



Name:			File Number:					Newborn Observation Chart, including CPAP																				
Date	Date of Birth:		Birth Weight:		Todays Weight:		NCPAP Type:					FRONT																
Daily orders	Temp:		Cardio Respiratory Order and Monitoring:					Oxygen order:		Settings:																		
	Temperature Baby	Temp Incubator	Action Taken	Heart rate	Airway/ Nose	Respiratory rate	Indrawing*	Apnoea*	Grunting*	Nasal Flare*	Colour	Oxygen Saturation	RDS*	Action Taken	Oxygen administration**	Oxygen Flow L/min	Percentage oxygen	Action Taken	Water level/Pressure	Totaol Flow l/min	Flow of Oxygen l/min	% of Oxygen	Abdominal distention	Nasal Drops / suction	Bottle bubbling Y/N(Pumani)	Changes made	Signature	
7:00																												
8:00																												
9:00																												
10:00																												
11:00																												
12:00																												
13:00																												
14:00																												
15:00																												
16:00																												
17:00																												
18:00																												
19:00																												
20:00																												
21:00																												
22:00																												
23:00																												
0:00																												
1:00																												
2:00																												
3:00																												
4:00																												
5:00																												
6:00																												
			* N= None M= Mild S= Severe					**NP =Nasal Prongs NC= Canula HB=Headbox Nil																				

Name							File Number:							Date							Date of Birth:							Birth Weight:							Todays Weight:							
Daily orders	Glucose:		Neuro Obs:				Total Feds and Fluids / kg / day _____							Output:							BACK																					
							Type IV fluid:				Type Oral Feeds:																															
							ml/hour (ml/kg/day)				ml x	(ml/kg/day)																										
Time	Glucose	Action	Seizures	Responsiveness****	Activity/movement****	Tone (Normal, increased, decreased)	Hydration	IVI Fluid type	IVI rate	Amount IV put up in buretrol or bag	Amount IV Fluid actually absorbed	Oral feeds type	Feeding Method	Amount given	Aspirate if needed	NG Drainage	Vomits	Urine Amount	Urine Dipstix	Stools	Signature																					
7:00																																										
8:00																																										
9:00																																										
10:00																																										
11:00																																										
12:00																																										
13:00																																										
14:00																																										
15:00																																										
16:00																																										
17:00																																										
18:00																																										
19:00																																										
20:00																																										
21:00																																										
22:00																																										
23:00																																										
0:00																																										
1:00																																										
2:00																																										
3:00																																										
4:00																																										
5:00																																										
6:00																																										
U=Uncscious, L= Lethargic, H=Hyperalert, A=Alert, S=Sleeping * N=Normal, R=Reduced, J=Jittery, S=Sleeping						Total IV ordered:		Total Iv received			Total Oral ordered:		Total oral received:			NG:	Vomit:	Urine :	Stool:																							