

MONITORING SHEET

SNCU 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 )													.....