



BC WOMEN'S HOSPITAL & HEALTH CENTRE
An Agency of the Provincial Health Services Authority

NEONATAL OBSERVATION SHEET

Gestational Age at Birth: _____

Birth Weight: _____

	SIGNS AND SYMPTOMS ✓ = present 0 = not present	INTERVAL OF OBSERVATION											
		Age											
		Date											
		Time											
METABOLIC/ VASOMOTOR/ RESPIRATORY	Temperature												
	Heart Rate												
	Respiratory Rate												
	Weight												
	Sneezing (> 3 - 4 times / interval)												
CENTRAL NERVOUS SYSTEM	Cry - High pitched												
	Cry - Inconsolable by nursing staff												
	Tremors / jitteriness when disturbed												
	Tremors / jitteriness undisturbed												
	Abnormal muscle tone (↑ or ↓)												
	Disorganized sucking / swallowing												
	Feeding: Weak or absent suck (W/A)												
	Feeding: Duration (minutes)												
G.I.	Vomiting (amount)												
	Loose, watery or explosive stools (L/W/E)												
	Excoriation / abrasions (specify area)												
OTHER	Pediatric Morphine: Dosage												
OBSERVER'S INITIALS													
COMMENTS:													