

# **Medical History and Observation Background Sheet**

Name of Infant: Henry H. Gender	
Hospital & Record #	Name of Observer:
•	Parents' Names, Address, and Telephone No
MATERNAL HISTORY	•
Pre-Pregnancy Health	Mother's Age 27 Father's Age No record
Pregnancy	
Labour & Delivery: Premature rupture of membrar	Des Other Children x 1 Ages 3
Medications: Antenatal steroids x 1	
Other (G/P): 2/2	
INFANT HISTORY	CURRENT STATUS
DOB: EDC:	9 0
Post LMP Age at Birth: 28 weeks 3 days	Age Post Birth wks 2 days
Mode of Delivery Emergency: C-Section	Weight Not recorded g %
Apgars: 7 @ 1 min; 9 @ 5 min10 min	Height Not recorded cm %
Birthweight: 1450 g 91%	Head Circ Not recorded cm %
	%
Length at Bitth. Not availableth	
Head Circ. at Birth: Not available;cm _	
PI Not available; %	Respirator CPAPFIO
AGA ✓ SGA □ LGA □	Nasal Cannula Cc FIC
Other	
Respiratory Function:	Insp O <sub>2</sub> Req'd (prec 24hrs) 21%
RespiratorNo.	of Days Mean FIO <sub>2</sub> Mean PCO <sub>2</sub>
CPAP 6No.	of Days Mean MAP Heartrate (Range)13-170
OxyhoodNo.	of Days O2 Sats (Mean, sd & Range) 95-98%
Nas. CannulaNo.	of Days Resp. Rate (Mean, sd & Range) 22-44
Hi Insp O <sub>2</sub>	——————————————————————————————————————
No Aid	Medications:
Other	——— Caffeine
	Carrenie
Medications:	Mode of Feedings
	Mode of Feeding: of doses IV   ✓ Gayage: Nasal   Oral  ✓
Surfactants No. ←	of doses IV   ✓ Gavage: Nasal   Oral   ✓ Oral
	Breast Cup Bottle C
Steroids	Type: Breast Milk ✓ Formula ☐Cal
Sedatives & Analgesics	
Bronchodilators	Caregiving Interval 6 hrs or as needed
Diuretics	Feeding Interval 18 ml @ 2 hours
Anticonvulsants	
Other	
Mode of Feeding:	Current Issues and Concerns:
IV ✓ Gavage: Nasal □ Oral ✓	Jaundice (phototherapy). Just promoted to full milk feeds.
Breast Cup Bottle	
Type: Breast Milk   ✓ Formula	Cal
Caregiving Interval 6 hr	
Feeding Interval 1 hr	
Other	
Complications:	Current Medical Problems:
Asphyxia ☐ RDS ✓ BPD ☐	Pneumothorax
Sepsis A&B NEC	Hypoglycemia Hypoxic Events
IVH Grade R/L	Hyperbilirubinemia ✓ Acidosis: pH<7.3
	Hydrocephalus Hypotension
ROP Stage R/L	NEC PDA Feeding Difficulty
<u> </u>	Renal Sepsis Bleeding Tendency
PDA	Seizures Anemia Apnea
Bili (HI) _ \( \subseteq \) \( \Light\) Neoblue	Bradycardia
Surgery	Diadycardia
Other	<del></del>



# **Current Observation Circumstances**

Location: Fullterm nursery Iso NICU Parent Rm. Par	lation Rm.	e ✓ NICU □ Other
<b>Environment:</b> Table	Incubator   ✓ Mock Crib   □	Other
Bedding, Clothing, and Other Facilitat  Mattress   Hammock   Bunting/ Nest   Clothing   Hat   Pacifier   Side rolls/Food Sheepskin: Natural   Synthe Blanket: Loose   Incubator/crib cover: Partial   Personal Items: Pictures   Photos Others: Gel pillow, welcome card, CPA Mobile computer set up nearby.	Waterbed	mals
Ambient Light, Sound, and Activity L	evels:	
Sound: 1 2 3 4 5 <u>6</u> 7 8 9 1 is very quiet as if in a closed door parent regradio on high volume, staff voices, telephone	oom without interruption; 9 is v	•
Describe: Sounds of CPAP, phone, typing, a (moderate volume)	ir conditioning, moderate talkin	ng, hand washing, alarms
Light: 1 2 3 4 5 6 7 8 9 1 is a semi-dark room, shielded incubator, no covering on crib or incubator		verhead and/or side lights, no
Describe: Sunny day, blinds open, overhead	panels on middle setting.	
Activity: 1 2 3 4 5 <u>6</u> 7 8 9 1 is very calm, quiet, soothing or no activity unhurried walking, etc.; 9 is hectic, continuo personnel hurrying about, water running, equ	around the baby, e.g. no staff rously changing activity, with vis	
Describe: One father arrived, room cleaner,	student nurse, doctor taking blo	ood, some traffic
<b>Caregiver(s) Observed:</b> Physician ✓	Nurse   ✓ Parent □ OT/PT	Other
Caregiving Actions Observed: (list in chronappy change; position change; adjust leads;	<del>-</del>	blood sample; temperature;
Time and Duration of Observation:	Before caregiving interaction: During caregiving interaction: After caregiving interaction: Total:	10 min 34 min 16 min 60 min



#### **Behavioural Observation**

Name: Henry H	Name of Hospital:
Date of Birth:	Gestational Age at Birth: 28 weeks, 3 days
Date of Observation:	Current Post Conceptional Age: 29 weeks, 1 days
Observer(s) Name(s):	Corrected Age: 5 days after birth

#### INTRODUCTION

Henry was born at xxxx hospital almost 12 weeks early and is now five days old since birth. Two observers conducted the observation, which took place between 10.45 and 11.45 during blood sampling, nursing care and tube feeding. The purpose of the observation was to help plan his care.

