

NICU Report Sheet

Patient Information

Name	
Date of Birth / Gestational Age	
Gender	
Admission Date	
Room/Bed Number	

Medical History

Birth Weight	
Apgar Score	
Maternal History	

Current Medical Status

Vital Signs	
Feeding Method	
Medications	
Special Care Needs	

Progress Notes

Daily Assessment	
Lab Results	
Nursing Observations	

Plan of Care

Treatment Plan	
Goals for the Day	
Follow-up Tests/Procedures	

Doctor's Signature

Name	
Date	