

**Newborn/Intermediate Flowsheet – Date: \_\_\_\_\_**

[illegible]



Connecticut Children's NICU  
at UConn Health Center  
282 Washington Street  
Hartford, CT 06106

(Patient Identification)

Newborn/Intermediate Flowsheet – Date: \_\_\_\_\_

Standards of Care	SHIFT				SAFETY:	SHIFT				WEIGHT:	KG	LB
Care of the Infant with:					ALARMS:					Birth Weight:		
Admission to the Newborn Nursery					HR: HIGH / LOW	/	/	/	/	Yesterday:		
Apnea/ Bradycardia /Periodic Breathing					RR: HIGH/Apnea > 20 sec.	/	/	/	/	Today:		
Breastfeeding/Breast Pumping					Pulse Oximetry: Low					Wt change:		
Bronchodilators					Security Sensor On:					Length:	OFC:	
Bronchodilators										Corrected Gestational Age:		
Cardiorespiratory Monitor					EQUIPMENT:					Mom's Room #		
Central Lines					Resuscicard					Care Level:		
Circumcision					Bag/Mask & O <sub>2</sub> Flow					Physician:		
Developmental Assessment and Care					Suction Set-up					BLOOD GAS RESULTS		
Discharge Planning: Neonatal					ID & Blood Bracelet	/	/	/	/	Time	Site	pH
Feeding: NG/OG/Continuous/Intermittent					Evacuation Pack & ID	/	/	/	/	pCO <sub>2</sub>	pO <sub>2</sub>	BE
GE Reflux					PHOTOTHERAPY:							
Grieving					Photo Tx Intensity							
Hospitalized Infant: Care of the Family					Eye Patches							
IV Therapy					Serum Bili Level					LAB TESTS/RESULTS		
Kangaroo Care					HYGIENE:					Time	Site	Gluc Meter
Pain Screening and Assessment					Bath/Linens	/	/	/	/	HCT	TESTS AND RESULTS	
Phototherapy/Biliblanket					Cord Care							
Pulse Oximetry					Circ. Care							
Skin Care: Neonatal					Nares Care							
Steroids					Mouth Care							
Supplemental Oxygen					PARENT COMMUNICATION:					STOOL/URINE RESULTS		
Thermoregulation												
Well Newborn										COMMENTS:		
Other:												
PATIENT AND FAMILY TEACHING RECORDS:												
Family Education of the hospitalized Infant												
BPD												
Others:												



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### GENERAL

R – Right  
L – Left  
3 – Done  
- - Absent  
+ - Present  
↑ - Increased  
↓ - Decreased  
‡ - Asymmetrical  
= - Equal  
Δ - Changed

### BED

I – Isolette  
OC – Open Crib  
OW – Open Warmer

### HR QUALITY

R – Regular  
I – Irregular  
M – Murmur

### RESP. PATTERN

R – Regular  
IR – Irregular  
S – Shallow  
PB – Periodic Breathing

### BP SITE

LA – Left Arm  
RA – Right Arm  
LL – Left Calf  
RL – Right Calf  
LT – Left Thigh  
RT – Right Thigh

### BREATH SOUNDS

Cr – Crackles  
C – Clear  
CO – Coarse  
W – Wheeze  
S – Stridor

### AIR ENTRY

G – Good  
L – Limited  
T – Tight

### EQUALITY

++ - Bilaterally  
RorL ↓ - Diminished  
↓ ↓ - Diminished bilaterally

### RETRACTIONS

M – Minimal  
MO – Moderate  
S – Severe

### GRUNTING

A – Audible w/naked ear  
S – Stethoscope only  
Int – Intermittent

### COLOR

P – Pink  
W – Pale  
D – Dusky  
C – Cyanotic  
J – Jaundiced  
PL – Plethoric  
M – Mottled  
A – Acrocyanosis

### PERFUSION

N – CRT < 3 sec.  
A – CRT > 3 sec.

