

NEWTT2 Review Record

Date: ___/___/___ Time: ___:___

Risk factors: _____ Parental concerns? Yes / No

Are any of the following indicated?

Pre- and post-ductal SpO₂ [] Chest X-ray []
Blood glucose [] Septic screen []
Blood gas / lactate [] Blood pressure []

Plan:

Is baby unwell Yes / No If yes, inform senior []
Parents updated [] Admit to NNU []
Time of next review: _____ Frequency of obs: _____

Full plan documented and handed over to _____ (name of staff)

Name: _____ Signature: _____

Grade : _____ NMC/GMC: _____

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