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Neonatal nursing care observational checklist

Date of completion	_ _ / _ _ / _ _ _ _ (DD/MM/YYYY)		
Observer code	_ _ (e.g., 01)		
Subject ID	_ _ - _ _ (4-digit code (first 2 digits, hospital code and last 2-digit, patient number e.g., 10))	In-patient number <input type="text"/>	
Part A – Shift information (Tick as appropriate)			
Q 1. Shift type			
Weekday day	<input type="checkbox"/>	Weekday night	<input type="checkbox"/>
Weekend day	<input type="checkbox"/>	Weekend night	<input type="checkbox"/>
Q 2. Observation period			
Start Date	_ _ / _ _ / _ _ _ _ (DD/MM/YYYY)	Start time	_ _ : _ _ (Please use 24-hour timing e.g., 23:59, not 11:59pm)
End Date	_ _ / _ _ / _ _ _ _ (DD/MM/YYYY)	End time	_ _ : _ _ (Please use 24-hour timing e.g., 23:59, not 11:59pm)
Q 3. Total number of patients in the ward (Include all babies including those in KMC and acute rooms)	_ _ _	Number of babies on CPAP	_ _
		Number of babies on Oxygen	_ _
		Number of babies on IV therapy (medications/ fluids)	_ _
		Number of babies on Phototherapy	_ _
		Number of babies requiring nasogastric tube/orogastric feeding	_ _
		Number of babies requiring incubator care	_ _
Q 4 Is there an extra KMC Ward/ room managed by the NBU nurses?	Yes <input type="checkbox"/>	Number of babies on the KMC ward	
	No <input type="checkbox"/>	_ _	

Q 5 Is there an acute room present in the NBU?		Yes <input type="checkbox"/>	How many babies are present in this room?		
		No <input type="checkbox"/>	__ __		
Q6. Number of nurses on current 12-hour shift		Actual (Based on observations)			
		Morning shift (07:30 – 12:30) <input type="checkbox"/>	Night shift (18:30 – 07:30) <input type="checkbox"/>		
Comment:	Evening shift (07:30 – 16:30) <input type="checkbox"/>		Others _____	<input type="checkbox"/>	
	Afternoon shift (12:30 – 18:30) <input type="checkbox"/>				
Q 7. Device check. On the current shift, how many of the following devices below are present and functional					
Glucometer (If no strips, put as 0)	<input type="checkbox"/>	Weighing scale	<input type="checkbox"/>	Pulse oximeter	<input type="checkbox"/>
Thermometer (owned by the unit)	<input type="checkbox"/>	Stethoscopes (owned by the unit)	<input type="checkbox"/>		
Instruction: Please reconcile the following information below at end of the shift					
Q 8. How many of the following processes occurred during the shift?		Admissions		__	
		Discharges		__	
		Referrals		__	
		Deaths		__	
Q 9. How many of the following staff cadres were present on this shift?		Medical officer		__	
		Clinical Officer Interns		__	
		Medical officer interns		__	
		Nursing officer interns		__	
		Nursing students		__	
		Others _____		__	
		Others _____		__	
Q 10. Was the ward-in-charge or deputy ward-in-charge present at any time during the 12-hour observation period		Yes <input type="checkbox"/>			

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		No <input type="checkbox"/>	
Part B – Baby’s biodata (Tick as appropriate)			
Q 11. Care category			
Category A (Critical/HDU) <input type="checkbox"/>	Category B (Acute) <input type="checkbox"/>	Category C (Stable) <input type="checkbox"/>	
Q 12. Date of admission			
_ _ / _ _ / _ _ _ _ (DD/MM/YYYY)			
Q 13. Current age (write in days if above 24 hours old, if less than please write in hours)		Hours _ _	Days _ _
Q14. Gender			
Male <input type="checkbox"/> Female <input type="checkbox"/>			
Q 15. Current diagnosis		Diagnosis 1 (Primary diagnosis)	

		Diagnosis 2 (Secondary diagnosis)	

		Diagnosis 3 (Secondary diagnosis)	

		Other diagnosis	

Q 16. Birth weight (grams)			
_ _ _ _			
Q 17. Current weight (Most recent weight in grams)			
_ _ _ _			

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Nursing tasks	Task frequency	Expected number within current 12-hour shift	Tasks done (Insert Y, if yes and N if no)	Time tasks done	Comment
Routine nursing care					
Nurses handing over patient		1	<input type="checkbox"/>	<input type="checkbox"/>	
Patient assessment before shift		1	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse washes / sanitises hands before patient assessment (Assess the first patient contact)		1	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse attends the ward round with doctor (s) to see patient. (If nurse student, mark as no)		1	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse communicates with caregiver details of care/ counsels the caregiver		1	<input type="checkbox"/>	<input type="checkbox"/>	