#### **OBSERVATION**

Nursery Environment: Henry shared the small High Dependency Nursery with two other infants all in incubators. Henry's incubator stood next to a window near the room entrance and adjacent to a work area with a sink and bins. Some nursery themed paintings decorated the pastel coloured wall. Big arm chairs and footstools stood at every bedside. Staff used a central computer on a mobile stand in the middle of the room. It was a bright winter morning and sunlight streamed into the room. Permanent moderately bright overhead lighting brightened the room and a special treatment lamp for phototherapy added a bluish glow around Henry. A father came to be with another baby; Henry's doctor arrived to take a sample of Henry's blood and then left. A room cleaner moved furniture and mopped the floor. At times it was quiet, apart from the background sound of the air conditioning; at other times the sound increased as staff moved about, talked, washed their hands and engaged in various other daily activities. Monitor bells occasionally sounded. Overall the room appeared moderately crowded and busy with fluctuating background sounds and quite bright light.

Henry's Bed Space and Bedding: Henry lay on a soft mattress and a gel pillow, in a "nest" with a padded border around his legs. A bright light for treating his jaundice shone over him. He wore a mask to shield his eyes. Small sensors on his chest and his right foot relayed information about his vital signs to a monitor above his bed. A splint on his right arm held a fine line in place through which he received medication directly into his blood stream (cannula / IV). A flow of moist air to help his lungs expand (CPAP) supported his breathing. A pump activated the airflow under steady pressure pump (continuous positive air pressure – CPAP) stood beside his bed. The air blew through small prongs in his nose; soft straps attached to his hat held them in place. He wore a small nappy. A piece of tape fixed on his chin a narrow, flexible feeding tube that led into his mouth. Various pieces of equipment, mounted on the wall behind his bed, additionally provided for his care. A decorative card attached to his incubator welcomed Henry and his parents.

Henry's Behaviour Before Caregiving (10 minutes): Henry lay on his tummy and appeared to sleep, his legs folded under him with his feet tucked inside the boundary of his nest. His mouth hung limply slightly drooped open and he looked strained. He kept his right hand close to his face, his fingers curled around the edge of his splint, and the left arm stretched out and close to his body. He looked pinkish red and darker across his face. He mostly breathed with an irregular pattern that involved short pauses. Sometimes he briefly established a steadier rhythm. He took around 40 breaths a minute and made small twitchy movements of his body, face or limbs. Sometimes, as he paused his breathing he gasped and began to move about which appeared to get his breathing going again. Towards the end of this period he



paused longer, then stretched, arched his back and then curled himself up with rounded back. After this he looked a little paler. Throughout this time his heart beat steadily between 135 and 155 times a minute and the oxygen level in his blood stayed steady between 96-97%.

Henry's Behaviour During Caregiving (34 minutes). As a doctor and a nurse approached his bedside and prepared to care for Henry, he became more active, stretched, and pushed himself up on his arms and spread his fingers wide. His nurse turned off the bright treatment light, reached in, adjusted Henry's CPAP nose piece and removed the splint from his arm. Henry fussed and wriggled, and he spread his fingers wide again and again. He moved his lips a few times. After the nurse gave him a drop of sucrose he appeared to taste and suck it. The nurse cradled Henry with her hands, one hand on his head and one over his legs, as the doctor rubbed Henry's heel and then pricked it to take blood, lifting up his foot. Henry wriggled and fussed more, yawned and again stretched his fingers wide. He quickened his heart beat to 182 beats a minute, continued to breathe irregularly with short pauses, kept his blood oxygen level around 96-98% and appeared pinker again. As the doctor finished, she deftly tucked Henry's feet back inside his nest. Henry's heart beat slowed somewhat to 172 beats a minute.

Henry's nurse lifted Henry up out of his nest, turned him onto his side, and began to take his temperature under his arm. Henry threw his arms and legs up in the air, then folded them back in, as he brought one hand to rest on his head, and reached out to grasp his bedding with the other. His movements appeared a little shaky. Henry's nurse then removed the eye shield. Henry folded his arms and draped the left arm across his body. The nurse covered this arm with her hand as she took his temperature for the second time. After this, as she checked all his leads and cables, Henry stretched one arm above his head and grasped his CPAP tubing. He half opened his eyes, and for a moment looked almost awake.

As his nurse talked to Henry she started to change his nappy. Henry became more aroused, kicked his legs out, stretched his arms, grasped at his head again and his tubing and opened his hands wide. As he did so he kept one hand near his face. When his nurse then cleaned his bottom she held his legs tucked in with his feet sole to sole. As soon as she let go of his legs Henry pressed his feet into his bedding. He began to hiccough and quickened his heart beat again to 180 times a minute. He continued to breathe slowly, and irregularly and sometimes paused while he maintained the level of oxygen in his blood steady. His nurse now proceeded to reorganise Henry's bed, his tubes and leads. Henry's hiccoughs stopped and he lay with his arms draped limply across his body. His nurse then tested whether his feeding tube was in place and whether any food was left in his stomach. She drew up some fluid from his stomach with a syringe attached to the feeding tube and then started his tube feed, while she rested one hand over his legs as the milk began to flow into his stomach. The phone rang and as she readied herself to answer she handed Henry's feeding over to a colleague. Over a period of nine minutes, Henry received 18 millilitres of milk. He became more and more restless throughout his feeding and made many efforts to bring his hands to his mouth, tried to get his thumb into his mouth and eventually succeeded to suck on his fingers. With that he settled his heart beat back into a range of 160 beats a minute. As the feeding continued Henry gagged, and grimaced, drew back his upper lip, and seemed to indicate that the feeding tasted bad to him. A froth of saliva appeared at his lips. His body made small jumpy movements. Towards the end of the feeding he settled his right hand under his chin while he grasped his leads with the left. His heart beat between 160 - 167 times a minute and the oxygen level in his blood stayed steadily close to 100%. He continued to breathe with a slow, irregular rhythm and paused every so often.



Henry's Behaviour After Caregiving (16 minutes): Once his feeding finished, Henry looked as if he was attempting to fall asleep, which appeared difficult for him. He continued to stretch and wriggle, gagged several times, and he looked strained. He brought his hands together close to his mouth, and pressed one foot against the other inside the wall of his nest. Sometimes he grasped towards the bedding. He looked red with some paler areas that revealed yellow undertones. He continued to move his mouth and spat up a little milk. His heart beat around 165 beats a minute, the oxygen level in his blood stayed close to 100%. He continued to breathe slowly and irregularly alternating with quicker breaths after some pauses.

