

**MUST ATTACH PATIENT LABEL HERE**

SURNAME: \_\_\_\_\_ NHI: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_ DOB: \_\_\_\_\_

Please ensure you attach the correct visit patient label



		DATE AND TIME IN HOURS									
SYSTEM	SIGNS & SYMPTOMS	SCORE									
CENTRAL NERVOUS SYSTEM DISTURBANCES	High-Pitched Cry	2									
	Continuous High-Pitched Cry	3									
	Sleeps < 1 hour after feeding	3									
	Sleeps < 2 hours after feeding	2									
	Sleeps < 3 hours after feeding	1									
	Mild Tremors Disturbed	1									
	Mod-Severe Tremors Disturbed	2									
	Mild Tremors Undisturbed	3									
	Mod-Severe Tremors Undisturbed	4									
	Increased Muscle Tone	2									
	Excoriation (Specify Area)	1									
	Myoclonic Jerks	3									
	Generalised Convulsions	5									
METABOLIC / VASOMOTOR/ RESPIRATORY DISTURBANCES	Sweating	1									
	Fever (37.5° - 38.0°C)	1									
	Fever (38.4°C and higher)	2									
	Frequent Yawning (>3-4 times)	1									
	Nasal Stuffiness	1									
	Sneezing (>3-4 times)	1									
	Nasal Flaring	2									
	Respiratory Rate > 60/min	1									
	Respiratory Rate > 60/min with Retractions	2									
GASTROINTESTINAL DISTURBANCES	Excessive Sucking	1									
	Poor Feeding	2									
	Regurgitation	2									
	Projectile Vomiting	3									
	Loose Stools	2									
	Watery Stools	3									
	<b>TOTAL SCORE</b>										
	<b>SCORER'S INITIALS</b>										

Consider Treatment if score >8

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