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Nursing tasks	Task frequency (Circle option)	Expected number within current 12-hour shift	Tasks done (Insert Y, if yes and N if no)	Task performed by (N for nurse, NS* –Student nurse, M-Caregiver/ Mother, W-ward clerk)	Time tasks done	Comment
Temperature check	4/6/12 hourly	1 /2 /3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Pulse/heart rate check	4/6/12 hourly	1 /2 /3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Respiratory rate	4/6/12 hourly	1/ 2 /3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Pulse oximetry	4/6/12 hourly	1/ 2 /3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	

*- Task performed by a nursing student under supervision should be termed as done by a nurse

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Nursing tasks (routine newborn care)	Task frequency (Circle option)	Expected number within current 12-hour shift	Tasks done (Insert Y, if yes and N if no)	Task performed by (N for nurse, NS* –Student nurse, M-Caregiver/ Mother, W-ward clerk)	Time tasks done	Comment
Cleaning baby		1	<input type="checkbox"/>	<input type="checkbox"/>		
Linen change		1	<input type="checkbox"/>	<input type="checkbox"/>		
Weight check		1	<input type="checkbox"/>	<input type="checkbox"/>		
Checking incubator settings		1	<input type="checkbox"/>	<input type="checkbox"/>		
Diaper change		1	<input type="checkbox"/>	<input type="checkbox"/>		
Cord care		1	<input type="checkbox"/>	<input type="checkbox"/>		
Turning the baby		4	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/>			

*- Task performed by a nursing student under supervision should be termed as done by a nurse

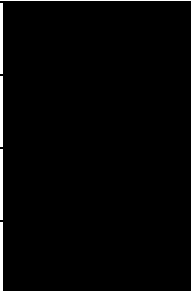
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Nursing tasks (Feeding)	Task frequency (Circle option)	Expected number within current 12-hour shift	Tasks done (Insert Y, if yes and N if no)	Task performed by (N for nurse, NS* –Student nurse, M-Caregiver/ Mother, W- ward clerk)	Time tasks done	Comment
Breastfeeding <input type="checkbox"/> Cup/spoon feeding <input type="checkbox"/> Nasogastric/ Oro-gastric tube <input type="checkbox"/> No oral feeding <input type="checkbox"/>	3-hourly	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
NG Tube feeding process &						
Check tube positioning	3-hourly	4	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Measure feeds	3-hourly	4	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

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Position the baby after feeding	3-hourly	4	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

& - Complete for only NG-tube fed babies

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Nursing tasks (Medication)	Task frequency (Please circle)	Expected number within current 12-hour shift	Tasks done (Insert Y, if yes and N if no)	Time tasks done		Comment
IV Medication						
Drug name _____	6/8/12/24 hourly	__	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Drug name _____	6/8/12/24 hourly	__	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Drug name _____	6/8/12/24 hourly	__	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Drug name _____	6/8/12/24 hourly	__	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
6 hourly – QDS/QID, 8 hourly – TDS/TID, 12 hourly – BD, 24 hourly - OD						

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Oral Medication						
Drug name	12/24 hourly	__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug name	12/24 hourly	__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug name	12/24 hourly	__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug name	12/24 hourly	__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV Medication delivery process (Perform this observation for first round of medications)						
Review of treatment sheet			<input type="checkbox"/>			
Cannula flush with saline before drug administration			<input type="checkbox"/>			
Cannula flush with saline after drug administration			<input type="checkbox"/>			

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Nursing tasks (Special newborn care)	Task frequency	Expected number within current 12-hour shift	Tasks done (Y=yes, N=no)	Time tasks done	Comment
Phototherapy					
Turning/positioning	4 hourly	3	<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
Skin assessment	6 hourly	2	<input type="checkbox"/>		
			<input type="checkbox"/>		
Eye care	12 hourly	1	<input type="checkbox"/>		
Changing eye pads	12 hourly	1	<input type="checkbox"/>		
Continuous Positive Airway Pressure					
Checking nasal prong position	4 hourly	3	<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
Checking oxygen flow rate	4 hourly	3	<input type="checkbox"/>		
			<input type="checkbox"/>		

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			<input type="checkbox"/>		
			<input type="checkbox"/>		
Kangaroo Mother Care					
Supervision of mother during KMC			<input type="checkbox"/>		

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Documentation of tasks (source)	Not Done (Please tick)	Done (Please tick)	If done, how many times (Please write number)	Comments
Neonatal assessment by nurse (Nursing cardex)	<input type="checkbox"/>	<input type="checkbox"/>		
Nursing care plan (Nursing cardex/ care plan)	<input type="checkbox"/>	<input type="checkbox"/>		
Temperature measurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Heart rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Respiratory rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Oxygen saturation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Ward round details	<input type="checkbox"/>	<input type="checkbox"/>		
Frequency and volume of feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Health talks/ Communication to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Volume of IV fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Weight check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	