**Date\_\_ Time\_\_\_\_\_Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Temperature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Apical Pulse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Respirations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Muscle Tone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Skin Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cord Care/Condition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Behavior Status (circle) Awake**

 **Fussy**

 **Sleepy**

 **Lethargy**

**Fontonels\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Input: Breast (length of time)\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Bottle (formula & Amt)\_\_\_\_\_\_\_\_\_\_\_\_**

**Reflexes:**

 **Root \_\_\_\_\_\_\_\_\_**

 **Suck \_\_\_\_\_\_\_\_\_**

 **Swallow\_\_\_\_\_\_\_**

 **Gag \_\_\_\_\_\_\_\_\_\_**

**Output:**

 **Urine ( # of diapers)\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Stool (color & amt) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_Time\_\_\_\_\_\_Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Temperature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Apical Pulse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Respirations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Muscle Tone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Skin Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cord Care/Condition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Behavior Status (circle) Awake**

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**Fontonels\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Input: Breast (length of time)\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Bottle (formula & Amt)\_\_\_\_\_\_\_\_\_\_\_**

**Reflexes:**

 **Root \_\_\_\_\_\_\_\_\_**

 **Suck \_\_\_\_\_\_\_\_\_**

 **Swallow\_\_\_\_\_\_\_**

 **Gag \_\_\_\_\_\_\_\_\_\_**

**Output:**

 **Urine ( # of diapers)\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Stool (color & amt) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**