

DAY/DATE: _____	LOCATION: Home <input type="checkbox"/> Hospital <input type="checkbox"/>			Other _____			Notes
9:00 AM	1:00 PM	5:00 PM	9:00 PM	1:00 AM	5:00 AM		
<b>FEEDING</b>							Stool Amount/Time:
<input type="checkbox"/> Noon: Bolus 1 Box KF1.4 <input type="checkbox"/> 6:00 PM: Bolus 1 Box KF1.4I <input type="checkbox"/> 7:30 PM: Start 2 Boxes of KF1.4 @ 50 ml/Hr - then at 11:00p increase rate to 75ml/hour until complete							
<b>MEDICATIONS</b>							Extra Medications
Amantadine <input type="checkbox"/> (20 ml Liquid)	Amantadine <input type="checkbox"/> (20 ml Liquid)	Levetiracetam (Keppra) <input type="checkbox"/> (15 ml Liq)	Trazadone (One 50 mg Tab + 1/2 50 mg Tab) <input type="checkbox"/>		Levetiracetam (Keppra) <input type="checkbox"/> (15 ml Liq)		
Eliquis (2.5Mg Tab) <input type="checkbox"/>	Vitamin B-12 (1 Tablet) <input type="checkbox"/>	Lacosamide (Vimpat) <input type="checkbox"/> One 200mg Tab + One 100mg Tab	Ozazepam <input type="checkbox"/> (10 mg Capsule Contents)		Lacosamide (Vimpat) One 200mg Tab + One 100mg Tab <input type="checkbox"/>		
Famotidine (20 Mg Tab) <input type="checkbox"/>	Cystex (15 ml liq) <input type="checkbox"/>	Nexium (40 mg pkg) <input type="checkbox"/>	Eliquis (2.5Mg Tab) <input type="checkbox"/>				
Propanolol (10 Mg Tab) <input type="checkbox"/>		Propanolol (2, 20 Mg Tabs) <input type="checkbox"/>					
Glycopyrrolate (Two, 1 mg tabs) <input type="checkbox"/>		Miralax (One Capfull) <input type="checkbox"/>	Famotidine (20 Mg Tab) <input type="checkbox"/>				
HMF (1 Scoop) <input type="checkbox"/>		D-Mannose (1/2 tsp) <input type="checkbox"/>	Glycopyrrolate ( 2 mg tab) <input type="checkbox"/>				
D-Mannose (1/2 tsp) <input type="checkbox"/>			Cystex (15 ml liq) <input type="checkbox"/>				
Ambien <input type="checkbox"/> 11:00am One 10mg tab	Ambien <input type="checkbox"/> 3:00pm One 10mg tab		Sacc. Boul. (one scoop) <input type="checkbox"/>				
<b>HYDRATION</b>							
300 cc Room Temp Water Bolus <input type="checkbox"/>	300 cc Room Temp Water Bolus <input type="checkbox"/>	300 cc Room Temp Water Bolus <input type="checkbox"/>	300 cc Room Temp Water Bolus <input type="checkbox"/>	300 cc Room Temp Water Bolus <input type="checkbox"/>	300 cc Room Temp Water Bolus <input type="checkbox"/>		
<b>THERAPY</b>							
Ice Chips After 11:00 AM <input type="checkbox"/> Inflatable Arm Splint	Hand/Finger Extenders <input type="checkbox"/> Inflatable Arm Splint						
<b>PERSONAL CARE</b>							
Oral Care/Bed Bath: Oral Care <input type="checkbox"/>		Oral Care <input type="checkbox"/>			Bed Bath <input type="checkbox"/>		
Empty/Record Urine Volume: _____ ML	_____ ML	_____ ML	_____ ML	_____ ML	_____ ML		
Colostomy Care: Change Bag As needed	Change Bag As needed	Wednesday & Sunday: Change Flange <input type="checkbox"/>		Change Bag As needed	Change Bag As needed		
Temperature: _____	_____	_____	_____	_____	_____	<b>Night Nurse Questions:</b> # of Times Suctioned: _____	
Blood Pressure: _____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	# of Hours Slept: _____	
Oxygen/Heart Rate: _____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	Refilled Filtered Water: <input type="checkbox"/>	
<b>NOTES:</b>						Chart Completely Filled Out: <input type="checkbox"/>	
Nutrition: 4 Boxes of KF1.5 @455 calories/box each equals 1,820 Calories/day						Skin Issues:	
Hydration: Freewater in 4 boxes of KF1.4: 231 X 4 = 923 mls/Day. Additional Water is 300 ml bolus every 4 hrs (6 X 300 = 1,800 mls). Resulting Total Daily Water Intake: 923 + 1,800 = 2,723 mls							
Last SP Tube Change: 6/27/24. Last G-Tube Change: 4/15/24. Last Weight: 4/17/24 190 pounds							
*Consider Tylenol or 10-20mg Propanolol If: Systolic Over 140; or Diastolic Over 90; or Pulse Over 110							
Please Note Next To Urine Volume if D=Dark, or B=Blood							