

Gastric residual measurement chart for babies in the 'Do measure GRV' arm

All babies in this arm of the trial should have **at least 4** full stomach aspirations done **per day**. Please record the number of times you undertake a full GRV measurement within the stated time frame.

DD/MM/YY	EXAMPLE: A total of 5 GRV were done over this whole day
	Please tick box once you complete a full stomach aspiration
00:00-06:00	1 🗹 2 🗌 3 🗌 4 💭 5 💭 6 💭
06:00-12:00	1 🗹 2 🗹 3 🗌 4 🗌 5 🗌 6 🗌
12:00-18:00	1 🗹 2 🗌 3 🗌 4 💭 5 💭 6 💭
18:00-00:00	1 🗹 2 🗌 3 🗌 4 💭 5 💭 6 💭
If at least 4 full stomach	aspirations were not completed on this day - please indicate why not below
DD/MM/YY	
	Please tick box once you complete a full stomach aspiration
00:00-06:00	1 2 3 4 5 6
06:00-12:00	1 2 3 4 5 6

12:00-18:00	1 2 3 4 5 6
18:00-00:00	1 2 3 4 5 6

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06:00-12:00	1 2 3 4 5 6
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