

DATE:

MTWTFSS

The Baby Symptom Tracker

This **24-hour diary** for symptoms is designed to aid parents/caregivers in keeping track of baby's symptoms when the baby has feeding issues or crying-related symptoms. Using this tracker to keep an accurate record of a baby's symptoms / events and sharing it with a healthcare professional may help with accurate diagnosis.

Tick the boxes or input information for relevant symptoms as they occur.

The Health Warning section lists symptoms that are more serious and require urgent care. Please read this first to see if your baby is experiencing any of them. If your baby shows any of the symptoms below, please seek medical attention immediately.


NAME: **AGE:** **DOB:** / / **GENDER:** **WEIGHT:**

POO CONSISTENCY

| TIME | LOOSE | SOFT | HARD |
|-------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH WARNING +

Cessation of growth or weight gain as indicated by your healthcare professional, breathing difficulties, fever, retching or projectile vomiting, blood or yellow colouring in their vomit, blood in their poo, abnormal body spasms, a rash that remains clear even when pressed under a glass, puffy face or pale/ashen blue skin, unwillingness to feed, unresponsive, difficult to keep awake or more sleepy than usual, stiffened or going floppy, abnormal body spasms.

FEEDING

Amount or type e.g. 4 oz/120 ml of milk feed or carrot puree

| TIME | BREAST MILK | FORMULA | FOOD |
|-------|-------------|---------|-------|
| | | | |
| | | | |
| | | | |

MEDICATION

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SIGNS OF PAIN

| TIME | FACIAL EXPRESSION | PULLING KNEE TO CHEST | GRUNTING |
|-------|--------------------------|--------------------------|----------|
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |

REFLUX

Bringing up milk during or soon after feeds.

TIME

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CRYING

| TIME OF CRY | LENGTH OF CRY | CONSOLABLE | INCONSOLABLE |
|-------------|---------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES

For anything else that is relevant e.g. wind, change in appetite etc.

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