1	British Columbia									
•	Birth: ddmmyy	GA	Apgar	score:	nin 10 min					
	Type of birth: 🔲 SVD	☐ Forceps	☐ Vacuum	□ C/S						
	Meconium at delivery ☐ Yes ☐ Infant vigorous ☐ Yes ☐		Bi	rth Weight	ams					
	([†] refer to Resuscitation record) Skin-to-skin for the first hour	□ v	es □ No*	· -	gs					
	Group B Strep: Exposure	□ Y	es 🗌 No	Hep B: Expos				Other (i.e., infection	risk):	
	Prophylaxis protoco			<u> </u>	<u> </u>	followed Yes				
2	Safe Skin-to-skin	Observe and	document the	e newborn's sta	itus every 15	minutes for the	tirst 2 hours	atter birth		
	Date (dd/mm/yyyy)			Legend		.	B		T-	
	Time			Resp. effort	-	Perfusion	Position		Tone	
	Respiratory effort Respiratory effort			N = Easy	N = Sleep, quiet/active	N = Pink, Acrocyanosis	N = Head turned to side,	V = Face into chest/breast,	N = Limbs flexed	
	Perfusion/colour			V = Apnea,↑ work of	alert, crying,	V = Pale,	neck straight,		V = Limp	
	Activity Perfusion/colour Position			breathing	feeding	dusky	nares/mouth visible	or flexed, nares and/or	V - Limp	
	Tone			-	V = Non- responsive		VISIDIC	mouth occluded		
	Did SUPC* event occur? (Y/N)								(00) (
	Initials			SUPC event: Ar	ny finding that re	quired stimulation	of the newborn a	and/or the initiation (of PPV.	
3	Core Physiological Obs	ervations								
	Date (dd/mm/yyyy)									
	Time									
	Temperature (C°)							Variances/Alerting Sign	S [†] :	
	Respiratory rate							Temp: <365 or >375 Resp rate: >60bpm		
	Heart rate							Heart rate: Persistently : SpO ₂ : <90%	180bpm	
	Circulation (SpO ₂)							Resp effort: ↑ WOB		
	Respiratory effort							Colour: Pale, mottled, jai Tone: ↑/↓ tone	ındice on day 1	
	Lounce Colour Colour							Other: Abnormal level of		
	Respiratory effort Colour Tone Othor							abnormal movements, n hypoglycemia, emesis	ot reearry werr,	
	Utilei							†Notify MRP and if appr enter ACoRN primary s		
	Skin-to-skin Initials							onto ricorni primary o		
4	Feeding*									
4	Date (dd/mm/yyyy)									
	Time									
	Eval broad/about fooding									
	Effective latch Active feeding									
	Effective latch Active feeding									
	Other feeds									
	Initials									
5	Intake and Output Sum	mary (each l	lock represe	nts a 12 hour si	hift)					
•	Date (dd/mm/yyyy)	(0.0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<i>1</i>					
	Time									
	# of active feedings									
	# of attempts only									
NTAKE	Amount expressed human milk									
NIAKL	Amount human donor milk									
	Amount non-human milk							S		
	Method									
	# of voids								=======================================	
UTPUT	# of stools								Ш	
	Other (e.g. emesis)									
	Initials	 	11 10	0				1)	SARCODE (IF USED	
	Feeding and Intake Def	initions and	Legend (See page 2 for	examples of f	eeding varianc	es and feedin	g plans)	Ä	
	Exclusive breast/chest: Exclusive hur EHM (expressed human milk) and pas	man milk feeding in		ive feeding — Br			1	C = Breast/chest	B	
	Effective latch: Asymmetrical approac	h, wide open mout	h, corners su	cking at each feedin	g, including effect	several bursts of sustained ding effective positioning position for breast/chest C = Cup Sp = Spoon S = Springe B = Bottle				
	of newborn's mouth in "C" shape not " within newborn mouth, flanged lips, cl	'V", lower areolar ti	ssue well (e.	g., there is no one c eding), latch and evi	dence of milk tran	sfer. Regular feedin	g Avoiding oarly			
	breast/chest, no dimpling of cheeks, n	nay hear audible sw	allow, rhy	thm begins about o	lay 3–4 with onse	t of lactogenesis II.	bottles suppor		<u>-</u>	
	several bursts of sustained sucking, n slide off the breast, no nipple damage			t le feeding: Respor ordinated suck, swa			breast/chest fe	*		

