



**Queensland
 Government**

**Neonatal Clinical Pathway
 Community Extension**

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Tick to indicate care attended to. Rule out if not applicable. Record and sign all variances in progress notes. **Key ▲ Midwife / Nursing**

Category **Birth method:** Vaginal Assisted birth LSCS

Review ▲ **Today's date:** / /
 • Proceeding according to discharge plan
 • Birth weight: g Today's weight: g Weight change: g

Baby Observations ▲
 • Skin colour: Normal Jaundice Birthmark SBR taken
 • Eyes: Clear Discharge Tear duct massage EBM Swab taken
 Comments:
 • Umbilicus: Clear and dry Moist Cord detached Offensive Swabs collected
 • Groin and buttocks: Pink and dry Excoriated Bleeding Other:
 • Behaviour: Alert Sleepy Jittery

Baby's age:
 weeks
 days

Nutrition ▲
 • Breast feeds per day:
 • Artificial feeds per day: / EBM Amount offered:
 • Breastfeed observed: Full assist Partial assist Optimal positioning and attachment

Elimination ▲
 • Urine: Appropriate for age
 Number of wet nappies per day:
 Pale Dark Odour Urates
 • Bowels: Appropriate for age
 Number of bowel motions per day:
 Sticky Transitional Mustard Yellow with curds Yellow and soft Pebbles
 Comments:

Development up to 6 weeks ▲
 • Milestones:
 • Hearing:

Education ▲
 • SIDS / safe sleeping / temp
 • Settling techniques / tired signs / normal sleep cycles
 • Normal feeding patterns

Midwife Comments:

Print name:	Designation:	Signature:	Date:
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DO NOT WRITE IN THIS BINDING MARGIN

NEONATAL CLINICAL PATHWAY COMMUNITY EXTENSION

v6.00 - 09/2019



SW318