

NICU Report Sheet

Patient information	
Name:	Date of birth:
Gestational age:	Gender:
Room number:	Bed number:
Admission date:	
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:

Signature:

Date: