

Newborn Care Diary

Baby's name: _____ Medical Record Number: _____ Date: _____

Time of feed (start to finish)	Breast feeding (total # minutes)	Bottle feeding (total # mL)	Time baby fell asleep	Time baby woke up	Did baby feed well? (if no, describe)	Did baby sleep for an hour or more? (If no, describe)	Did baby console in 10 min? (if no, describe)	Check box for diaper wet	Check box for diaper dirty (please describe)	Care provided and extra comments	Update given to care team
8:10-8:25	L-10 R-15		8:35	11:50	Yes, but I had a hard time getting him to latch since he was crying. Took 10 min to get him on	Yes	Yes, but he was very fussy and I had to offer the breast	√	√√ Loose	Skin to skin provided right when he woke up.	√ 1/1/19 @ 1205

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