**FOLLOW UP SHEET**

**Nurse 1: Nurse 2:**

**Patient Name: Age: Diagnosis:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **day** | **Time** | **Vital signs** | | | | **Bed** | **Urine** | **Bowel** | **Diaper** | **Medications** | | | | | | | | **Number of sleep hours** | **The Mode** | **Physical activity** | **NG tube** | **Any Abnormity** | **Nurse** |
| **BP** | **Pulse** | **Sugar** | **Spo2** | **sore** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  |  | AM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | AM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | AM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | AM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | AM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | AM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | AM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PM | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Medications The Mode**

1. **……………........ Dose: / 5. …………………. Dose: / No = Normal**
2. **…………………… Dose: / 6. …………………. Dose: / Ir = irritated**
3. **…………………… Dose: / 7. …………………. Dose: / Ax = Anxious**
4. **.………………….. Dose: / 8. …………………. Dose: / Dr = Depressed**