

Stepping:  normal  abnormal

Babinski:  normal  abnormal

Notes \_\_\_\_\_

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

Sleep/ wake patterns:  normal  abnormal

Consolability:  normal  abnormal

**Nutrition**

Breast Milk: frequency 2-3 hrs Positioning:  correct  incorrect Latch:  correct  incorrect Audible swallow:  yes  no Expressed breast milk in bottle:  yes  no

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

Formula: Breastfeeding

Type: \_\_\_\_\_

frequency: 2-3 hours

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

baby is bonding w/ mother  
• baby is being breastfeed  
• mother is having skin to skin contact.

Client Education Topic	Patient verbalize or demonstrate understanding or needs reinforcement	Additional information

**Additional Comments:**

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