**新生儿24小时护理记录单**

母亲姓名： 床号： 出生时间： 年 月 日 时 分

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| 日期 | 时间 | 体温 | 哭声 | 肤色 | 呼吸 | 反应 | 呕吐 | 脐带 | 大小便 | 早吸吮次数 | 吸吮力 | 签名 | 备注 |
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