

COVID Home Isolation - Monitoring Sheet (to be used under the guidance of the General Physician/Family Doctor of the patient) – QUXAT. F. 108

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|--|-------------------------|-------------|--------------|--------------|----------------|--------------|--------------|--------------|-------------------------|--------------|--------------|---------------|
| Patient Name: | | | | | Gender/Age: | | | | Patient Mobile Number: | | | |
| Monitoring Start Date: | | | | | Attendee Name: | | | | Attendee Mobile Number: | | | |
| | Episode | Time | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 |
| Date | | | | | | | | | | | | |
| Oxygen Saturation Monitoring (SPO2 greater than 96 % on room air is considered normal) | | | | | | | | | | | | |
| SPO2 | 1 | | | | | | | | | | | |
| SPO2 | 2 | | | | | | | | | | | |
| SPO2 | 3 | | | | | | | | | | | |
| SPO2 | 4 | | | | | | | | | | | |
| Body Temperature Monitoring (97.9 – 99 Deg F) is considered Normal | | | | | | | | | | | | |
| Temperature | 1 | | | | | | | | | | | |
| Temperature | 2 | | | | | | | | | | | |
| Temperature | 3 | | | | | | | | | | | |
| Temperature | 4 | | | | | | | | | | | |
| Pulse Rate Monitoring (60-90 beats per minute are considered normal) | | | | | | | | | | | | |
| Pulse Rate | 1 | | | | | | | | | | | |
| Pulse Rate | 2 | | | | | | | | | | | |
| Pulse Rate | 3 | | | | | | | | | | | |
| Pulse Rate | 4 | | | | | | | | | | | |
| Blood Pressure Monitoring (BP in the range of 120/80 mmHg is considered normal) | | | | | | | | | | | | |
| Blood Pressure | 1 | | | | | | | | | | | |
| Blood Pressure | 2 | | | | | | | | | | | |
| Blood Pressure | 3 | | | | | | | | | | | |
| Blood Pressure | 4 | | | | | | | | | | | |
| Respiratory Rate Monitoring (12-25 breaths per minutes is considered normal) | | | | | | | | | | | | |
| Respiratory Rate | 1 | | | | | | | | | | | |
| Respiratory Rate | 2 | | | | | | | | | | | |
| Respiratory Rate | 3 | | | | | | | | | | | |
| Respiratory Rate | 4 | | | | | | | | | | | |
| Cough | Present (P) /Absent (A) | | | | | | | | | | | |
| Fever | Present (P) /Absent (A) | | | | | | | | | | | |
| Throat Pain | Present (P) /Absent (A) | | | | | | | | | | | |
| Chest Pain | Present (P) /Absent (A) | | | | | | | | | | | |
| Breathlessness (at rest) | Present (P) /Absent (A) | | | | | | | | | | | |
| Weakness | Present (P) /Absent (A) | | | | | | | | | | | |
| Loss of Taste | Present (P) /Absent (A) | | | | | | | | | | | |
| Loss of Smell | Present (P) /Absent (A) | | | | | | | | | | | |

Red Alert Signs – to be discussed with General Physician/Family Doctor

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| Continuous Fever for more than 3 consecutive days | Continuous Cough for more than 3 consecutive days | Breathlessness at rest | Continuously falling SPO2 values |
| Resting Pulse rate more than 100 beats/min | SPO2 less than 94 % after 6 min exercise | Restlessness/Anxiety | Excessive weakness/Fall in BP |