

**DAILY OBSERVATION SHEET**

<b>Date:</b>					<b>WEIGHT:</b>				AM.....kg PM.....kg					
<b>PATIENT:</b>				<b>DIAGNOSIS:</b>										
<b>Medication</b>	<b>Drug</b>	<b>Dose</b>	<b>Route</b>	<b>8.30</b>	<b>9.30</b>	<b>10.30</b>	<b>11.30</b>	<b>12.30</b>	<b>1.30</b>	<b>2.30</b>	<b>3.30</b>	<b>4.30</b>	<b>5.30</b>	<b>6.30</b>
<b>IV fluids</b>	<b>Type.....</b>	<b>mls/hr</b>												
	<b>Amount received</b>	<b>mls</b>												
<b>VITALS</b>	<b>Temperature</b>													
	<b>Heart Rate</b>													
	<b>Respiratory Rate</b>													
<b>FOOD</b>	<b>Type</b>	<b>Offered</b>												
		<b>Taken</b>												
<b>WATER</b>	<b>mls given</b>	<b>Offered</b>												
		<b>Taken</b>												
<b>WALKED</b>	<b>Walked</b>													
	<b>Urinated</b>													
	<b>Defecated</b>													

<p><b>NOTES</b></p>	<p>Owner Called Am (     )                      Owner called PM (     )                      S8s entered in book (     )</p>
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SAMPLE