**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**