be conducted on day 1, 3 and 7 of life of all newborns and postnatal register used for cross reference.

Tick as appropriate.