NEEDS ASSESSMENT AND RECORD OF CARE – NEWBORN (12 hour)

Initial if needs met, no note needed
Values, words and ID where applicable
✓ if needs met and written note necessary
× if needs not met, therefore a written note is necessary
✳ flowsheet recording

Key:

Stools		Urine	General
Mec - Meconium	L - Loose	C - Concentrated	S - Small
LB - Light Brown	W - Watery	B - Brickstaining	M - Medium
Y - Yellow	H - Hard		L - Large
G - Green	Bl - Bloody		

DATE/DAY OF LIFE			/									/					
PATIENT NEEDS				N	N	N	D	D	D		N	N	N	D	D	D	
PERSONAL HYGIENE	Bath – nurse		3							3							
	– mother		/							/							
	Buttock care		/							/							
	Cord care		/							/							
ELIM	Stool		2							2							
	Urine		2							2							
	Emesis		1							1							
NUTR	Assist less than 30 min		2							2							
	Assist 30 min or more		4							4							
	Feeding – nurse		4							4							
	– mother		/							/							
OBSERVATIONS AND MEASUREMENTS	VITAL SIGNS	Temp	/							/							
		Heart rate	1							1							
		Resp rate	/							/							
		SaO_2	/							/							
	Weight (gms)		1							1							
	ASSESSMENT	Colour	/							/							
		Cry	/							/							
		Tone	1							1							
		Activity	/							/							
		Reflexes	/							/							
	Blood Glucose		1							1							
	Pain Assessment		1							1							
MEDS	Medications		1							1							
	IV		3							3							
TREATMENTS AND PROCEDURES	Phototherapy		1							1							
	Isolette/Radiant Heat		1							1							
			1							1							
			1							1							
S	Safety		1							1							
		Total			ID					Total			ID				
		Category								Category							

Total	Category
1 – 7	1
8 – 14	2
15 – 21	3
22 or more	4

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