COMPREHENSIVE NEWBORN MONITORING CHART

Version 2.8

Name	IP NO	Sex M □ F □ Indeterminate □	D.O.A	D.O.B
Date today	Diagnosis			
Birth Wt gm	*Interventions: CPAP □ Oxygen □ Phototherapy □ Blood tranfusion □ Exchange transfusion □ KMC □*			

Daily Clinician Feed and Fluid prescription

Day of Life	Current Wt = gm
Total feed + fluid =______ mls/kg/day = _______mls	

Feed: BF □ EBM □ Term Formula □ Pre-Term Formula □

Route: Cup□ NGT□ OGT□

Volume & Frequency = _________mls 3hrly □ 2hrly □

24hr Feed Volume = _________mls

IV Fluid & Additives	Vol (ml)	Duration

Other prescribing instructions

Clinician's name Time:

Daily IV Fluid Nursing plan

Start time:

Hourly rate= _________ mls (____ drops/min)

Planned vol = _________ mls in_______ hrs

	Monitoring Freq___hrs | Time												
Vitals	Temp (^{0}C)												
	Pulse (b/min)												
	Resp Rate (b/min)												
	Oxy Sat (%) or Cy^{0} Cy^{+}												
Assessment	Resp Distress 0,+,+++												
	CPAP Pressure (cm H_2O)												
	FiO_2 (%)												
	Jaundice 0,+,+++												
	Apnoea Y/N												
	Blood Sugar (mmol/l)												
	Completed by (name)												
Feed	Breastfeeding sufficient Y/N												
	EBM vol given (ml)												
	Formula vol given (ml)												
Fluid	IV volume given (ml)												
	IV Line working Y/N												
Output	Vomit Y/N												
	Urine Y/N												
	Stool Y/N												
	Completed by (name)												

Morning shift notes
Category: A□ B□ C□

For this shift: Total feed_______ mls
Total fluid _______ mls
Total feed/fluid deficit_______ mls
Completed by (name)

Afternoon shift notes
Category: A□ B□ C□

For this shift: Total feed_______ mls
Total fluid _______ mls
Total feed/fluid deficit_______ mls
Completed by (name)

Night shift notes
Category: A□ B□ C□

For this shift: Total feed_______ mls | Total fluid _______ mls
Shift deficit_______ mls
Total feed+fluid input in 24hrs_______ mls
Completed by(name)
24hr deficit______ mls

Jaundice 0 none, +mild(face),+++severe(feet)

Tick the category of baby after assessment

Alerts : circle readings outside normal range with red pen and action

[HOSPITAL NAME]

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For this shift: Total feed_______ mls
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Total feed/fluid deficit_______ mls

Completed by (name)

Afternoon shift notes

Category: A□ B□ C□

For this shift: Total feed_______ mls
Total fluid _______ mls
Total feed/fluid deficit_______ mls

Completed by (name)

Night shift notes

Category: A□ B□ C□

For this shift: Total feed_______ mls | Total fluid _______ mls
Shift deficit_______ mls
Total feed+fluid input in 24hrs_______ mls

Completed by(name)

24hr deficit______ mls

Jaundice 0 none, +mild(face),+++severe(feet)

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