Infant nursing observations

Birthday	Birth weight	Feedings: Breast / Formula

Assessment

Date

Time (day) | **Time (mid)**

Cord clamp
- ☐☐ On
- ☐☐ Off
- ☐☐ Cord care alcohol

Skin / color
- ☐☐ Pink
- ☐☐ Dusky*
- ☐☐ Central cyanosis*
- ☐☐ Peripheral cyanosis
- ☐☐ Pale*
- ☐☐ Mottled*
- ☐☐ Plethoric*
- ☐☐ Jaundiced*
- ☐☐ Peeling
- ☐☐ Rash
- ☐☐ Dry
- ☐☐ Warm
- ☐☐ Cold
- ☐☐ Moist
- ☐☐ Bruising*
- ☐☐ Petechaie*

Vascular access
- ☐☐ PIV ____ ☐☐ UAC ____ ☐☐ UVC ____
- ☐☐ None

Head
- ☐☐ Moulding
- ☐☐ Caput
- ☐☐ Cephal hematoma
- ☐☐ Irregularities*

Suture
- ☐☐ Overriding
- ☐☐ Adjacent
- ☐☐ Separated
- ☐☐ Closed*

Tone
- ☐☐ Good
- ☐☐ Hypotonic*
- ☐☐ Hypertonic*
- ☐☐ Irritable*
- ☐☐ Jittery*

Fontanelle
- ☐☐ Bulging*
- ☐☐ Depressed*
- ☐☐ Flat
- ☐☐ Full
- ☐☐ Soft
- ☐☐ Tense*

Activity
- ☐☐ Active & alert
- ☐☐ Active if stimulated
- ☐☐ Crying
- ☐☐ Quiet
- ☐☐ Asleep
- ☐☐ Lethargic*

Respiratory
- ☐☐ Easy
- ☐☐ Equal
- ☐☐ Not equal*
- ☐☐ Clear
- ☐☐ Coarse*
- ☐☐ Crackles*
- ☐☐ Grunting*
- ☐☐ Retracting*
- ☐☐ Nasal flaring*
- ☐☐ Wheezing*

Cardiac
- ☐☐ Regular
- ☐☐ Irregular*
- ☐☐ Murmur*
- ☐☐ Bradycardia*
- ☐☐ Tachycardia*

Abdomen
- ☐☐ Flat
- ☐☐ Rounded
- ☐☐ Distended*
- ☐☐ Soft
- ☐☐ Tense*

Bowel sounds
- ☐☐ Present
- ☐☐ Absent*
- ☐☐ Hyperactive*
- ☐☐ Hypoactive*

Circumcision
- ☐☐ Yes*
- ☐☐ No ☐☐ na

Bonding
- ☐☐ Eye contact
- ☐☐ Touching
- ☐☐ Talking enface
- ☐☐ Holding/cuddling
- ☐☐ Changing diapers
- ☐☐ Feeding

Daily weight

Grams_____

Lbs____ oz____

Time	Temperature / Route	Isolette or open warmer temperature	HR	Resp	BP (S/D/M)	Phototherapy light position change Q 2hr	Pain (0-10/10)	Eye pads / care	Total/direct bili TCB	Dextrostix	Misc labs	Pulse ox sat %	Oxygen % FiO_2 / RT	IV site assessment**	IV rate (cc/hr)	IV rate (cc/hr)	IV meds (cc)	Breast (minutes)		Bottle (cc)	OG feeds (cc)	Emesis (cc)	Urine (gms)	Stool (gms)	Time	IV site ** assessment
07																									07	☐ ID bands verified
08																									08	
09																									09	
10																									10	
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03																									03	
04																									04	
05																									05	
06																									06	
24 hr total																										

Instructions for use *Check the appropriate box to record the infant's assessment. Where two boxes are provided, the left hand box is for the first assessment during the day and the right hand box is for the mid shift. Enter other information as appropriate, and sign in the indicated locations. Use the reverse side to record any details or changes in condition and items marked with *.*

Addressograph

Day signature/title	Mid signature/title
RN	RN
HM/LPN	HM/LPN

Nursing progress notes

Date / time	Comments