Newborn Assessment Put a check mark (✔) in the appropriate column Document in 'N' column NA = Not applicable N = Normal**V** = Variances/concerns Not assessed Record variances/concerns on Variance Record/Progress Notes Date (dd/mm/yyyy) Time Age in hours up to 72/ then # of days N ٧ N ٧ N ٧ ٧ ٧ N ٧ N ٧ N ٧ ٧ N ٧ N ٧ N ٧ N N Ν Neonatal daily classification (1a = N)Head Nares Eyes Ears Mouth Chest Abdomen Umbilicus Skeletal/Extremities Skin Neuromuscular (reflexes) Genitalia Elimination - urine Elimination-stool Behaviour (states/cues) Crying Other (e.g. weight) Initials ☐ Cord Clamp removed Time: Initials: Date: **Neonatal Daily Classification** * Examples of feeding variances **Examples of feeding plans**

- · Not exclusively feeding at breast/chest
- · Active feeding variances:
 - · No evidence of milk transfer
 - < 6 active feedings in 1st 24 hours
 - < 8 active feedings in subsequent 24 hour periods
- Effective latch variances: Feeding causes nipple trauma

- Support non-separation, responsive-cue based feeding and safe skin-to-skin contact
- Improve position, latch, and milk transfer
- Initiate gentle milk expression by hand or with a pump after feeds
- Top up newborn with parents expressed milk

Enter classification in the N or V box for previous 24 hours (see tool for detail)

- 1a Normal newborn care
- 1b Requires increased observation
- 2a Requires increased observation and increased care
- 2b Requires acute management
- **3a** Requires high acuity management
- **3b** Requires high acuity, multi-speciality care

Summary, Newborn Care/Caregiver Education and Anticipatory Guidance					
☐ Interpretation req'd Language					
EDUCATION	INITIALS	INITIALS	N/A	COMMENTS	
Benefits of skin-to-skin including safe skin-to-skin (SUPC)			11,71	John Live	
2. Newborn feeding:					
Cues (hungry/full)					
Infant positioning					
 Signs that newborn is feeding well (number of feeds and wet diapers) 					
 Breast/chest feeding: effective latch and transfer of milk 					
Active feeding					
Non-human milk: Appropriate substitute, preparation, storage Fooding plan in place.					
Feeding plan in place Normal newborn behaviours along (walks states)					
3. Normal newborn behaviours—sleep/wake states	-				
4. Safer infant sleep					
5. Newborn crying:					
Consoling techniques					
 Shaken Baby Syndrome (SBS) prevention 					
6. Environment smoke-free					
7. Injury prevention					
8. Car seat safety					
9. Newborn care:					
Bathing/ hygiene					
Tummy time, carrying infant					
Vitamin D supplementation					
S & S of jaundice					
 When to seek medical advice/ help (poor feeding, not waking for feeds, cardio respiratory changes) 					
10. Newborn screening:					
 Early newborn hearing screening (and follow-up if indicated) 					
Metabolic screening					
Bilirubin screening					
CCHD screening					
Biliary Atresia (Infant Stool Colour Card)					
11. Weight loss/ gain					
12. Review of communicable diseases and immunization					
13. Knows newborn PHCP; how and when to contact					
14. Aware of PHN contact/role/community resources					
15. Access to <i>Baby's Best Chance</i> Parents' Handbook					
Variances — Plan(s) including referrals	1	I	I	Tests/Procedures	Date
				2.	
				3.	
				4.	
				5.	
Black and Brookformal and a second					
Discharge Parent/caregiver phone number:				Date and time of discharge:	
☐ Newborn ready for hospital discharge ☐ Identif				Discharge weight:	
☐ Discharge order complete ☐ Home	with parer	nt/ guardia	n	Discharge RN signature:	

ate / Time	Focus	