

Stepping:  normal  abnormal

Babinski:  normal  abnormal

Notes \_\_\_\_\_

**Behavior (Sleep/Activity Pattern 24hrs)**

Sleep/ wake patterns:  normal  abnormal

Consolability:  normal  abnormal

**Nutrition**

Breast Milk: frequency \_\_\_\_\_ Positioning:  correct  incorrect Latch:  correct  incorrect  
Audible swallow:  yes  no Expressed breast milk in bottle:  yes  no

Notes: \_\_\_\_\_

Formula:  
Type: \_\_\_\_\_  
frequency: \_\_\_\_\_  
Amount: \_\_\_\_\_ oz

Satiation:  yes  no

Regurgitation:  yes  no

Pacifier use:  yes  no

Stool (number per day, color, consistency) \_\_\_\_\_

Urine output (number per day/ color) \_\_\_\_\_

**Bonding**

Describe interaction between mother and infant  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Education Topic	Patient verbalize or demonstrate understanding or needs reinforcement	Additional information
educated mother		
to burp baby in between feeding		
keeping the baby warm during discharge		

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_