

Newborn Care Diary for ESC



Baby's Name: _____ Date: _____

EAT				SLEEP			CONSOLE	Pee ✓	Poop ✓ (please describe)	Extra comments/ care provided
Time of baby's feeding (start - finish)	Breast feeding (total # of minutes)	Bottle feeding (total # ml)	Did baby feed well? (If no, please describe)	Time when baby fell asleep	Time when baby woke up	Did baby sleep for more than an hour? (If no, please describe)	Did baby console in 10 minutes? (if no please describe)			

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