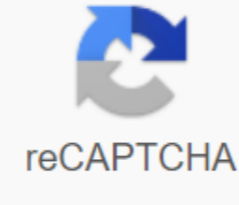




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Penilaian ballard score pdf

Background: A proper assessment of gestational age is important in newborn screening to determine the next introduction. One method of assessing the gestation period is The New Ballard Score (NBS). Purpose: Know the new Ballard Assessment Measurement Agreement between trained paramedics and pediatric specialists in newborns. Method: The design of the study is a cross-examination conducted by pediatric specialists and trained paramedics at RSIA Dentatama from February to March 2008. Statistical analysis using intraclass correlation. Results: The study was conducted on 175 newborns, 55.4% of men and 44.6% of women; 30.3% were born with the sectio Caesar; 10.3% of babies are born in less than a few months; Ballard was up 69.7 percent on day two. Based on intra-class correlation analysis, there is a high agreement between paediatricians and qualified paramedics (r No. 0.925 and p Background: Assessment of the hestattage of Acurate is important in newborn screening to determine further management. One of the methods we use is the new Ballard Assessment (NBS). Trained paramedics are able to perform the Ballard Assessment Survey properly™. : The study was conducted in 175 newborns, 55.4% were male and 44.6% were women, 30.3% were delivered by C-section, 10.3% were premature babies, Ballard's assessment of the survey conducted on the second day was 69.7%. According to the Intraclass correlation, there is a™ very strong correlation between pediatrician and trained paramedic (r⁰.925 and p Keywords: Tenure, New Ballard Score, Trained Paramedic Embed Size (px) 344 x 292429 x 357514 x 422599 x 4874. APGAR SCORE Table 2.13 Appgar ScoreValue Score: 0Value : 1Value : 2Appearance (skin color)Pale/blue full body Red Body, blue extermitasA full-body rednessPulse (heart rate) None100Grimace (muscle tone)NoEcstermitas little flexibilityActivity (activity) No less than movement 2011. Neonatal Care, Baby and Toddler Guide Is a Clinical Practice Training Guide. Jakarta: EGC. If the apgar value:7-10 : the baby has mild asphyxia or the baby is in normal condition4-6: the baby has moderate asphyxia0-3: the baby experiences severe asphyxia When apgar account under 6 babies needs action action The first 5-minute STUDY of APGAR was conducted during the third day of delivery by placing the newborn on the patient's abdomen and covered with a warm blanket or dry towel. In addition, observations of newborns based on the above criteria are listed in the APGAR table below. (Goddess, 2011) Table 2.14Obsedation observational applications First 5 minutes10 minutesA Appearance/skin colorP Pulse (pulse/minute)G Grimas/ototA tonus Activity/Movement of the Child Respiratory/Children's Score NumberSource:Source:Dewi V. N. L. 2011. Neonatal care of babies and babies. Jakarta : Salemba Medica Results are summarized to determine the proper management of newborns, the results of the evaluation in the first five minutes are the benchmark in determining treatment immediately after birth. Table 2.15Centbirth angst based on APGAR scoreScores APGAR first five minutesResience0-3Place in a warm place with a lempa as a warming source of oxygen resuscitationSTithulation The stimulationStimulationStimulationPlay 4-6Place in the warm place Oxygen nutritionTil stimulating7-10Ened control according to normal infants:Source:Dewi V. N. L. 2011. Neonatal care of babies and babies. Jakarta : Salemba Medicab. The BALLARD SCOREThe assessment system was developed by Dr. Jean L Ballard, MD, to determine the age of admission of newborns using neuromuscular and physical evaluation. Neuromuscular scores include posture, square window, hand recoil, popliteal angle, scarf sign and heel-to-ear maneuver. Observed physical evaluations were skin, dohugo, plantar surfaces, breasts, eyes/ears, and genitalia1. Assessment of neuromuscular maturity a. Body muscle posture tone is reflected in the posture of the child alone and the absence of prisoners when the muscles are stretched (Figure 2.1). At the beginning of pregnancy, only the ankles bend. The knee begins to bend along with the wrist. The hips begin to bend, then the elbow, then the flexion of the shoulder. In preterm infants, the infensor had no resistance, while those approaching mature infants showed progressive passive resistance to the tone of bending. To observe the posture, the child is placed on the back and the examiner waits for the child to be calm in a comfortable position. If the child is lying on the back, the soft manipulation of the limbs can be performed by reflection if it is an extension or vice versa. This will allow her to find a basic comfort position. The flexion of the pelvis without abduxi gives an image of the position of the frog's foot. Figure 2.1b. Square Window Wrist's flexibility and or flexor sprain resistance ensures the result of a bend angle on the wrist. The expert straightens the child's fingers and gently presses the back of the hand close to his fingers. The result of the angle between the palm and the child's forearm from the premature postern is rated consistently Nos. 90, 90, 60, 45, 30, and 0 (Figure II.4). Figure 2.2c. Arm Recoil This maneuver focuses on the passive flexor of the muscular tone of the biceps by measuring the short reverse angle after flexing and expanding the elbow joint. The hand is given by assessing when the child is lying on his back. Hold both hands of the child, choose your lower hand as much as possible for 5 seconds, then stretch out both hands and remove them. Watch