

Comprehensive Newborn Monitoring Chart v2.8

Training chart

Section	Column label	Description	Column label	Description
Biodata				
	Name	Full Name given to the newborn	Date today	today's date DD/MM/YYYY
	IP NO	Baby's Identification Number	Diagnosis	Enter baby's diagnoses
	Sex	Tick - (M) for Male, (F) for Female	Birth Wt	Enter the weight of newborn at birth in grams
	D.O.A	date of admission DD/MM/YYYY	Interventions	Tick all current interventions that the baby is on
	D.O.B	date of admission DD/MM/YYYY		
Daily Clinician Feed and Fluid prescription - This section is to be filled by the prescribing clinician				
	Day of Life	Enter the day of life		
	Current Wt = gm	Enter the current weight in grams		
	Total feed + fluid = _____ mls/kg/day = _____ mls	Enter the total fluid volume requirement for the day Enter the mls/kg/day for the day of life		
	Feed:	Tick feed type for example BF(breastfeeding), EBM(Expressed breast milk), Term Formula , Pre- Term Formula		
	Route: Cup <input type="checkbox"/> NGT <input type="checkbox"/> OGT <input type="checkbox"/>	Tick appropriate feeding route		
	Volume & Frequency =	feed volume prescribed	3hrly <input type="checkbox"/> 2hrly <input type="checkbox"/>	Tick the feed frequency
	Total 24hr Volume =	Total feed volume for 24hrs in ml		
	IV Fluid & Additives	List IV fluids/additives	volume and duration	Volume and duration of IV fluid/additives
	Other prescribing instructions	Enter any notes related to prescribing		
	Clinician's name	Enter name of clinician writing the prescription		
	Time	Enter the time of the prescription		
Daily IV Fluid Nursing plan - this section is to be filled by the nurse				
	Start time:	Enter start time for fluids for this 24hr fluid plan		
	Hourly rate= _____	Enter how many mls will be given every hour	(____ drops/min)	number of drops in one minute
	Planned vol = _____	Enter the volume to be put up	in _____ hrs	volume
Monitoring				
	Monitoring Freq	Enter the frequency the baby requires monitoring		
	Time	Enter the time the baby was assessed AM or PM		

Comprehensive Newborn Monitoring Chart v2.8
Training chart

Section	Column label	Description	Column label	Description
Vital signs	Temp (°C)	Temperature in degrees centigrade		
	Pulse (b/min)	Pulse in beats per minute		
	Resp Rate (b/min)	Respiratory rate in breaths per minute		
	Oxy Sat (%) or Cy ⁰ Cy ⁺	Oxygen Saturation percentage. If the oxygen		
Assessment	Resp Distress 0,+ ,+++	Respiratory distress with 0 no respiratory distress(refer to information sheet)		
	CPAP Pressure (cm H ₂ O)	water level in the pressure generating bottle		
	FiO ₂ (%)	fraction of inspired oxygen as a percentage (20-100)		
	Jaundice 0,+ ,+++	Enter Jaundice assessment: see legend on the chart		
	Apnoea Y/N	Enter Y if apnoea is present and N if the child did not have apnoea		
	Blood Sugar (mmol/l)	Enter the blood sugar reading in mmol/l		
	Completed by (name)	Enter the name of the person who completed the section above		
Feed and Fluid monitoring				
Feed	Breastfeeding sufficient Y/N	For babies on breastfeeding, record Yes if breastfeeding is sufficient		
	EBM vol given (ml)	Expressed breastmilk volume given to the baby		
	Formula vol given (ml)	Formula milk volume given to the baby		
Fluid	IV volume given	Volume of IV fluid administered as at assessment time		
	IV Line working Y/N	Enter Y if IV line is ok and N if not working		
Output	Vomit Y/N	Enter Y if baby vomited		
	Urine Y/N	Enter the Y if the baby has passed urine since the last review		
	Stool Y/N	Enter Y if baby has passed stool since last review		
	Completed by (name)	Enter the name of the person who recorded the feed/fluid and output section		

Comprehensive Newborn Monitoring Chart v2.8
Training chart

Section	Column label	Description	Column label	Description
	Shift notes	Additional information on interventions and progress of the baby		
Input(Feed and fluid) and deficit calculation				
	Total feed+fluid in this shift _____ mls Shift deficit _____ mls	Total feed and fluid required for each shift if baby did not receive input as expected indicate deficit at the end of each shift		
	Total feed+fluid input in 24hrs _____ mls	Total feed and fluid given to the baby for this assesment period		
	24hr deficit _____ mls	Total feed and fluid intake prescribed - total feed and fluid administered over this assessment period		