

<p>UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN</p>  <p>NAME OF HEALTH FACILITY</p>	<p>PATIENT OBSERVATION CHART</p> <p>Hospital Reg. Number.....</p> <p>Surname.....</p> <p>First Name..... Middle Name</p> <p>Age..... Sex..... M / F Ward/Unit.....</p>
---	--

Date of Admission (Date..... Month..... Year.....) Medical Diagnosis..... Height..... Body Weight.....

	Date							
Parameters	Time							
Temperature °C								
Pulse rate/min								
Resp. rate/min								
B/P (mmHg)	Systolic							
	Diastolic							
SPO ₂ (RA/O ₂)	(%)							
RBG (mmol/L)								
Bowel open (stool, flatus)	(Y/N)							
Positioning	(LL, RL, SUP, PRON)							
Foetal Heart Rate								
Skin Status	(Intact, blister, Red, Sores)							
Intake Feeding	NGT/ORAL/TPN							
I.V Fluids (500,1000mls)	(NS,RL,DNS,D5,D10,OTHERS)							
	Amount (Mls)							
Output in mls	(vomitus, drainage, urine)							
	Total Intake							
	Total output							
Name of Health Care Provider.								