

ASSESSMENT CHART

PATIENT LABEL

Minor signs eg jitters, sweating, yawning do **not** require treatment.

The aim of treatment is to reduce distress and control potentially dangerous signs.

Consider treatment (after other causes excluded) if there is; **profuse vomiting, profuse watery diarrhoea, a requirement for tube feeds or the infant has been inconsolable** after two consecutive feeds (see below).

For Monitoring:

Has the baby been inconsolable with standard comfort measures (cuddling, swaddling, or using a pacifier) at all since the last feed?

Place a tick in the yes or no box (do not indicate any other signs in the boxes)

Date						
Time	4:00	8:00	12:00	16:00	20:00	24:00
Yes						
No						

Date						
Time	4:00	8:00	12:00	16:00	20:00	24:00
Yes						
No						

Date						
Time	4:00	8:00	12:00	16:00	20:00	24:00
Yes						
No						

Date						
Time	4:00	8:00	12:00	16:00	20:00	24:00
Yes						
No						