#### **SUMMARY**

Summary of Medical History: Henry was delivered by emergency Caesarean section at 28 weeks and 3 days of pregnancy due to complications that arose during the premature labour. The birth took place at another hospital where he stayed for four days. He arrived at this nursery only a day ago. Before his birth, his mother had received medication to advance his lung maturation (steroids). Henry's birth weight of 1450 grams showed that he had grown very well in his mother's womb. He was heavier than 91 of 100 boys born at his age at birth (91%ile), according to the UK World Health Organization Growth Charts, published in 2009. The transfer information that accompanied Henry on admission showed some gaps, e.g. head circumference and body length were missing. Henry appeared quite lively at birth as his Apgar scores of 7 at one minute and of 9 at 5 minutes after birth indicated. The Apgar scores, named after a US paediatrician, who developed this measure of breathing, colour, heart rate, muscle tone and activity each scored on 0-2 point scales, for a total best score of 10. Thus, Henry's scores showed that he managed the birth transition out of the womb into the hospital environment quite well. The doctors at his birth hospital supported his breathing with CPAP, a form of continuous breathing support, for the first few days, and now Henry alternates between CPAP and breathing on his own, 4 hours at a time. He also now receives caffeine to stimulate his breathing. Every two hours Henry receives 8 millilitres of exclusively his own mother's or a donor's breast milk. He now shows mild jaundice (yellowness) of his skin. This is a common condition in preterm infants, whose livers are often still too immature to break down and eliminate the left over used-up red blood cells, called bilirubin, in their blood stream, which then build up in the skin and body fat including the infant's brain, where they may cause damage, and make the infant appear yellow. Special lights are effective in helping break down the bilirubin. Henry receives the special light therapy (phototherapy) to help him eliminate the extra bilirubin. Since his arrival yesterday his nursing notes recorded a stable heart beat (138-170) and blood oxygen level above 95%. He varied his breathing between 22 and 44 breaths a minute.

Henry's parents came to see him as soon as he had settled in his new setting. His mother told the observers that she felt unwell today. She explained that she hoped to come to be with Henry the next day in order to continue to enjoy holding him skin-to-skin for kangaroo care. His mother also told the observers that Henry has a three year old sister, named Anna.

**Behavioural Summary**: The observation today showed that Henry is a strong little boy, who is still quite sensitive. He showed his strength by keeping a stable heart rate and steady oxygen levels in his blood. He made efforts to breathe effectively. Before the care interaction began, Henry achieved short periods of steady rhythmical breathing. During the care interaction Henry used squirming movement to get his breathing going again after he had paused. He made many efforts to keep his limbs tucked in and to bring his hands together and/or to his face. He strove to get his thumb and fingers to his mouth and was briefly successful in sucking his fingers. He grasped and held on to his bedding, his splint and his



tubing. He mostly kept his legs tucked up with his feet resting against each other or pressing into the bedding. Altogether this helped him to settle repeatedly briefly between bouts of restlessness. Henry began to open his eyes during his nappy change as if he might want to look around or at someone. He looked pink-red almost all the time.

Henry showed his sensitivity in his at times halting breathing and the pauses he made. He was quite restless through much of the observation. During heel prick and nappy change, he quickened his heart beat and he hiccoughed. He made small jumpy, twitchy movements. When his nurse or the doctor touched or moved him he stretched his arms, legs and fingers wide and he sometimes appeared to startle and shake. When his nurse fed him he gagged and spat up saliva and milk; he communicated distaste in his facial expression. At the end of the observation, Henry seemed to lose energy and let his arms lay limply across his body or on the bedding while his mouth drooped open.

#### **GOALS**

From the observation today, it appears that Henry is working to achieve a steadier, more effective breathing pattern using movement to prompt himself to breathe during short pauses. He strives to get himself more comfortable by tucking himself together, and use his hands and feet to do so. He appears to be working to get his fingers to his mouth to suck more successfully and easily. During care giving as he began to open his eyes he indicated that he is working to reach longer moments of quiet wakefulness.

#### RECOMMENDATIONS

The following recommendations might help Henry to achieve his next steps successfully:

- Consider to provide Henry with a quiet, calm and muted environment, which might help Henry with his efforts to breathe effectively, to rest and to digest his food more easily.
  - Continue to make comfortable chairs suitable for kangaroo care available for Henry's parents. Resting against their chest skin to skin likely will help him with his breathing and digestion. It will also make it possible for Henry and his parents to continue to enjoy closeness and comfort, and will encourage his mother's milk supply to increase as well as give him the opportunity to show when he is ready to practice breast feeding.
- Continue to provide a nest for Henry; adjust the boundaries to help him to keep his legs tucked in with something to press his feet into when he is unsettled. When he is on his side extra support behind his back might help him to breathe effectively and to keep his shoulders forwards, which likely will make it easier for him to get his fingers to his mouth to suck.
- When Henry no longer receives phototherapy consider tucking him in a soft blanket.
- Consider softly talking to Henry and then cradling him gently in your hands, giving him time to be aware of your presence and to settle down before you begin to care for him.
- Consider removing the mask protecting his eyes from the phototherapy light when the light is switched off and before you engage with him in any other activity.



- Continue to offer sucrose before any procedure that might be painful. Consider also to offer him a small soother to suck when he shows that he might like to do that.
- During any activities that might cause Henry discomfort, consider if a second person might offer comfort more easily by helping Henry to grasp, suck and rest. Invite his parents to plan their day to give them opportunities to do as much of his care interactions as they choose.
- Consider pacing Henry's feeding so that the milk enters his stomach very slowly; perhaps pause the flow when he shows signs of discomfort such as when he gags, squirms, or grimaces. Continue to support him gently during feeding with the tube so that he feels the comfort of your hand. This also may help you to feel his breathing patterns and movements, which will help you judge when Henry might profit from a pause in the flow of milk.
- Consider how you might make it feasible to watch over Henry for a while after you completed all the care interactions in order to see if he might profit from your help to get comfortably settled.

Signature:	
Print Name:	Date:
Γitle/Role:	



## **NIDCAP Training**

### **Documentation of NIDCAP Observations: Journal Page**

The following journal page provides you with a record to fill out in conjunction with each NIDCAP observation you do. This will allow you to plan the opportunities for your practice observation in order to maximize your learning.

