## COMPREHENSIVE NEWBORN MONITORING CHART

### Daily Clinician Feed and Fluid Prescription

<table>
<thead>
<tr>
<th>Day of Life</th>
<th>Current Wt =</th>
<th>Total feed + fluid =</th>
<th>mls/kg/day =</th>
<th>mls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

### Vitals

- **Temp (°C)**
- **Pulse (b/min)**
- **Resp Rate (b/min)**
- **Oxy Sat (%) or Cy^0 Cy^+**
- **Resp Distress 0,+,+++**
- **CPAP Pressure (cm H_2O)**
- **FI0₂ (%)**

### Assessment

- **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)**
- **IV volume given (ml)**
- **IV Line working Y/N**

### Fluid

- **Start time:**
- **Hourly rate = _____ mls (____ drops/min)**
- **Planned vol = _____ mls in _____ hrs**

### Output

- **Morning shift notes**
  - Category: A □ B □ C □
- **Completed by (name)**

- **Afternoon shift notes**
  - Category: A □ B □ C □
  - **For this shift:**
    - Total feed _____ mls
    - Total fluid _____ mls
    - Total feed/fluid deficit _____ mls

- **Night shift notes**
  - Category: A □ B □ C □
  - **For this shift:**
    - Total feed _____ mls
    - Total fluid _____ mls
    - Total feed/fluid deficit _____ mls
    - **Shift deficit _____ mls**
    - **Total feed+fluid input in 24hrs _____ mls**
    - **24hr deficit _____ mls**

### Other prescribing instructions

- **Completed by (name)**

### Jaundice

Tick the category of baby after assessment

- Jaundice 0 none, +mild(face), +++severe(feet)
## COMPREHENSIVE NEWBORN MONITORING CHART

### Daily Clinician Feed and Fluid prescription

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<th>Day of Life</th>
<th>Current Wt =</th>
<th>Total feed + fluid = mls/kg/day = mls</th>
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<tbody>
<tr>
<td>Feed:</td>
<td>BF □ EBM □</td>
<td>Term Formula □ Pre-Term Formula □</td>
</tr>
<tr>
<td>Route:</td>
<td>Cup □ NGT □</td>
<td>OGT □</td>
</tr>
<tr>
<td>Volume &amp; Frequency</td>
<td>mls 3hrly □ 2hrly □</td>
<td></td>
</tr>
<tr>
<td>24hr Feed Volume</td>
<td>mls</td>
<td></td>
</tr>
<tr>
<td>IV Fluid &amp; Additives</td>
<td>Vol (ml)</td>
<td>Duration</td>
</tr>
</tbody>
</table>

### Monitoring Freq | Time

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<td>Pulse (b/min)</td>
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<tr>
<td>Resp Rate (b/min)</td>
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<tr>
<td>Oxy Sat (%) or Cy⁺ Cy⁻</td>
</tr>
<tr>
<td>Resp Distress 0,+,+++</td>
</tr>
<tr>
<td>CPAP Pressure (cm H₂O)</td>
</tr>
<tr>
<td>FIO₂ (%)</td>
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</table>

### Other prescribing instructions
- Jaundice 0, +mild (face), +++ severe (feet)
- Breastfeeding sufficient Y/N
- EBM vol given (ml)
- Formula vol given (ml)
- IV volume given (ml)
- IV Line working Y/N
- Vomit Y/N
- Urine Y/N
- Stool Y/N

### Daily IV Fluid Nursing plan

#### Start time:
- Hourly rate = mls (drops/min)
- Planned vol = mls in hrs

#### Output

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<tr>
<th>Afternoon shift notes</th>
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<tr>
<th>Night shift notes</th>
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### Completed by (name)

### Daily Clinician Feed and Fluid prescription

<table>
<thead>
<tr>
<th>Interventions:</th>
<th>CPAP □</th>
<th>Oxygen □</th>
<th>Phototherapy □</th>
<th>Blood transfusion □</th>
<th>Exchange transfusion □</th>
<th>KMC □</th>
</tr>
</thead>
</table>

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

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

Tick the category of baby after assessment