### SKIN TEMP

W – Warm  
C – Cool  
H – Hot  
D – Diaphoretic

### TURGOR

G – Good  
F – Fair  
P – Poor  
C – Crepitus

### RASH SITE

PA – Perianal  
PN – Perineal  
G – Generalized  
T – Trunk

### EDEMA

G – Generalized  
Ex – Hands and Feet  
PO – Periorbital

### ABDOMINAL

S – Soft  
ND – Non-Distended  
Ts – Tense  
Tn – Tender  
DC – Discolored  
D – Distended  
F – Full

### BOWEL SOUNDS

- - Absent  
+ - Present, Active  
↓ - Decreased  
↑ - Hyperactive

### UMBILICAL

#### CORD

O – Off  
D – Dry  
W – Wet  
Cl – Clamped  
DG – Drainage  
R – Erythema confined to stump  
Rt – Erythema extended to abdominal wall

### FONTANELLE

S – Soft, Flat  
F – Full  
T – Tense  
B – Bulging  
D – Depressed

### ACTIVITY

++ - Active, Alert  
+ - Active to stim  
L – Lethargic  
S – Sleeping  
NC – Non-consolable  
Q – Quiet

### TOE

N – Normal  
↑ - Hypertonic  
↓ - Hypotonic  
J – Jittery  
C – Clonus

### CRY

L – Lusty, Vigorous  
W – Weak  
Hi – High-pitched  
A – Appropriate for age  
HO – Hoarse  
Q – Quiet

### PAIN SCREEN

3 pain screen performed-no "triggers" for pain  
\*Refer to pain assessment scale

### POSITION/MISC

P – Prone  
S – Supine  
R↓ - Rt. Side Down  
L↓ - Lt. Side Down  
HOB↑ - Head of Bed Up  
HOB↓ - Head of Bed Down  
IS – Infant Seat  
SW – Swaddled  
SG – Swing  
H – Held

### OXYGEN MODE

I – Isolette  
H – Hood  
NC – Nasal Cannula  
MT – Mist tent  
TC – Trach Collar  
CPT  
P – Percussion  
V – Vibration

### SUCTION SOURCE

O – Oral  
N – Nares

### SUCTION AMOUNT

S – Small  
Mo – Moderate  
L – Large

### TYPE

Th – Thin  
Tk – Thick  
C – Clear  
W – White  
Y – Yellow  
G – Green  
BRB – Bright Red Blood  
P – Plugs  
Br – Brown

### ASPIRATE TYPE

M – Mucous  
F – Formula  
B – Bilious  
FB – Frank Blood  
CG – Coffee Ground  
A – Air

### DISPOSITION

A – Aspirate  
D – Discarded  
R – Ref

### STOOL COLOR

M – Meconium  
Y – Yellow  
G – Green  
B – Brown  
FB – Frank Blood

### CONSISTENCY

S – Soft  
W – Watery  
P – Pasty  
SD – Seedy  
Mu – Mucous

### ENTERAL FEEDS

MODE  
Po – Nipple  
BF – Breastfeeding  
CNG – Continuous Nasogastric  
NG/OG – Gavage

### IV SITE CHECK

W – Warm  
C – Cool  
E – Edematous  
R – Erythematous  
N – Non-indurated, Non-edematous, Non-erythematous  
Bl – Blanched

### IV LOCATION

RAC – Right Antecubital  
LAC – Left Antecubital  
RF – Right Foot  
LF – Left Foot  
RH – Right Hand  
LH – Left Hand  
RW – Right Wrist  
LW – Left Wrist  
RAK – Right Ankle  
LAK – Left Ankle  
S – Scalp  
B – Broviac  
PQ – Per-Q-Line

