

MONITORING SHEET

NBSU Reg. No..... Date of Admission.....

Baby of (Mother's name)..... Sex.....

Weight..... Date.....

| | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Time | | | | | | | | | | | | | |
| Activity (Dull / Active) | | | | | | | | | | | | | |
| Temperature | | | | | | | | | | | | | |
| Colour | | | | | | | | | | | | | |
| HR RR | / | / | / | / | / | / | / | / | / | / | / | / | / |
| CRT B.P. | / | / | / | / | / | / | / | / | / | / | / | / | / |
| O ₂ Flow Rate FIO ₂ | / | / | / | / | / | / | / | / | / | / | / | / | / |
| Oxygen Saturation | | | | | | | | | | | | | |
| Blood Glucose | | | | | | | | | | | | | |
| Urine | | | | | | | | | | | | | |
| Stool | | | | | | | | | | | | | |
| Abdominal Girth | | | | | | | | | | | | | |
| R.T. Aspirate | | | | | | | | | | | | | |
| IV Patency (Yes / No) | | | | | | | | | | | | | |
| Blood Collection | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |

NURSES ORDER SHEET

| Treatment Administered | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Total (ml) |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <p><u>Oral Feeds</u></p> <p>Feeding Tube (ml)</p> <p>Spoon & Cup (ml)</p> <p>Breast Feed (adlib)</p> | | | | | | | | | | | | | |
| <p><u>Oral Drugs</u></p> <p>1.</p> <p>2.</p> | | | | | | | | | | | | | |
| <p><u>IV Drugs</u> (Also Record Fluid Volume)</p> <p>1.</p> <p>2.</p> <p>3.</p> | | | | | | | | | | | | | |
| <p><u>IV Fluids</u></p> <p>1. (Enter Rate & fluid given between each time slot)</p> <p>2. (Enter Rate & fluid given between each time slot)</p> |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |
| <p><u>IV Infusions</u></p> <p>1. (Enter Rate & fluid given between each time slot)</p> <p>2. (Enter Rate & fluid given between each time slot)</p> |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |ml / hr (.....ml) |
| <p><u>IV Bolus</u></p> <p>..... ml</p> | | | | | | | | | | | | | |
| <p><u>Blood / Packed Cell / FFP / Platelet</u> (.....ml)</p> <p>Rate..... ml / hr</p> | | | | | | | | | | | | | |
| <p><u>Any Other Treatment</u></p> <p>.....</p> <p>.....</p> | | | | | | | | | | | | | |
| Total Input in 24 Hours (ml) | | | | | | | | | | | | | |