

Assessment of baby well-being

Day No. Where seen Labels checked Method of feeding

Are there any concerns about the following:

Feeding

Slow to feed, refusal, not interested

No Yes

Weight

Gain, static, loss g

Activity, tone

Movement, reflexes, behaviour, responsiveness

Colour

Pale

Eyes

Stickiness, discharge, redness, sclera colour

Mouth

Colour, palate, tongue-tie, thrush

Cord

On/off, bleeding, redness, swelling, smelly

Skin

Spots, rashes, dryness, bruising fading/improving

Jaundice

Not improving, fading, resolved

Urinary output - colour, urates

no. of wet nappies per day

Stools - colour, consistency

no. of dirty nappies per day

Sleeping

Safe sleeping discussed, position, bed sharing, smoking

Crying

Coping strategies discussed, leaflet given e.g. ICON

Additional support required:

Specific to individual, including referrals to social care, sure start, infant feeding specialist

Key to risk reviewed Yes

Personalised care plan reviewed/revised Yes

Signature*

Date/Time