

Mount Sinai Hospital NICU

Zone B Room 17-042

FAMILY INTEGRATED CARE: TEACHING, LEARNING AND CARING TOGETHER!

Date:	My Nurse: _____ My Buddy Nurse: _____
Name:	My RT: _____
Gestational Age:	My Doctor/NP for today: _____
Corrected GA:	My Social Worker: _____
Today's Weight:	My Staff Physician: _____
Best way to reach my family:	My Care Plan: My _____ come(s) in _____ and holds me (skin to skin) _____ <input type="checkbox"/> changes my diaper <input type="checkbox"/> takes my temperature <input type="checkbox"/> holds my feed <input type="checkbox"/> bathes me <input type="checkbox"/> I am learning to feed and I... <input type="checkbox"/> do NNS (non-nutritive sucking) <input type="checkbox"/> breastfeed <input type="checkbox"/> bottlefeed <input type="checkbox"/> like to suck on my pacifier <input type="checkbox"/> Other: _____
Goals for today:	My feeding plan is: _____
Questions/Messages:	Other comments: _____
Discharge/Transfer Plan	Next Family Meeting on: _____
Proposed Date:	
Preferred hospital:	
1. _____	
2. _____	