

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
 * When documenting on a specific flowsheet

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												
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	/					/						
		SpO2	/					/						
	Weight (gms)	1						1						
	ASSESSMENT	Colour	/						/					
		Cry	/						/					
		Tone	1						1					
		Activity	/						/					
		Reflexes	/						/					
Blood glucose	1						1							
Brain 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		Category	Total	ID		
1 – 7	1	Category	Total	ID	1 – 7	1	Total	ID	1 – 7	1	Total	ID		
8 – 14	2				8 – 14	2			8 – 14	2				
15 – 21	3				15 – 21	3			15 – 21	3				
22 or more	4				22 or more	4			22 or more	4				