

Name		IP NO		Sex M <input type="checkbox"/> F <input type="checkbox"/> Indeterminate <input type="checkbox"/>		D.O.A		D.O.B	
Date today		Diagnosis							
Birth Wt gm		Interventions: CPAP <input type="checkbox"/> Oxygen <input type="checkbox"/> Phototherapy <input type="checkbox"/> Blood tranfusion <input type="checkbox"/> Exchange transfusion <input type="checkbox"/> KMC <input type="checkbox"/>							
Daily Clinician Feed and Fluid prescription		Monitoring Freq ___ hrs Time							
Day of Life	Current Wt = gm	Vitals	Temp (°C)						
Total feed + fluid = ___ mls/kg/day = ___ mls			Pulse (b/min)						
Feed: BF <input type="checkbox"/> EBM <input type="checkbox"/> Term Formula <input type="checkbox"/> Pre-Term Formula <input type="checkbox"/>			Resp Rate (b/min)						
Route: Cup <input type="checkbox"/> NGT <input type="checkbox"/> OGT <input type="checkbox"/>			Oxy Sat (%) or Cy ⁰ Cy ⁺						
Volume & Frequency = ___ mls 3hrly <input type="checkbox"/> 2hrly <input type="checkbox"/>		Assessment	Resp Distress 0,+ ,+++						
24hr Feed Volume = ___ mls			CPAP Pressure (cm H ₂ O)						
IV Fluid & Additives	Vol (ml)		Duration	FiO ₂ (%)					
				Jaundice 0,+ ,+++					
Other prescribing instructions		Feed	Breastfeeding sufficient Y/N						
			EBM vol given (ml)						
			Formula vol given (ml)						
		Fluid	IV volume given (ml)						
IV Line working Y/N									
Clinician's name		Output	Vomit Y/N						
Time:			Urine Y/N						
Daily IV Fluid Nursing plan			Stool Y/N						
Start time:			Completed by (name)						
Hourly rate= ___ mls (___ drops/min)									
Planned vol = ___ mls in ___ hrs									
Morning shift notes		Category: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		For this shift: Total feed ___ mls		Completed by (name)			
				Total fluid ___ mls					
				Total feed/fluid deficit ___ mls					
Afternoon shift notes		Category: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		For this shift: Total feed ___ mls		Completed by (name)			
				Total fluid ___ mls					
				Total feed/fluid deficit ___ mls					
Night shift notes		Category: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		For this shift: Total feed ___ mls Total fluid ___ mls		Completed by (name)			
				Shift deficit ___ mls					
				Total feed+fluid input in 24hrs ___ mls		24hr deficit ___ mls			

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Daily Clinician Feed and Fluid prescription		Monitoring Freq ___ hrs Time							
Day of Life	Current Wt = _____ gm	Vitals	Temp (°C)						
Total feed + fluid = _____ mls/kg/day = _____ mls			Pulse (b/min)						
Feed: BF <input type="checkbox"/> EBM <input type="checkbox"/> Term Formula <input type="checkbox"/> Pre-Term Formula <input type="checkbox"/>			Resp Rate (b/min)						
Route: Cup <input type="checkbox"/> NGT <input type="checkbox"/> OGT <input type="checkbox"/>			Oxy Sat (%) or Cy ⁰ Cy ⁺						
Volume & Frequency = _____ mls 3hrly <input type="checkbox"/> 2hrly <input type="checkbox"/>		Assessment	Resp Distress 0,+ ,+++						
24hr Feed Volume = _____ mls			CPAP Pressure (cm H ₂ O)						
IV Fluid & Additives	Vol (ml)		Duration	FiO ₂ (%)					
				Jaundice 0,+ ,+++					
Other prescribing instructions		Feed	Apnoea Y/N						
			Blood Sugar (mmol/l)						
			Completed by (name)						
		Clinician's name _____ Time: _____		Fluid	Breastfeeding sufficient Y/N				
Output	EBM vol given (ml)								
Daily IV Fluid Nursing plan			Formula vol given (ml)						
Start time: _____			IV volume given (ml)						
Hourly rate= _____ mls (____ drops/min)			IV Line working Y/N						
Planned vol = _____ mls in _____ hrs			Vomit Y/N						
			Urine Y/N						
			Stool Y/N						
			Completed by (name)						
Morning shift notes				For this shift:		Total feed _____ mls		Completed by (name)	
Category: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>						Total fluid _____ mls			
						Total feed/fluid deficit _____ mls			
Afternoon shift notes				For this shift:		Total feed _____ mls		Completed by (name)	
Category: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>						Total fluid _____ mls			
						Total feed/fluid deficit _____ mls			
Night shift notes				For this shift:		Total feed _____ mls Total fluid _____ mls		Completed by (name)	
Category: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>						Shift deficit _____ mls			
						Total feed+fluid input in 24hrs _____ mls		24hr deficit _____ mls	