

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
 * When documenting on a specific flowsheet

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

