

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

4. Fluid balance (record volumes and times)

5. Treatments given (sign on chart when given)

Name of treatment: _____

Dose: _____

6. Feeding/Nutrition

7. Outcome (circle one of the following): Discharged well / Absconded / Transferred / Died