

Date:

Pt Name, MRN, Age, Room #	Assessment	To-Do
<p>Baby Name, TOB ____ weeks, ____ BW Birth Hx – routine? Maternal Hx (GBS or labs) Apgars ____, ____ gluc ____, Hct ____</p>	<p>Weight:</p> <p>Feeds:</p> <p>Voiding: Stooling:</p> <p>Bili:</p>	<p><input type="checkbox"/> Note <input type="checkbox"/> Checkout <input type="checkbox"/> Discharge Summary</p> <p><input type="checkbox"/> NBS <input type="checkbox"/> CHD <input type="checkbox"/> Hear <input type="checkbox"/> ATT <input type="checkbox"/> Circ? F/u appt:</p>
<p>Baby Name, TOB ____ weeks, ____ BW Birth Hx – routine? Maternal Hx (GBS or labs) Apgars ____, ____ gluc ____, Hct ____</p>	<p>Weight:</p> <p>Feeds:</p> <p>Voiding: Stooling:</p> <p>Bili:</p>	<p><input type="checkbox"/> Note <input type="checkbox"/> Checkout <input type="checkbox"/> Discharge Summary</p> <p><input type="checkbox"/> NBS <input type="checkbox"/> CHD <input type="checkbox"/> Hear <input type="checkbox"/> ATT <input type="checkbox"/> Circ? F/u appt:</p>
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