Your Hospital's Logo Here

NEONATAL DAILY CARE RECORD

* Abnormal Findings Require a Nursing Note

PATIENT IDENTIFICATION

Birthdate: _____ Military Time: _____ ID Band #: _____ Mother's Name: _____

Date / Military Time								
BRACELETS CHECKED (Number X 1 or 2)								
BABY'S TEMP / Isol, Warn, Temp/OC								
Apical Pulse / Respiratory Rate								
WEIGHT								
COLOR (Pink, Pale, Jaundice, Cyanotic)								
BREATH SOUNDS (Clear, Equal, Rhonchi, Rales, Fine, Coarse)								
CRY (Lusty, Strong Weak, High Pitched)								
EYES (Clear, Swollen Lids, Discharge)								
NOSE (Stuffy, Clear)								
BREASTS (Swollen, Engorged, Leaking)								
ABDOMEN (Bowel Sounds, Soft, Firm, Distended)								
CORD (Drying, Moist, Odor, Drainage)								
GENITALIA / BUTTOCKS (Swollen, Discharge, Circ., Red, Rash)								
SKIN (Intact, Clear, Newborn Rash)								
FEEDINGS: MILITARY TIME								
FEEDINGS: TYPE								
FEEDINGS: AMOUNT / CODE (F = Fair, W = Well, P = Poor)								
OUTPUT: VOIDS / Specific Grav.								
OUTPUT: STOOLS (MEC. Tr, S=Solid, L=Loose, G=Green, Y=Yellow)								
	Signature / Title:		Signature / Title:		Signature / Title:		Signature / Title:	
	Signature / Title:		Signature / Title:		Signature / Title:		Signature / Title:	

PART OF THE MEDICAL RECORD

NEONATAL DAILY CARE RECORD
NURSING NOTES

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MATERNAL-INFANT HEALTH
NEONATAL PAIN MANAGEMENT
FLOW SHEET

PATIENT IDENTIFICATION

COMFORT GOAL:

EVENT:

DATE	TIME	PAIN LOCATION	SEDATION RATING	PAIN RATING	PAIN SCALE	INTERVENTION	INITIALS	EVALUATION TIME / PAIN #	INITIALS

N-PASS: Neonatal Pain, Agitation & Sedation Scale

Pat Hummel MA, RNC, NNP, PNP, APN/CNP & Mary Puchalski MS, RNC, APN/CNS

	SEDATION		NORMAL	PAIN / AGITATION	
ASSESSMENT CRITERIA	-2	-1	0	1	2
CRYING / IRRITABILITY	No cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals Consolable	High-pitched or silent-continuous cry; Inconsolable
BEHAVIOR STATE	No arrousal to any stimuli Not spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking Constantly awake or Arouses minimally / no movement (not sedated)
FACIAL EXPRESSION	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
EXTREMITIES TONE	No grasp reflex Flaccid tone	Weak grasp reflex ↓ muscle tone	Relaxed hands and feet Normal tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists or finger splay Body is tense
VITAL SIGNS HR, RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	< 10% variability from baseline with stimuli	Within baseline or normal for gestational age	10% - 20% from baseline SaO_2 76%-85% with stimulation - quick recovery	>20% from baseline SaO_2 ≤ 75% with stimulation - slow recovery Out of sync with vent

INTERVENTIONS

PHARMACOLOGIC	Med = Medications		
NON - PHARMACOLOGIC	He = Heat Mus = Music Dia = Diapering Tu = Touch / Stroke	Hld = Held / Rocked Env = Light / Noise Suc = Sucking Mas = Massage / Stroke	Re = Repositioned Tlk = Talking Sup = Postural Support Swd = Swaddling / Nestled

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