

Study ID: -

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|--|-----------------------|---|--|---|--|---------------------|--|-------|--|
| Name | | IP NO | | Sex M <input type="checkbox"/> F <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 input(feed and fluid) 24hrs = _____ ml | | | 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 = _____ ml 3hrly <input type="checkbox"/> 2hrly <input type="checkbox"/> | | Assessment | Resp Distress 0,+ ,+++ | | | | | | |
| Total 24hr Volume = _____ ml | | | CPAP Pressure (cm H ₂ O) | | | | | | |
| IV Fluid & Additives | Vol (ml) | | Duration | FiO ₂ (%) | | | | | |
| | | | | Jaundice 0,+ ,+++ | | | | | |
| | | | | Apnoea Y/N | | | | | |
| | | | | Blood Sugar (mmol/l) | | | | | |
| | | | | Completed by (name) | | | | | |
| Other prescribing instructions | | Feed | Breastfeeding sufficient Y/N | | | | | | |
| | | | EBM vol given (ml) | | | | | | |
| | | | Formula vol given (ml) | | | | | | |
| Clinician's name _____ Time: _____ | | Fluid | IV volume given (ml) | | | | | | |
| | | | IV Line working Y/N | | | | | | |
| Daily IV Fluid Nursing plan | | Output | Vomit Y/N | | | | | | |
| Start time: _____ | | | Urine Y/N | | | | | | |
| Hourly rate= _____ ml (____ drops/min) | | | Stool Y/N | | | | | | |
| Planned vol = _____ ml in _____ hrs | | | Completed by (name) | | | | | | |
| Morning shift notes | | | | Total feed+fluid in this shift _____ ml | | Completed by (name) | | | |
| Category: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | | | | | | Deficit _____ ml | | | |
| Afternoon shift notes | | | | Total feed+fluid in this shift _____ ml | | Completed by (name) | | | |
| Category: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | | | | | | Deficit _____ ml | | | |
| Night shift notes | | | | Total feed+fluid in this shift _____ ml | | Completed by (name) | | | |
| Category: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | | | | Total feed+fluid in 24hrs _____ ml | | Deficit _____ ml | | | |

| Time: | Issue: e.g. Temp 35.9 | Dr's Initials: | Action taken: Describe plan and action taken | Infants condition: (since last set of obs) |
|-------|--------------------------|----------------|---|---|
| | | | | Improved: <input type="checkbox"/> Stayed the same: <input type="checkbox"/> Deteriorated: <input type="checkbox"/> |
| | | | | Improved: <input type="checkbox"/> Stayed the same: <input type="checkbox"/> Deteriorated: <input type="checkbox"/> |
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| | | | | Improved: <input type="checkbox"/> Stayed the same: <input type="checkbox"/> Deteriorated: <input type="checkbox"/> |

| ACTION: | Immediate escalation to Dr | IF 1: Escalate concern to senior and repeat in 30 mins IF +1: Immediate escalation to Dr | Continue obs as planned | IF 1: Escalate concern to senior and repeat in 30 mins IF +1: Immediate escalation to Dr | Immediate escalation to Dr |
|----------------|----------------------------|---|-------------------------|---|----------------------------|
| Temperature: | Less than 35.5 | 35.6 – 36.4 | 36.5 – 37.5 | | Greater than 37.5 |
| Pulse: | Less than 80 | 80 – 99 | 100 – 160 | 161 – 180 | Greater than 180 |
| Resp Rate: | Less than 30 | 30 – 39 | 40 – 60 | 61 – 80 | Greater than 80 |
| O2 Sats on O2: | Less than 90% | | 90 – 95% | | Greater than 95% |
| On room air: | Less than 90% | 90 – 94% | 95 – 100% | | |
| Blood sugar: | Less than 1.9 | 1.9 – 2.5 | 2.6 – 6.6 | 6.7 – 9.9 | Greater than 10 |