Grow Babies Grow daily CHECKLIST Name:

MRN	**Inborn / Outborn**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**
DOB	**Birth Time** (Military)						
Birth GA	**Sex**	**RD**	**RD**	**RD**	**RD**	**RD**	**RD**
1st 14 Days	**Date and time of starter TPN initiation**	**Date:** **Time:** **Delivery Record checked:** Yes/No			**Date fortified to 24 kcal/oz:**		
	Date and time of first colostrum care	**Date:** **Time:** **DBM/EBM**			**Date PN discontinued:**		
	Initiate IV fat 1-2 gm/kg/day by 24 h of life	Yes/No			**Date BW regained:** (date pt goes above it)		
	Date and time feeds initated (goal <24 hrs)	**Date:** **Type:** **Time:**			**Date full feeds achieved:** (the 1st time pt get >150 ml/kg/day)		
Zinc	**Zinc supplement**	**Start Date:**	**Length (Z score):**				
		Stop Date:	**Length(Z score):**				
Parent	**Breastfeeding Ed Completed:**				**Participating in TF program:**		
Measurements	**Birth anthros:** (Z-score) Weight: Lth: HC:	**Weights:** (Date/Z-score) 7 day: 30 day: 36 wk:	**D/C anthros:** (Date/Z-score) Weight: Lth: HC:		**D/C date:** **D/C dispo:** home / txf / death **Feeding Route:** • BF • BF + po • Po • po + NG • GT		
DIAGNOSIS	**Any NEC dx?:** **Notes:**						

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DOB						
First Name:	Sex	Wt	Wt	Wt	Wt	Wt
Weekly	Growth chart reviewed by team (Y/N)					
	Wt gain met goal? Y/N					
	Avg wt gain over the last 7 days	g/kg/day g/day	g/kg/day g/day	g/kg/day g/day	g/kg/day g/day	g/kg/day g/day
	Weight gain goal	g/kg/day g/day	g/kg/day g/day	g/kg/day g/day	g/kg/day g/day	g/kg/day g/day
	Breast milk supply (% feeds EBM day prior)	%	%	%	%	%
	Current feeding order meeting est needs (Y/N)					
	Participating in parent TF program (Y/N)					
	Plan to address growth failure?	↑Volume ↑Conc ↑Protein Zinc sup Wean DBM Other	↑Volume ↑Conc ↑Protein Zinc sup Other	↑Volume ↑Conc ↑Protein Zinc sup Other	↑Volume ↑Conc ↑Protein Zinc sup Other	↑Volume ↑Conc ↑Protein Zinc sup Other
	Malnutrition dx? **1. Drop in wt Z score** **2. Rate of wt gain** **3. Inadequate intake** 4. **Other**	Mild Mod Severe Reason #:	Mild Mod Severe Reason #:	Mild Mod Severe Reason #:	Mild Mod Severe Reason #:	Mild Mod Severe Reason #:

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DOB						
First Name:	Sex	Wt	Wt	Wt	Wt	Wt
Weekly	Growth chart reviewed by team (Y/N)					
	Wt gain met goal? Y/N					
	Avg wt gain over the last 7 days	g/kg/day g/day	g/kg/day g/day	g/kg/day g/day	g/kg/day g/day	g/kg/day g/day
	Weight gain goal	g/kg/day g/day	g/kg/day g/day	g/kg/day g/day	g/kg/day g/day	g/kg/day g/day
	Maternal milk supply (% feeds MBM day prior)	%	%	%	%	%
	Current feeding order meeting est needs (Y/N)					
	Participating in parent TF program (Y/N)					
	Plan to address growth failure?	↑Volume ↑Conc ↑Protein Zinc sup Wean DBM Other	↑Volume ↑Conc ↑Protein Zinc sup Other	↑Volume ↑Conc ↑Protein Zinc sup Other	↑Volume ↑Conc ↑Protein Zinc sup Other	↑Volume ↑Conc ↑Protein Zinc sup Other
	Malnutrition dx? **1. Drop in wt Z core** **2. Rate of wt gain** **3. Inadequate intae** **4. Other**	Mild Mod Severe Reason #:	Mild Mod Severe Reason #:	Mild Mod Severe Reason #:	Mild Mod Severe Reason #:	Mild Mod Severe Reason #: