

# Ward 4 Observations & Daily notes

Name:

Date of Birth		Birth Weight: kg		Gestational Age:		Reg Number:	
<b>Diagnosis/problems:</b>							
RVD exposed: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Date							
Day of life / Weight		Day Kg		Day Kg		Day Kg	
Feeds: Total volume		ml/kg ml/feed		ml/kg ml/feed		ml/kg ml/feed	
Single feed volume		ml 3hrlyx8		ml 3hrlyx8		ml 3hrlyx8	
Human milk fortifier							
Breast / Cup / Tube							
<b>Nurse Observations</b>		11:00	17:00	23:00	05:00	11:00	17:00
Temperature °C							
Heart rate / min							
Resp rate/ min							
On O <sub>2</sub> / Room Air							
O <sub>2</sub> Saturation							
<b>In &amp; Output</b>		09:00	12:00	15:00	18:00	09:00	12:00
Urine							
Stools							
Feeds given							
		21:00	24:00	03:00	06:00	21:00	24:00
Urine							
Stools							
Feeds given							
<b>Doctor's Clinical Examination</b>							
<b>General</b>		Jaundice Pale Vomit					
<b>CNS</b>		active, tone fontanel					
Skull circumference							
<b>CVS</b>		S <sub>1</sub> S <sub>2</sub> ✓ murmur ±					
<b>Resp</b>		tachypnoea apnoea					
<b>Abd</b>		distended ↑ spleen ↑ liver					
<b>Other</b>							
<b>Problems</b>							
<b>Plan</b>							
<b>Medication</b>							
<b>Investigations</b>							