the baby's reaction when the arm is removed. Score 0: Hand remains stretched/accidental movement, Score 1: partial flexion 140-180, Grade 2: partial flexion 110-140, Score 3: partial bending 90-100, and score 4: return to complete flexion (Figure 2.3). Figure 2.3d. This Popliteal AngleManuver evaluates the maturation of the knee joint of the passive fleksor tonus by testing lower limb resistance to extensions. With the baby lying on his back and without diapers, the hips are neatly placed on the baby's stomach with the knees bent completely. After the child relaxes in this position, the examiner carefully holds one side leg with one hand, supporting the side of the hip with the other hand. The legs expand until there is a certain resistance to expansion. Measure the angle between the hips and calves in the poplital area. (Figure 2.4) Figure 2.4e. This SignManuver scarf tests the passive tone of the fleksor shoulder bracelet. When the child is lying on his back, the expert directs the child's head towards the center line of the body and pushes the child's hand through the upper part of the chest with one hand and the thumb of the expert's other hand placed on the child's elbow. The elbow may need to be lifted past the body, but both shoulders must remain attached to the surface of the table and keep the head straight and observe the elbow position on the child's chest and compare it with the number on the sheet, that is, full at neck level (-1); counter-alateral axial line (0); Counter-alateral nipple line (1); Xifoid process (2); Ipsyal nipple line (3); and ipsyal terrier lines (4) (Figure 2.5). Figure 2.5f. Heel to ear This maneuver assesses the passive tone of the flexor muscle on the pelvic bracelet, providing passive flexion or resistance to the posterior muscles of the hip flexor. With the position of the baby on the back and then hold the baby's legs with your thumb and index finger, pull as close to the head as possible without forcing, keep the pelvis on the checked surface and observe the distance between the foot and the head and the level of the expansion of the knee (compared to the number on the sheet). The testers noted places where there was significant resistance. The results are noted as heel resistance when on or near: ears (-1); Nose (0); chin (1); Nipple lines (2); The navel area (3); and thigh folds (4) (Figure 2.6). Figure 2.62. Physical assessment a. The maturation of the skin of the fetus involves the development of its internal structure along with the gradual loss of the protective layer, namely the vernix of casesis. caseosis. therefore the skin thickens, dries and becomes wrinkled and/or exfoliates and a rash may occur during the ripening of the fetus. This phenomenon can occur at different rates in each fetus depending on the condition of the mother and the intrauterine environment. Before the development of the epidermis layer with its corneal layer, the skin is somewhat transparent and sticky to the expert's finger. At the age of further development, the skin becomes smoother, thickens and produces a mop, a vernix that disappears towards the end of pregnancy. In a state of maturation and maturation, the fetus can secrete meconium in the amniotic fluid. This can speed up the process of drying the skin, causing peeling, cracking, dehydration such as parchment.b. Lango Lango is a beautiful hair that covers the body of the fetus. In extreme prematurity of the skin of the fetus there is very little lanugo. Lango starts to grow between the ages of 24 and 25 weeks and is usually very much, especially in the shoulders and upper back when entering week 28. Lanugo begins to thin out, starting with his lower back. Areas that are not covered with lanugo extend according to its maturity and are usually most common in the lumbosacral area. At the back of the baby maturation is usually not covered with lanugo. Differences in the number and location of langos in each age of gestazi depend on genetics, nationality, hormonal, metabolic and nutritional effects. For example, children from mothers with diabetes have a lot of dohugo. In the assessment, the examiner should estimate the area representing the relative number of langos infants i.e. on the upper and lower areas of the child's back (Figure 2.7)Figure 2.7c. The sole surface of the sole of the feet first appears in this front part, probably related to the position of the baby when in the womb. Babies race beyond whites who have fewer footlines at birth. On the other hand, black babies are reported to have an acceleration of neuromuscular maturity, so that the onset of lines on the soles of the feet does not decrease. However, it is used using an estimate (Figure II.10). Figure 2.8d. Areola mammae breast consists of mammae tissue, which grows due to maternal stimulation of estrogens and adipose tissue, which depends on the nutrients obtained by the fetus. The inspectors assessed the size of the apola and assessed whether the spots were due to the growth of Montgomery's nipples (Figure 2.9). The palpation of the fabric mammae under the areola with the thumb and indicate the measurement of its diameter in millimeters Figure 2.9e. The eye/ear earlobe of the fetus ear undergoes the addition of cartilage as it progresses to maturation. The examination consists of cartilage thick palpation, then the expert folds the leaves to the face, then removes and the expert observes earlobe when released to its original position (Figure 2.10). Figure 2.1 2.1 penilaian ballard score pada bayi. tabel penilaian ballard score

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