# ILPQC Infant Bedside Sheet

**Baby’s Name:** ___________  **Baby’s Med Record #:** ___________  **Date:** ___________

## Shift Time (i.e. 7am-7pm)

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## ESC Assessment

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- 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**