

DAILY MONITORING CHART

Date:		Hospital Record number:																			
1. Child's name:		Mother's name:																			
Age:		Weight on admission:																			
2. Diagnoses:		Main problems:																			
1)																					
2)																					
3)																					
4)																					
3. Vital signs		DAY 1				DAY 2				DAY 3				DAY 4							
• Consciousness level (AVPU)																					
• Temperature																					
• Respiratory rate																					
• Pulse rate																					
4. Fluid balance (record volumes and times)																					
IV																					
By nasogastric tube																					
Oral																					
Fluid output																					
5. Treatments given (sign on chart when given)																					
Name of treatment:		Dose:																			
1)																					
2)																					
3)																					
4)																					
6. Feeding/Nutrition																					
Child breastfed																					
Drink taken																					
Food taken																					
Feeding problems (give details)																					
Weight																					
7. Outcome (circle one of the following): Discharged well / Absconded / Transferred / Died																					