

NEEDS ASSESSMENT AND RECORD OF CARE – NEWBORN (8 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	C - Concentrated	S - Small
L - Loose	B - Brickstaining	M - Medium
LB - Light Brown		L - Large
W - Watery		
Y - Yellow		
H - Hard		
G - Green	BI - Bloody	

DATE/DAY OF LIFE		/		/				/						
PATIENT NEEDS		E	E	N	N	D	D	E	E	N	N	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	/					/						
		SaO2	/					/						
	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									
1 – 7	1													
8 – 14	2													
15 – 21	3	Category		Category										
22 or more	4													