You may wish to create a folder (journal) of all your observations using the Journal Pages as a ready index of work accomplished.

When you embark on the Advanced Practicum (Following an Infant and Family from Admission to Discharge), it is recommended that you fill out a Journal Page for each observation and collect the observations and Journal Pages in one file or journal. This will allow you to look over your work's progress.

Be sure to reflect on your feelings and thoughts while you observe the nursery, infant and caregiver. Reflect on yourself, your role, and your reaction as you write up and formulate the narrative and envision yourself in support of the nursery. Keep a diary of notes with each observation and other experiences related to your training and work in the nursery.



#### **NIDCAP Bedside Journal Page**

Train	ee Name:	Trainee Title	:	
Train	ee Hospital:			
Train	er Name:	Trainer Hosp	ital:	
Infan	t Name: Henry H.	Date of NIDO	CAP Ob	oservation:.
Date	of Birth:	Gender: Mal	le X	Female
Gesta	tional Age at Birth: 28w+3d	On Day of N	IDCAP	Observation: 29w+2d
Infan	t NIDCAP Practice Category:	Critically III	<u>X</u>	Relatively Stable
	Stable Growing	Ready to go Home		Healthy Fullterm
	Advanced NIDCAP® Practicum:	Day 6 since birth; Ol	bservati	ion # 1

What were the strengths of environment, bedspace, and bedding?

- Suitable seating for kangaroo care, sufficient for each baby
- Nesting support and gel pillow
- Decorative, welcome card gives a personal touch

What were the challenges of environment, bedspace, and bedding?

- Bright sunny day, blinds open
- Cluttered
- Traffic in and out of room
- Noisy at times talking, phone, doors and drawers, furniture being moved, monitors, hand washing and constant background noise of air-conditioning and CPAP
- Nest provided limited support
- Phototherapy mask left on after lights switched off.
- Bili lights heated baby up?
- Pacifier missing

#### What are the infant's strengths?

- o Stable Hr and O2
- o Efforts to breathe effectively using motor system
- o Brief periods of regular respiration
- o Many self regulatory efforts using hands hand to head/face/mouth, bracing, clasping, grasping and holding on, tucking in limbs and bracing the feet into the bedding. Almost reached 4A.

#### What are the infant's vulnerabilities?

- o Pattern of diffuse activity around efforts to breathe
- o Slow, irregular respiration with many short pauses
- o Bursts of activity associated with any activity around him
- O Twitches, tremors, hiccoughs, gagging and spitting up
- o Big, abrupt and jittery movements
- O Loss of tone in arms, and somewhat in face
- o Grimacing, strained facial expression



## What are the caregiver's strengths?

- o Willing to support observers co-operative, cheerful,
- o Provided some support with still holding during heel stick and feed
- o Talked to the baby at times

## What are the caregiver's challenges?

- o To be aware of what the baby is signaling and what to expect of him
- o Three babies to care for with 2 hourly feeds and a student to monitor so felt rushed
- O Unhappy with the way the baby had been left cables all tangled, not well positioned?!
- o Was concerned that feed would be late.
- o Focus on task rather than baby

## When were infant and caregiver in synchrony and balance?

o Efforts were made to consider the baby's comfort; the nurse seemed distracted and had difficulty to engage with him.

#### What went well for the infant? When did the infant shine?

- o Baby succeeded in getting fingers to mouth and sucked them
- o Almost aroused to 4A briefly during care

## When did the caregiver shine?

- The doctor insisted on waiting for sucrose. Her technique to rub heel helps blood come quickly and easily.
- o Nurse supported baby during heel stick on observer's request

## When did the caregiver miss the infant?

The nurse was often distracted and missed the infant but she did realize he needed "sorting out" to make him comfortable, which she did later.

## Summary impression of infant's competence and emerging next steps

- o Steadier, more effective breathing
- o Keeping hands by mouth, more success with sucking fingers
- o Using grasping/holding to settle
- o Getting into comfortable position to rest
- Digesting food more comfortably
- o Reaching moments of waking.

## Summary impression of family's competence if observed

o Mother was there; felt unwell; planned to come the next day for K-Care

#### Key recommendations

- O Quiet, calm, shady environment
- o Providing appropriate seating for skin to skin when ready
- o Nesting surface for bracing feet; adapt to provide better back support on side
- o Cover when off lights
- o Remove eye shield when phototherapy lights are off



- O Approach voice and touch to give time to adjust to presence and to settle before beginning. Find out what works for him.
- o Sucrose give before procedure
- o Turn with rolling rather than lifting
- o Nappy change flex legs and feet sole to sole
- O Sucking soother during procedure. Guide fingers to mouth to support efforts to suck them. May need soother during feeds.
- o Pace caregiving to keep settled still hands etc
- o Pace feeding slowly and in response to cues
- o Stay to observe after care to ensure he is settled

#### **Observation Parameters:**

Start Time: 10.45 End Time: 11.45 # of Observers 2 Care given: Heel stick, temperature, nappy change, tube feeding.

Time between Observation and Write-Up: 2 hours

Time for Write-Up: 4 hours

#### Perinatal History

- o Healthy preterm baby delivered by Emergency section due to mother's premature labour.
- o 1 dose of antenatal steroids.
- o Apgars 7 and 9 at 1 and 5 mins,
- o Birth weight 1450g (91%)

## Infant History since Delivery

- o CPAP from birth.
- o IV nutrition until today. Donor EBM and Maternal EBM now on full milk feeds 18 ml 2 hourly (150 ml per Kilo per day)
- o Transferred from UCLH on day 5. Cycling on and off CPAP.
- o Receives caffeine. Phototherapy for mild jaundice from day 5

#### Family History

2<sup>nd</sup> live birth. Sister aged 3. Mother currently unwell and at home

Growth Parameters: At Birth Day of NIDCAP Observation

Weight 1450 g (3lb 3 oz\_oz) 91% Not recorded

Length Not recorded

Head Circumference Not recorded.



