



NICU NURSING CARE PLAN



Term

Name: _____ DOB: _____		General Care/Measurements/Assessments	
Birth Weight: _____ CGA: _____ Date: _____		Vitals Q _____	Weight Q _____
Mom (cell): _____ (home): _____		BP Q _____	Length Q _____
Dad (cell): _____ (home): _____		Neuro VS Q _____	HC Q _____
NeoConnect: Y/N _____ Siblings: _____		Pain/Sedation Q _____	Girth: Q _____
Language: F <input type="checkbox"/> E <input type="checkbox"/> Other _____		Bath	
Diagnosis: _____		*Q 2 days + PRN* Last: _____ Next: _____	
Treatments/Operations: _____		*If central line, CHG wipes Daily*	
Precautions: _____		Isolette or crib _____ Isolette changed on: _____	
Respiratory/Cardiovascular		Tests/Consults	
Ventilator/CPAP Parameters: _____		MRSA: Q Monday _____ <input type="checkbox"/> Done VRE: Q Month _____ <input type="checkbox"/> Done	
Suctioning: <i>Min Q4h if on BCPAP+PRN, use Muko</i>		NB screening blood due: _____ <input type="checkbox"/> Done Hearing screening: Consent <input type="checkbox"/>	
Oxygen: _____		NB screening urine due: _____ <input type="checkbox"/> Done _____ <input type="checkbox"/> Done	
iNO: _____ Chest Physio: _____ Head massage: _____		CCHD screening: _____ <input type="checkbox"/> Done	
Saturation Targets: _____		Other tests: _____	
Elimination		Consults & Follow-ups: _____	
Strict input/output? Y/N _____ Balance Q _____		Blood transfusions: _____	
Foley → Inserted: _____ Removed: _____		Dressings/Skin Care	
Balloon inflated: ____ mL		Chest Tubes Ostomies Others	
Feeding		Inserted: _____	
Type: Maternal breastmilk/Other: _____ Calories: _____		Removed: _____	
Route & Frequency: _____		Suction: _____ cm H ₂ O	
Over: ____ h ____ min		Dressing change: _____	
Feeding notes: _____		**Dressing should be taken off 48hrs after removal of tube**	
NG/NJ/OG/OJ → Inserted: _____ Secured @ _____		Teaching with Parents	
Size: _____ Change due: _____		<input type="checkbox"/> Hand hygiene <input type="checkbox"/> Swaddled bathing <input type="checkbox"/> Baby cues: <input type="checkbox"/> Books for babies <input type="checkbox"/> Kangaroo care • Signs of stress & how to calm <input type="checkbox"/> Language passport <input type="checkbox"/> Skin & Diaper care <input type="checkbox"/> Music therapy candidate? Y/N • Signs of hunger & oral stimulation Consult done <input type="checkbox"/>	
GT/GJ → Inserted: _____ Balloon volume: _____ mL		Other teaching done: _____	
Size: _____ Checked: Q _____			
Replogle → Inserted: _____ Secured @ _____ To LWS <input type="checkbox"/>			
Fluids		Lines	
TFI: _____ Weight: _____ Total ml/day: _____		UAL Sutured @ _____ UVL Sutured @ _____ Single/ Inserted: _____ Central/Peripheral Double Removed: _____ Inserted: _____ Removed: _____	
		PICC External Portion: _____ Central/Peripheral Single/ Inserted: _____ Removed: _____ Double Dressing due: _____ <i>Q 14 days + PRN</i>	
		Special Notes	
Updated by: _____ Date: _____			