### BLOOD GAS SITE

HS – Heel Stick  
VS – Venous Stick  
FS – Finger Stick  
Art – Arterial Stick

### CIRC

CL – Clean  
DG – Drainage  
BL – Bleeding

## (Patient Identification)

### ORAL(PO) FEEDING DESCRIPTION

#### BEHAVIOR BEFORE FEEDING

- 1 Infant awakens on own signaling hunger with crying or fussing; shows hunger cues (rooting, sucking, searching, hand to mouth).
- 2 Infant awakens on own, may remain quietly alert, drowsy or begin fussing or moving, may show some hunger cues (rooting, sucking, searching, hand to mouth).
- 3 Infant awakens with care-giving and begins to show hunger cues (rooting, sucking, searching, show hand to mouth, fussing).
- 4 Infant awakens with care-giving, appears quietly awake or somewhat drowsy with limited hunger cues (rooting, sucking, searching, hand to mouth).
- 5 Infant remains asleep or drowsy.
- 6 Infant appears to have limited physiological stamina required to sustain control and endurance for feeding attempt.

#### BEHAVIOR DURING BOTTLE FEEDING

- 1 Energetic with steady, coordinated suck-swallow throughout feeding; min to no Δ in resp. effort or color; easily maintains tone, posture, remains calm and completes feeding.
- 2 Initially energetic with steady, coordinated suck-swallow; has some challenges (↓suck-swallow coordination, Δ in resp. effort, color, tone, posture or state) with support, is able to complete feeding.
- 3 Initially slow to start or passive; has challenges (with suck-swallow coordination, resp. effort, color, tone, posture or state); needs support throughout and may or may not complete feeding.
- 4 Initially energetic or slow to start; becomes disorganized; shows instability (in suck-swallow coordination, resp. effort, color, tone, posture or state); is unable to complete feeding.
- 5 (\*) Concerning feeding behaviors or oral motor patterns; may appear disinterested or upset with feeding attempts or may awaken but is unable to coordinate suck-swallow for feeding.

### BEHAVIOR DURING BREASTFEEDING

- 1 Latches on without difficulty with strong, steady and rhythmic sucks; briefly pauses and readily resumes sucking; frequent, coordinated suck-swallow heard
- 2 Latches on without difficulty with strong, steady and rhythmic sucks; briefly pauses and resumes sucking without help; some swallowing heard.
- 3 Latches on with minimum difficulty; sucks are short and quick without steady rhythm; pauses and needs help to resume sucking; occasional swallowing heard.
- 4 Roots or licks; latches on with difficulty; briefly maintains latch on or does not suck; no swallowing heard.
- 5 Roots or licks; unable to latch on for breastfeeding attempt.
- 6 No effort (sleepy, lacks energy, has no interest, cries, squirms, or pushes away) despite much assistance, unable to successfully attempt breastfeeding.

### RESPONSE TO FEEDING

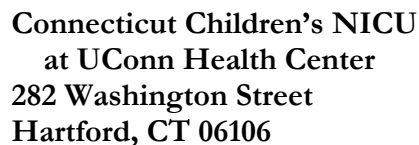
- 1 Appears satiated and comfortable; becomes relaxed, quietly interactive or sleepy without physiologic changes.
- 2 Becomes tired and fatigued from feeding; has minimal Δ in HR, resp, color or tone.
- 3 Exhausted or taxed by feeding; has changes in resp, color, loss of tone or other physiologic signs (hiccups, grunts/sounds, cough/choke, head bobbing, ↓ O<sub>2</sub> sats) resulting from efforts to feed.
- 4 Has difficulty settling; appears uncomfortable following feeding (shifting within position, straining, spitting, fussiness and/or increased respiratory effort).

### SUPPORTS

OB – Occasional Breaks/Pauses  
FB – Frequent Breaks/Pauses  
PH – Pacing Help  
BU – Frequent Burps  
FA – Flow Adjustment  
SP – Sidelying Position  
OP – Other Position  
CS – Chin/Cheek Support  
OX – Oxygen  
EN – Environment  
Other – Specify

### TYPE OF NIPPLE

Y – Yellow SF – Slow Flow  
R – Red P – Playtex  
N – Nuk H – Haebberman  
G – Gerber Premie SL – Slit



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