

PATIENT PROFILE

NAVMED 6550/12 (5-80) S/N 0105-LF-206-5560 Rev (10/04)

√	ACTIVITY	DATE	√	BATH	DATE	DIET	DATE	√	VITAL SIGNS	FREQ	√	SPECIAL NOTES
	Bedrest			Bed Bath		NPO			Temp	INITIAL		Dentures
	Bathroom Privileges			Shower		BREAST			Pulse	Q30 x4		Speech impediment
	Up in Chair			Tub					Resp	Then at		Language barrier
	Ambulate			Needs assistance		BOTTLE			B/P	4 hrs of life,		Prosthetic device
	Commode					SIMILAC			Other	then Qshift		Visual impairment
	Needs assistance					OR						Blind
	Restricted to unit					ISOMIL						Contact lenses
	Hospital Privileges			ORAL HYGIENE	DATE							Glasses
	Other			Self		FEEDING	DATE		FLUIDS			Hearing defect
	DAILY WT.			Needs assistance		Self			Forced to:			Other
	ALCOHOL CORD			Special		Needs assistance			Restricted to:			
	THEN QS					Gavage			I&O	QS		

DATE ORD.	DATE RENEW	TREATMENT/SPECIAL NOTES	TIMES	DATE ORD.	DATE RENEW	TREATMENT/SPECIAL NOTES	TIMES
/ /	<input type="checkbox"/>	Notify admission		/ /		INITIAL WT:	
	<input type="checkbox"/>	Initial bath		/ /		WT:	
	<input type="checkbox"/>	Void age:		/ /		WT:	
	<input type="checkbox"/>	Stool age:		/ /		WT:	
	<input type="checkbox"/>	Rooming in instructions		/ /		WT:	
	<input type="checkbox"/>	Cord care instructions				BIRTH WT.—10%_____	
	<input type="checkbox"/>	Infant teachings				Notify M.O. for:	
	<input type="checkbox"/>	Discharge teachings				1) Historical or Physical Abnormalities noted.	
						2) Temp <36.5 (97.6F) or ≥38.0(100.4F) after 1 st hour of life.	
	<input type="checkbox"/>	Circ papers				3) Respirations > 60/min. after 4 hours of life or >80 or < 30 anytime.	
	<input type="checkbox"/>	Post circ void				4) Heart rate <100/min or >180/min.	
	<input type="checkbox"/>	Pku done before d/c or @				5) Blood glucose < 40mg/dl.	
		Least 24 hrs after 2 nd documented feed				6) Pulse oximeter ≥ 93%	
	<input type="checkbox"/>	Remove cord clamp after 48 hrs				a. <u>Breastfeeding</u> : mother to initiate with first hour of life and q2-3 hours	
	<input type="checkbox"/>	D/c hc & wt documented in log book (in pencil)				1. If no latch in 8 hours, check dex and notify MO with results. I	
	<input type="checkbox"/>	Hearing Screen				2. If no latch within 12 hrs, initiate breastpumping.	
						b. <u>Formula feeding</u> : Initiate 15-30ml formula within first hour of life and then Q3-4 hours feedings, then amount as tolerated.	

ADDRESSOGRAPH

DIAGNOSING

AGE
NB

HEIGHT

WEIGHT

DOB:
TOB:
APGARS: /

PATIENT CLASSIFICATION

SGA/ AGA/ LGA

OP/SPECIAL PROCEDURES

DATE
ON

DATE
OFF

SI

FINDING

DR_____

VSI

RELIGIOUS
RITES

