


UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN  NAME OF HEALTH FACILITY	PATIENT OBSERVATION CHART Hospital Reg. Number..... Surname..... First Name..... Middle Name Age.....Sex.....M / F Ward/Unit.....
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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	(vomit, drainage, urine)																			
	Total Intake																			
	Total output																			
Name of Health Care Provider.																				