

<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	(vomit, drainage, urine)																		
	Total Intake																		
	Total output																		
Name of Health Care Provider.																			