

GYN/OB NURSING
Newborn Nursery Report Sheet

<u>Patient Information</u>	<u>Medical / Nursing Orders</u>	<u>Pertinent Medical Hx</u>	<u>Medications</u>	<u>Next Feeding</u>
Room #:	VS. freq.:			
Name:	AC DS: d/c @ ____			
Sex: Gest. age:	Feeding: freq.: q ____			
Del. Type: DOB:	Formula Type:			
Birth Wt.:	Time of last void:			
Today's Wt.	Time of last stool:			
Pediatrician:			Hep B Vx__ PKU __	
Room #:	VS. freq.:			
Name:	AC DS: d/c @ ____			
Sex: Gest. age:	Feeding: freq.: q ____			
Del. Type: DOB:	Formula Type:			
Birth Wt.:	Time of last void:			
Today's Wt.	Time of last stool:			
Pediatrician:			Hep B Vx__ PKU __	
Room #:	VS. freq.:			
Name:	AC DS: d/c @ ____			
Sex: Gest. age:	Feeding: freq.: q ____			
Del. Type: DOB:	Formula Type:			
Birth Wt.:	Time of last void:			
Today's Wt.	Time of last stool:			
Pediatrician:			Hep B Vx__ PKU __	
Room #:	VS. freq.:			
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Del. Type: DOB:	Formula Type:			
Birth Wt.:	Time of last void:			
Today's Wt.	Time of last stool:			
Pediatrician:			Hep B Vx__ PKU __	