#### **REFLECTIONS:**

I was disappointed that Henry's mother had to go home since she felt ill. I had hoped to welcome her and to find out from her how Henry usually responds to caregiving and all the things that she has noticed about him to give us a fuller picture. It would also have been useful to find out how much she had been involved in his caregiving before he arrived here. Her story of the birth and how the family are would also have been interesting. I was a bit surprised to hear that the father had not been in to see Henry and wondered if he had; this information was missing. I felt uneasy about this little baby having been moved from hospital to hospital without his parents and found myself speculating about family dynamics, and expectations and attachments.

The nurse and the doctors were very helpful and readily agreed to the observation. This pleases me because then I know they expect that NIDCAP will be a positive experience for them. In the beginning people were very nervous about NIDCAP; now most of them are fine with it and I always enjoy giving the feedback and asking for their ideas. When I talked to the nurse about it afterwards she told me things that had affected what she did, for example she was concerned because Henry was overheating under the phototherapy lights. I think she is very cheerful and a little proud so I try to choose my words carefully with her and prompt her to see things for herself. She talked about how she felt as if she was on a merry go round, running from one baby to the next to try to make sure they all got their feeding on time and for this reason she felt she had been rushed. She did some things to support the baby but really seemed to have her mind on others – always perhaps working out the next tasks she has to do 'to beat the clock'. We moreover had chosen the busiest time of day. She was also aware that he was restless in the bedding as it had been arranged for him by the night staff. She had not had time to get him sorted when she came on duty. She told me that now she had made him comfortable and I should go and see how much better he was. She was right! She clearly enjoys working with the students and I liked the way she was so enthusiastic about him and let him know that too. He glowed with pleasure at her praise. I gave her a copy of the report and hope I can catch up with her before too long to get some feedback. I have a feeling she will tell me what she thinks – frankly, and I hope so because this is much better that just being told it was "Fine".

I know the doctor quite well. She is always very helpful for us and the baby and likes the whole NIDCAP idea. She is very gentle; the problem for her is that she finds it really difficult to do the big procedures that are difficult for the baby. It can be hard to have empathy and technical precision and this could be a problem for her career in a world where some doctors think these are alternative choices rather than a natural combination. This is always in the back of my mind when talking to doctors, how to make softness hard enough for them.

It is always nerve wracking for me to have visitors in the nursery because I feel that they will expect very high standards of developmental care and this is not always the case. Then I feel a bit annoyed with everybody. It was good to talk to the nurse and to see it from her perspective and to think about her next steps too. Nevertheless it is difficult to watch care that is a monologue rather than a dialogue. Twice I intervened and asked her, first to help the baby during the blood sampling (she was working on her records at the computer) and secondly to remove his mask. I don't think she resented either of these requests; in retrospect I can see it made her more behind with the tasks that someone sooner or later is going to check up on. And that could make the difference between her getting her meal breaks or not. I try to look back at the early days before I did my training and wonder if I was so overawed by the complexity of tasks, with anxiety about handling tiny babies and concern that I might break some of the rules of operation in the NNU, fearful that I might do something wrong and show my ignorance, that I did not treat the baby as a little person either, perhaps. It is a long time ago.



Every time I do an observation I am reminded of my imperfections as an observer – things inevitably will be missed, ideas sometimes get stuck. It is quite a humbling experience. I know it is enough to be good enough, as with parents, but always one wants to be a little bit better.

We planned this observation around our availability rather than to suit the baby. This is a dilemma. The nurses will plan their morning so that we can fit in the observation but the baby has his own rhythm. So do we mess about with the nurse's plans again or do we go ahead with the observation and disturb the baby? Sometimes we spend an hour or more observing before an intervention which the nurse has respectfully delayed until the baby starts to arouse - it can be very tiring; it feels like the right thing to do. If we were free to choose a time I would have liked to meet the parents first and then decide what to do, when and how to do it.



BSERVA	ATION SHEE	ΞT	Name:_	Her	ry				Date: XX	. ××	·XX	XX hee	et Numb	er:	
10.	45	Time:	0	2	4	6	8			Time:	0	2	4	6	8
			0-2	3-4	5-6	7-8	9-10		State:	1A	0-2	3-4	5-6	7-8	9-10
Resp:	Regular		V			1	/	_							
	Irregular		V	V	V	V	V	Pron	e in	1B	L				
	Slow		V	V	V	V	V	SMAA	alvo-un'	2A	V	V	/	V	V
	Fast							Una A F	e in gle-up'	2B					
	Pause		V	V.	VV	VV	V	nest	WIHN	3A					
Color:	Jaundice		V	/	V	V	V	photo	therape	√ 3B					
	Pink		V	V	V	V	V	Li Alas	- 01	J 4A					
	Pale						V	nyann	ON	4B					
	Webb							U		5A					
	Red		/	V	V	V	V			5B					
	Dusky					1				6A		-			
	Blue					-				6B					
	Tremor									AA		at a second	- 1		217
	Startle							Face	Mouthing	701	/		1		
	Twitch Face			/				(cont.):	Suck Search		-		-V		
			.1./		./										
	Twitch Body		VV	VV	V				Sucking		-				_
	Twitch Extremit	ies	VV	V				Extrem.:	Finger Splay					V	V
Visceral/ Resp:	Spit up		_						Airplane						
	Gag								Salute			-			
	Burp								Sitting On Air						
	Hiccough								Hand Clasp						
	BM Grunt								Foot Clasp						
	Sounds								Hand to Mout	h		9 (-6)	Sec. y		
	Sigh		1			V	V		Grasping					/	
	Gasp		/		V	V	/		Holding On		V	V	V	V	V
Motor:	Flaccid Arm(s)								Fisting						
	Flaccid leg(s)							Attention:	Fuss						
	Flexed/ Tucked Arms	Act. Post.	12	2	12	12	12		Yawn						
	Flexed/Logs	Act. Post.	N	1/1/	1/1/	11	VV		Sneeze						
	luckeu	Act. Post.	1	7	1.	1-	L		Face Open						
	Extend Arms	Act.	- Common						Eye Floating				1 50		
	Extend Legs	Post.							Avert						
	Smooth Mvmt /								Frown				1		
	Smooth Mvmt I								Ooh Face						
	Smooth Mvmt	Irunk	-				,								-
	Stretch/Drown		11		-		V		Locking			- 1			
	Diffuse Squirm		VV		V	VVV	V		Cooing						
	Arch					1	,		Speech Mvmt.		T	T	0	0	0
	Tuck Trunk					V	V	Posture:	(Prone, Supine		P	P	P	P	1
	Leg Brace							Head:	(Right, Left, Mid	ddle)	R	R	R	R	K
Face:	Tongue Extensi	on						Location:	(Crib, Incubato	, Held)	Inc	ub	ato	V-	7
	Hand on Face							Manipulation	on:						
	Gape Face								Heart Rate		135	145	155	136	151
	Grimace		1	V	1	V	V		Respiration Ra	te	44	38	46	40	28
	Smile		_	,		-	-							-	-



