

**MONITORING**

Body Weight (presentation) _____	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	12a	1a	2a	3a	4a	5a	6a	7a	
Temperature																									
Pulse (Rate/Strength)																									
Resp. (Rate/Effort)																									
MM/CRT																									
Attitude																									

**FLUIDS**

Type: _____ Rate: _____																									
Addives: _____																									
Type: _____ Rate: _____																									
Addives: _____																									

**MEDICATION**

Drug	mg	ml or # tabs	Route/freq	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	12a	1a	2a	3a	4a	5a	6a	7a	
Walk outside / Note elimination U=Urinated, E=Expressed, D=Diarrhea, N=Normal																												
Diet: Type _____ Amt. _____ NPO _____																												
A=Atc NI=No Interest V=Vomited																												
Water: NPO/Ad Lib/Small Amt.																												

**MISC.**

INITIAL	Time	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	12a	1a	2a	3a	4a	5a	6a	7a	

Patient Name \_\_\_\_\_

Today's Date \_\_\_\_\_

**Allied Veterinary Emergency Hospital**  
 2324 Centerville Rd  
 Tallahassee, FL 32308

Today's Date: \_\_\_\_\_ Patient ID # \_\_\_\_\_

Patient Name: \_\_\_\_\_ Owner: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spay / Neut / Intact (circle) Age: \_\_\_\_\_

Doctor: \_\_\_\_\_ Signature: \_\_\_\_\_

Problem List

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

MONITOR:

PAIN [ ] (0-none 5-severe)

DYSPNEA [ ]

SEIZURE [ ]

DIARRHEA [ ] VOMITING [ ]

HEMORRHAGE [ ]

EPISTAXIS [ ]

BLOAT [ ]

**CALL IF:**

TEMP < \_\_\_\_\_ OR > \_\_\_\_\_ °F

PULSE < \_\_\_\_\_ OR > \_\_\_\_\_ BPM

RESPIRATORY EFFORT IS INCREASED

SPO<sub>2</sub> < \_\_\_\_\_

URINE OUTPUT < \_\_\_\_\_ OR > \_\_\_\_\_

PCV < \_\_\_\_\_ OR > \_\_\_\_\_ %

TS > \_\_\_\_\_ MG/DL

LACTATE > \_\_\_\_\_

BLOOD GLUCOSE < \_\_\_\_\_ OR > \_\_\_\_\_

BP < \_\_\_\_\_ OR > \_\_\_\_\_

Resuscitation Code

0 - DNR

1 - intubate / O2

2 - Full

3 - Unknown

Diet

Type \_\_\_\_\_

Amount \_\_\_\_\_

Frequency \_\_\_\_\_

Charges entered (initials)

Shift 1 \_\_\_\_\_

Shift 2 \_\_\_\_\_