



ILPQC Infant Bedside Sheet

Baby's Name: _____ Baby's Med Record #: _____ Date: _____

Shift Time (i.e. 7am-7pm)											
ESC Assessment											
Poor feeding due to NAS? Yes/No											
Sleep < 1 hr due to NAS? Yes/No											
Unable to console within 10 minutes due to NAS? Yes/No											
Care Plan											
Recommend Full Care Team Huddle? Yes/No											
Management Decision: 1. Optimize Non-Pharmacologic Care 2. Initiate Medication 3. Continue Medication 4. Other (please describe)											
Parental/Caregiver Presence 0: No parent present 1: < 1 hour 2: 1-2 hours 3: 2-3 hours 4: ≥ 3 hours											
Non-Pharmacologic Care (check all that were reviewed)											
Rooming-in: Increase/Reinforce											
Parent/caregiver presence:											
Skin-to-skin contact:											
Holding by caregiver/cuddler:											
Safe swaddling:											
Optimal feeding at early hunger cues:											
Quiet, low-light environment:											
Non-nutritive sucking/pacifier:											
Limiting visitors:											
Clustering Care:											
Safe sleep/fall prevention:											
*Was the above Infant Bedside Sheet fully completed for this shift? Yes/No											

**Record total number of fully completed shifts (columns) for this infant in REDCap- Question 22 in Neonatal Form. Use multiple forms if needed*