			1.0					1	Date: XX.XX.					
	Т	ime:	10	12	14	16	18		Time:	10	12	14	16	18
			0-2	3-4	5-6	7-8	9-10			0-2	3-4	5-6	7-8	9-10
Resp:	Regular						- 1	1) NWS	State: 1A					
	Irregular		V	V	V	V	V	prepar	ing. H does 18					
	Slow		V	V	V	V	V	The said	rvives:asks <sub>2B</sub>	V	V	V	V	V
	Fast					. ,		( ) ( ) ( ) ( )	WACO Planto					
	Pause		VV	V	VV	V	VV	Links a	vose. Photo 3A				V	
Color:	Jaundice		V	V	V	V	V	THUM	adjusted . 3B					
	Pink		V	V	V	V	V	Colunta	IL II TOUCH 4A	noil	100	1441		
	Pale		V					UDS	HILL PUSPI					
	Webb		V	,				4) SUCVI	ose. Dr vulos					Mint.
	Red		V	V	V	V	V	meel. A	SUPPOVE 5B					
	Dusky		1/			1 2 2		hands.	Heel prick GA					
	Blue							Moisy.	1.1.m. / .1.6B /					
	Tremor				- Y			5) B10001	taken tucked					
	Startle							Face	Mouthing	VV	W		/	
	Twitch Face		1		- 1			(cont.):	Suck Search					
	Twitch Body		1	/					Sucking				1	
	Twitch Extremities							Extrem.:	Finger Splay	1./	1	W	W	1/1/
Visceral/	Spit up								Airplane	-V	-V	P P	P P	V V
Resp:	Gag								Salute					
	Burp								Sitting On Air					
	Hiccough								Hand Clasp		-			
	BM Grunt								Foot Clasp					
	Sounds			/					Hand to Mouth					
	Sigh			1	1				Grasping	-		200		
	Gasp			V	V				Holding On	_				
Motor:	Flaccid Arm(s)								Fisting					
motor.	Flaccid leg(s)							Attention:	Fuss	_		./	./	
		Act.	VV	V	VV	V		Attention.				V	V	
	Flexed/ Tucked Arms	Post. Act.	·V	V	V	V	V		Yawn				V	
	Flexed/ Legs Tucked	Post. Act.	V	V	V	V	V		Sneeze		_			
	Extend Arms	Post. Act.	1_						Face Open		-			
	Extend Legs	Post.							Eye Floating	_				
	Smooth Mvmt Arr	ns							Avert					_
	Smooth Mvmt Leg	gs		×					Frown	_				
	Smooth Mvmt Tru	nk	,			1			Ooh Face					
	Stretch/Drown		V			V			Locking		13.1			
	Diffuse Squirm		√V,		V	V	V		Cooing					
	Arch		V		V	,			Speech Mvmt.				_	
	Tuck Trunk		VV		V	V	V	Posture:	(Prone, Supine, Side)	P	P	P	P	E
	Leg Brace							Head:	(Right, Left, Middle)	R	R	R	R	R
Face:	Tongue Extension							Location:	(Crib, Incubator, Held)	INC	400	ltor		
	Hand on Face					,		Manipulation	on:				Hulf	VICK
	Gape Face		V			/	,		Heart Rate	44	43	171	163	182
	Grimace					V	V		Respiration Rate	32	44	34	36	20
	Smile					1			TcPO <sub>2</sub> /SaO <sub>2</sub>	96	96	97	96	99

