

Date dd/mm/yy **Entry time** hh:mm **Ward & Unit name**

Total no. AN	AN1	AN2	AN discharges	IOL	EI LSCS prep	Total no. PN	PN discharges	MW NIPE	Cat IV Day 0	Cat IV Day 1&2	Cat V Day 0	Cat V Day 1&2
Transfusion		Sepsis		Exceptional care needs		Extra care babies		Safeguarding		No.of MW	No. Of support workers	

Freetext : Staffing Factors/Clinical actions/Management actions/Red flags

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