

# MONITORING SHEET

SNCU Reg. No..... Date of Admission.....  
 Baby of (Mother's name)..... Sex.....  
 Weight..... Date.....

Time												
Activity ( Dull / Active )												
Temperature												
Colour												
HR RR												
CRT B.P.												
O <sub>2</sub> Flow Rate FIO <sub>2</sub>												
Oxygen Saturation												
Blood Glucose												
Urine												
Stool												
Abdominal Girth												
R.T. Aspirate												
IV Patency ( Yes / No )												
Blood Collection												
Other												

## NURSES ORDER SHEET

Treatment Administered	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Total (ml)
<b>Oral Feeds</b> Feeding Tube ( ml ) Spoon & Cup ( ml ) Breast Feed ( adlib )													
<b>Oral Drugs</b> 1. .... 2. ....													
<b>IV Drugs</b> (Also Record Fluid Volume) 1. .... 2. .... 3. ....													
<b>IV Fluids</b> 1. .... ( Enter Rate & fluid given between each time slot ) 2. .... ( Enter Rate & fluid given between each time slot )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	
<b>IV Infusions</b> 1. .... ( Enter Rate & fluid given between each time slot ) 2. .... ( Enter Rate & fluid given between each time slot )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	.....ml / hr ( .....ml )	
<b>IV Bolus</b> ..... ml													
<b>Blood / Packed Cell / FFP / Platelet</b> ( .....ml ) Rate..... ml / hr													
<b>Any Other Treatment</b> ..... .....													
<b>Total Input in 24 Hours ( ml )</b>													.....