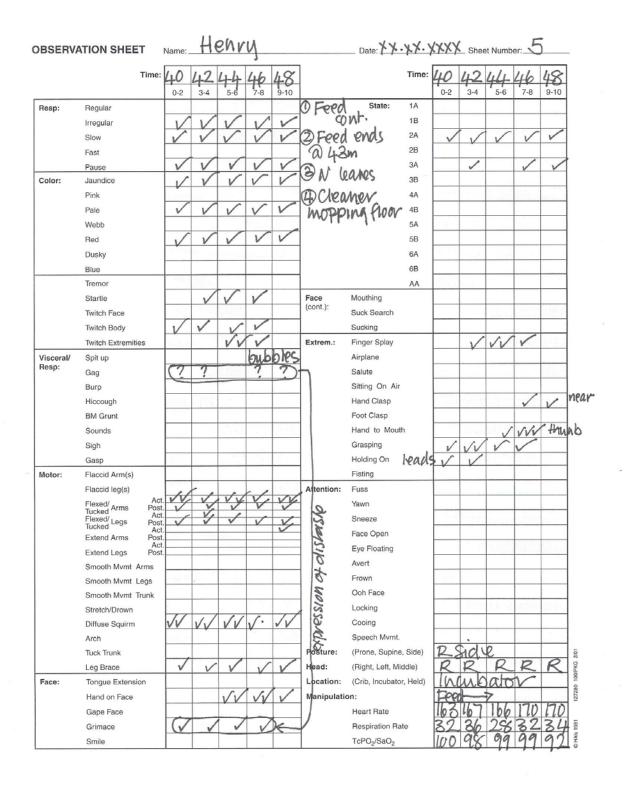


				- 1			1		_	<u> </u>	- 0	01		
	Time	1	22	24	26	28	-		Time:	20	22	24	26	28
_		0-2	3-4	5-6	7-8	9-10	(1) TOWNOO	ahW&tate:		0-2	3-4	5-6	7-8	9-10
Resp:	Regular			1			Turned.		1A	<u> </u>				
	Irregular	V	V	V	V	V	2) Placed	on side.	1B 2A	<u> </u>	-			_
	Slow	V	V	V	V	V	Mask	off.		V	V			V
	Fast		1	1		-	3 Am al	voss chest	2B			./		1/
Color:	Pause Jaundice	-	V	V	V	./	leads ac	INSHER!	3A	V	V	V	V	V
Color:	Pink	V	·	V	V	V	Nappyo		3B	-		/		
	Pale	LV-	V		./	./	4 Clean	nappyon	. 12	_		V		
	Webb		V	V	V	V	Leads ag	nappy on I wished . Ma	₩7 5A	_			_	
	Red			./	./		up bed		5B					
	Dusky	V	V	V	V	V	(5) Repos	sitioned	6A	-				
	Blue				-		light se	NSOV	6B				_	
	Tremor	+					1		AA					
	Startle	1/					Face	Mouthing	^^	_				
	Twitch Face	V	0.000				(cont.):	Suck Search		7		_		
	Twitch Body							Sucking						
	Twitch Extremities		1,229				Extrem.:	Finger Splay		SV	1	1	W	W
Visceral/	Spit up	+					LAGOMIII	Airplane		UV	V	V	000	V .
Resp:	Gag						1	Salute		W				
	Burp						1	Sitting On Air		N		V	/	
	Hiccough			N	VV	1		Hand Clasp		V .		-		rea
	BM Grunt			V V	V V	,	1	Foot Clasp						V
	Sounds						1	Hand to Mouth	1				N	-
	Sigh						1	Grasping	h	read	V	./	VV	
	Gasp				7		1	Holding On		CMAI	tube		V V	
Motor:	Flaccid Arm(s)						1	Fisting			1000			
	Flaccid leg(s)		/	,			Attention:	Fuss		V				1 1
	Flexed/ Arms Po	ct. VV	VV	1	1	V.	1	Yawn						
	Flexed/ Legs Po	ct.	VV	VV	V	V		Sneeze						
	Tucked Arms Po	ct. V	y	1/	V	VV		Face Open						
	Extend Legs Po	ct.	-	V	JW	VV	1	Eye Floating						1
	Smooth Mvmt Arms						1	Avert						
	Smooth Mvmt Legs						1	Frown		ets or lies				
	Smooth Mvmt Trunk		,				1	Ooh Face						
	Stretch/Drown						1	Locking						
	Diffuse Squirm		/	/				Cooing						
	Arch						1	Speech Mvmt.						
	Tuck Trunk					1	Posture:	(Prone, Supine,	Side)	RS	ide			
	Leg Brace		/	/	/	V	Head:	(Right, Left, Mid	idle)	R	R	R	R	R
Face:	Tongue Extension						Location:	(Crib, Incubator	Held)	INC	uba	tov		
	Hand on Face	VV	W	VV	V	1	Manipulatio	n:		Temp		N	appy	
	Gape Face							Heart Rate		172	176	181	180	160
	Grimace			1	/		1	Respiration Rat	е	37	30	2%	44	38
	Smile						1	TcPO <sub>2</sub> /SaO <sub>2</sub>		97	9x	97	99	91



DBSERV	ATION SHEE	ΞT	Name:	He	nrı	1			Date: XX	. 77	XXX.	$\chi_{\text{Sheet}}$	et Numb	per: 4	L
		Time:	80	32	34	36	38	]		Time:	30	32	34	36	38
			0-2	3-4	5-6	7-8	9-10				0-2	3-4	5-6	7-8	9-10
Resp:	Regular			1615	1000			() Nad	US State:	1A		1181		1000	110
	Irregular		V	V	V	V	V	cables	1 1 2	1B					
	Slow		1	V	V	V		2N res	its handor		1		1/	1/	V
	Fast				1		1	H. ASP	i railed tub	<b>6</b> 2B					
	Pause		V	V	V	V	V	3) Feed	starled.	ЗА	1	V	V	V	V
Color:	Jaundice		V	V	V	V	V	N. hav	vas over	3B	_				
	Pink			100	4			DN-7	handlet	4A			4-1-0-2		
	Pale			V	V	V	V	Alo to	none.	4B					
	Webb							Ala can	art all	5A		0 11.			
	Red		V	V	V	V	V	2	uu on	5B					
	Dusky			100	V			5) Feed	d cont.	6A			10.0		
	Blue									6B					
	Tremor		V	V		1				AA				100	in the same
	Startle			1			1	Face	Mouthing		/		1/	1	
	Twitch Face							(cont.):	Suck Search				1	-	
	Twitch Body								Sucking				Fin	aevs	11
	Twitch Extremiti	ies	105F79F		100	/	-191	Extrem.:	Finger Splay		V	V	1/1/	1/	VI
/isceral/	Spit up				10,101,010	-			Airplane		-		VV	V	
Resp:	Gag		- 1×1	/			/		Salute						
	Burp								Sitting On Air						
	Hiccough				7.7%				Hand Clasp					(3.)	
	BM Grunt								Foot Clasp						
	Sounds								Hand to Mouth		1	VV	V	W	/
	Sigh								Grasping		-	VV	-	VV	~
	Gasp		2 17					DWALL	Holding On		. 11				
Motor:	Flaccid Arm(s)			/	/-			aspino +	Fisting						
	Flaccid leg(s)							Attention:	Fuss						
		Act.		V	V	1.1		,	Yawn						
	Flexed/ Arms Flexed/ Legs	Post. Act.	VV	VV	VV,	VV	VV		Sneeze		1 To 1				
	TUCKEU	Post. Act.	VV	V	V		VV		Face Open		1 10 5 5				
	Extend Arms	Post. Act.			V				Eye Floating						-
	Extend Legs	Post.							Avert			100	10.0000		
	Smooth Mvmt A				100				Frown					2.14.00	3.07
	Smooth Mvmt L								Ooh Face						
	Smooth Mvmt 1	Irunk			1. a. bijk	./	-								
	Stretch/Drown		1.1	1	11	1/./	_		Locking						
	Diffuse Squirm		VV	V	VV	VV			Cooing						- 2
	Arch							Boots	Speech Mvmt.	Cide,	0	Sid	0 -		
	Tuck Trunk			1		/		Posture:	(Prone, Supine,		P	014	-	n	R
2001	Leg Brace	0.0		-	V	V		Head:	(Right, Left, Mid		1100	116	R	R	1
ace:	Tongue Extension	on	-/	-			1.1	Location:	(Crib, Incubator,	Held)	INC	TUNE	-	DV.	
	Hand on Face		V	V	1000		VV	Manipulatio			11.01	Tock	Hear)	175	107
	Gape Face						-		Heart Rate		100	168	169	110	101
	Grimace		-	. ( 1)	V.		V		Respiration Rate	9	128	7	40	18	44
	Smile								TcPO <sub>2</sub> /SaO <sub>2</sub>		100	49	100	100	40







