	NEWBORN FLOWSHEET  (This Form is Subject to the Privacy Act of 1974 - Use Blanket PAS - DD Form 2005)															DATE							
AGE (Day(s) old)					ACUITY CATEGORY									TODAY'	SWEIGHT		lbs		gms	BIRTH WEIGHT	lbs	gms	
	VITAL SIGNS				ASSESSMENT									4			z				INITIALS		
TIME	TEMP	AHR	RESP RATE	* COLOR	* ACTIVITY	SKIN	FONTANEL	EYES	BREATH	BOWEL	ABDOMEN	CORD		PERIPHERA L PULSES	BREAST	BOTTLE FEEDING	URINE	STOOL	* LOCATION		COMMENTS		(Nursery staff MUST Initial Each Entry)
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PATIENT IDENTIFICATION						NURSERY STAFF (Sign Only Once) COD								DES ** SEE NURSES NOTES				IOTES	DOCUMENT * ITEMS AT LEAST Q4 HOURS BREATH				
						SIGNATURE (First Init. Last Name)						GF	RADE	R = F	XILLARY RECTAL	P = PINK W = PALE D = DUSKY M = MOTTLED		* ACTIVITY AC = ACTIVE AL = ALERT S = SLEEPING J = JITTERY		SKIN  W = WAF  C = COC  D = DRY  R = RAS	S = SUNKEN  B = BULGING	EYES C = CLEAR D = DRAINAGE E = EDEMA	SOUNDS C = CLEAR
											BOW		C = CYANO			HARGIC			*   00 47 01	ADDITIONAL			
															NDS ACTIVE ABSENT	ABDOMEN S = SOFT N = NON- DISTENDED D = DISTENDED		DOI D = DRY W = WE EX= EXU	NE E = EC Y W = W ET A = AE		RONG M = MECONIUM	* LOCATION  N = BABE IN  NURSERY  RI = ROOMING  IN	CODES