Appendix C: NICU Needs Assessment

<table>
<tr><td colspan="2">Infant's Name:</td><td colspan="3">Date of Birth:</td></tr>
<tr><td colspan="2">ID#:</td><td>Male</td><td>Female</td><td>Bed#:</td></tr>
<tr><td colspan="2">Caregiver's Contact #:</td><td colspan="3">Address:</td></tr>
<tr><td colspan="2">Pediatrician Name and Number:</td><td colspan="2">Birthweight</td><td>Current Weight</td></tr>
<tr><td colspan="5">Primary Diagnosis</td></tr>
<tr><td colspan="2">Newborn Blood Screening
Date: ______________________________</td><td colspan="3">Newborn Blood Screening Results</td></tr>
<tr><td colspan="2">Immunizations Current?
■ No
■ Yes</td><td colspan="3">RSV Prophylaxis Given?
■ No
■ Yes Date: ______________________</td></tr>
<tr><td colspan="2">Feeding:
■ Breast milk
■ Formula</td><td colspan="3">Tobacco Use In Home?
■ No
■ Yes</td></tr>
<tr><td colspan="2">Social Worker Referral Needed?
■ No
■ Yes</td><td colspan="3">Transportation Needs?
■ No
■ Yes</td></tr>
<tr><td colspan="2">Car Seat?
■ No
■ Yes</td><td colspan="3">Car Seat Education?
■ No
■ Yes Date: ______________________</td></tr>
<tr><td colspan="2">Car Seat Test?
■ No
■ Yes Date: ______________________</td><td colspan="3">CPR Education?
■ No
■ Yes Date: ______________________</td></tr>
</table>