

Hello! My Name is

Birth Weight / Today's Weight:

Gestational Age / Corrected Age:

My Care Team

Family / Phone Numbers:

Doctor:

Practitioner:

Nurse:

Respiratory Therapist:

Family Preferences and Goals

How can I care for my baby today?

Plans and Daily Goals

Respiratory:

Feeding:

Procedures:

Next Huddle / Check-in

Hands-on Time:

Last huddle / check-in:

Doctor Rounds Daily @ 1pm (Expert Team Rounding M, W, F)

Discharge Tracker

CPR

Car Seat

Purple Crying

CCHD

Hearing Screen

Safe Sleep

Vaccines

Ped Appt

Circumcision

Other:



**NORMAN
REGIONAL**
Health System