		Name:			ı				, ,	Sheet Number:				
	Time:	50	52 3-4	54	56 7-8	<b>58</b>	e.		Time:	50 0-2	<b>52</b>	54	56 7-8	<u>58</u>
Resp:	Regular		V		1911			State:	1A					
	Irregular	1/	V	V	V	1			1B					
	Slow	V	V	V	V				2A	V	1/	/	1	V
	Fast			1					2B					
	Pause	V		V	V	V			ЗА		1	V	V	
Color:	Jaundice	V	V	V	V	V	*		3B					
	Pink								4A				2.377	-
	Pale	V	V	V	V	V			4B					
	Webb								5A	1,455	1			
	Red	V	V	V	V	V			5B					
	Dusky					100			6A					7.506
	Blue								6B					
	Tremor			/		19175			AA				1590	
	Startle						Face	Mouthing						
	Twitch Face			14.50			(cont.):	Suck Search				- 34		116
	Twitch Body							Sucking						
	Twitch Extremities			. 1 12171	Carlot		Extrem.:	Finger Splay			V			1380
Visceral/	Spit up		bub	0/85		√m!		Airplane						
Resp:	Gag	7.7	./	1/	V	~	5	Salute			120			
	Burp	~			_	_		Sitting On Air						
	Hiccough	1000					1	Hand Clasp		./	./	1	100	- 74
	BM Grunt							Foot Clasp		-V	./	-		
	Sounds	- 1					1	Hand to Mouth	1 .		/		779.70	
	Sigh			13112511					ddino	1	V		-	
	Gasp							Holding On	aumo	1			~	
Motor:	Flaccid Arm(s)	R	R			R		Fisting						
	Flaccid leg(s)					'	Attention:	Fuss				11492	500	200
	A -t	V	1		VY	V	-	Yawn						
	Flexed/ Arms Post. Tucked Arms Act. Flexed/ Legs Post.	V	1	1.1	11/	VV		Sneeze						
	Act.	VV	VV	VV	VV	V V		Face Open					-	
	Extend Arms Post. Act.	K	K	R	R			Eye Floating					Sec. 1	
	Extend Legs Post.							Avert			100000000000000000000000000000000000000			
	Smooth Mvmt Arms			1 1 1 1 1 1 1				Frown		_				
	Smooth Mvmt Legs	_	,					Ooh Face		<u> </u>				
	Smooth Mvmt Trunk	./	./		_	1						4000		
	Stretch/Drown	V	V	.1.1	.01			Locking			1000			
	Diffuse Squirm	VV	V	$\sqrt{V}$	W			Cooing		$\vdash$			2 (11)	19.77
	Arch							Speech Mvmt.	011	-			EX. W	
	Tuck Trunk	1	1		.1./	-	Posture:	(Prone, Supine,		-				
	Leg Brace	V	V		VV	V	Head:	(Right, Left, Mid		1,0,1-10				
Face:	Tongue Extension		-	7	,		Location:	(Crib, Incubator	Held)					
	Hand on Face		V	-	V		Manipulatio			11.00	1/2	110	less v	170
	Gape Face	-	V	V	,			Heart Rate		1168	165	16	112	1.19
	Grimace	(V	V	V	V	V		Respiration Rat	е	80	40	62	22	44
	Smile							TcPO2/SaO2		47	100	100	40	100



Infant's Name: Henry	Hospital/Level: Level III
Date	Caregiver
Time: 10.45-11.45 am	Discipline: Doctor, Nurse
Medical Record #	Room/Nursery Census: 3:18
Other Notes	Acuity/Room Census: II x 3
	Observer(s): 2
	ery Environment and of Care Components aplate Score Sheet — Part I

#### A. Physical Environment of the Nursery 1. Location in relation to Labour and Delivery NA Suites and Mother's Postpartum Room 2. Overall Appearance NA 3. Physical Layout of the Infant's Care Area NA 4. Density and Size of Bedspace NA 5. Design of Bedspace NA 6. Conduciveness for Family Participation NA 7. Accessibility of Facilities and Services NA Supportive of Professionals B. Physical Environment of the Infant's Bedspace 1. Light NA 2. Sound **←** 3 NA 3. Activity **←** 3 NA 4. Visual Array Inside of Incubator/Crib NA 5. Olfactory Experience NA 6. Taste Experience NA



7. Touch Experience	1	2	3	4	5	NA
8. Nursery Temperature and Air Circulation	1	2	3	4	5	NA*
9. Bedding and Clothing	1	2	3	4	5	NA
10. Specific Supports for the Infant's Self-Regulation	1	2	3	4	5	NA
C. Specific Aspects of Direct Infant Care						
1. Position, Movement, and Tone	1	2	3	4	5	NA
2. Feeding (Gavage/Breast/Bottle)	1	2	3	4	5	NA
3. Burping	1	2	3	4	5	NA
4. Diaper Changing and Skin Care	1	2	3	4	5	NA
5. Bathing	1	2	3	4	5	NA
6. Timing and Sequencing of Caregiving Interactions	1	2	3	4	5	NA
7. Transition Facilitation	1	2	3	4	5	NA
8. State Organization	1	2	3	4	5	NA
9. Organization of Alertness by the Use of Aspects of the Physical Environmental	1	2	3	4	5	NA
10. Organization of Alertness by the Use of Aspects of the Social Environmental	1	2	3	4	5	NA

<sup>\*</sup> Nursery room temperature stable baby perhaps too warm due to phototherapy lights, according to the nurse's report.