

DAILY PERSONAL CARE CHART

NAME: _____

MONTH: _____

YEAR: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
BATH																																
HAIR WASH																																
ORAL HYGIENE																																
NAIL CARE																																
PERI CARE																																
LOTION APPLIED																																
SHAVED																																
PRESSURE PTS																																

BREAKFAST %																																
FLUIDS OZ.																																
LUNCH %																																
FLUIDS OZ.																																
DINNER %																																
FLUIDS OZ.																																
EXTRA FLUIDS																																
24 HR FLUIDS																																

OUTPUT																																
7-3																																
3-11																																
11-7																																
24																																
EMESIS																																
B.M.																																
ENEMA																																
SUPPOSITORY																																
MENSES																																

TEMPERATURE																																
PULSE																																
RESPIRATION																																
B/P																																
WEIGHT																																