



**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: <input type="checkbox"/> Vaginal <input type="checkbox"/> Assisted birth <input type="checkbox"/> LSCS
Review	<p>▲ Today's date: / /</p> <p>• Proceeding according to discharge plan</p> <p>• Birth weight: g Today's weight: g Weight change: g</p>
Baby Observations	<p>▲</p> <p>• Skin colour: <input type="checkbox"/> Normal <input type="checkbox"/> Jaundice <input type="checkbox"/> Birthmark <input type="checkbox"/> SBR taken</p> <p>• Eyes: <input type="checkbox"/> Clear <input type="checkbox"/> Discharge <input type="checkbox"/> Tear duct massage <input type="checkbox"/> EBM <input type="checkbox"/> Swab taken</p> <p>Comments:</p> <p>• Umbilicus: <input type="checkbox"/> Clear and dry <input type="checkbox"/> Moist <input type="checkbox"/> Cord detached <input type="checkbox"/> Offensive <input type="checkbox"/> Swabs collected</p> <p>• Groin and buttocks: <input type="checkbox"/> Pink and dry <input type="checkbox"/> Excoriated <input type="checkbox"/> Bleeding <input type="checkbox"/> Other:</p> <p>• Behaviour: <input type="checkbox"/> Alert <input type="checkbox"/> Sleepy <input type="checkbox"/> Jittery</p>
Nutrition	<p>▲</p> <p>• Breast feeds per day:</p> <p>• Artificial feeds per day: / EBM Amount offered:</p> <p>• <input type="checkbox"/> Breastfeed observed: <input type="radio"/> Full assist <input type="radio"/> Partial assist <input type="radio"/> Optimal positioning and attachment</p>
Elimination	<p>▲</p> <p>• Urine: <input type="checkbox"/> Appropriate for age Number of wet nappies per day: <input type="checkbox"/> Pale <input type="checkbox"/> Dark <input type="checkbox"/> Odour <input type="checkbox"/> Urates</p> <p>• Bowels: <input type="checkbox"/> Appropriate for age Number of bowel motions per day: <input type="checkbox"/> Sticky <input type="checkbox"/> Transitional <input type="checkbox"/> Mustard <input type="checkbox"/> Yellow with curds <input type="checkbox"/> Yellow and soft <input type="checkbox"/> Pebbles</p> <p>Comments:</p>
Development up to 6 weeks	<p>▲</p> <p>• Milestones:</p> <p>• Hearing:</p>
Education	<p>▲</p> <p>• <input type="checkbox"/> SIDS / safe sleeping / temp</p> <p>• <input type="checkbox"/> Settling techniques / tired signs / normal sleep cycles</p> <p>• <input type="checkbox"/> Normal feeding patterns</p>

Midwife Comments:

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

NEONATAL CLINICAL PATHWAY COMMUNITY EXTENSION





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Neonatal Clinical Pathway Community Extension

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Baby Observations	<p>▲</p> <ul style="list-style-type: none"> • Skin colour: <input type="checkbox"/> Normal <input type="checkbox"/> Jaundice <input type="checkbox"/> Birthmark <input type="checkbox"/> SBR taken • Eyes: <input type="checkbox"/> Clear <input type="checkbox"/> Discharge <input type="checkbox"/> Tear duct massage <input type="checkbox"/> EBM <input type="checkbox"/> Swab taken • Comments: • Umbilicus: <input type="checkbox"/> Clear and dry <input type="checkbox"/> Moist <input type="checkbox"/> Cord detached <input type="checkbox"/> Offensive <input type="checkbox"/> Swabs collected • Groin and buttocks: <input type="checkbox"/> Pink and dry <input type="checkbox"/> Excoriated <input type="checkbox"/> Bleeding <input type="checkbox"/> Other: • Behaviour: <input type="checkbox"/> Alert <input type="checkbox"/> Sleepy <input type="checkbox"/> Jittery 				
Baby's age: <table border="1" style="width: 100px; margin-left: 20px;"><tr><td> </td><td>weeks</td></tr><tr><td> </td><td>days</td></tr></table>		weeks		days	
	weeks				
	days				
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Midwife Comments:

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Print name:	Designation:	Signature:	Date:
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