

# Daily Habit & Treatment Record

Month \_\_\_\_\_

Name:

Date:

Weight:

	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						
Appetite:																																					
Breakfast																																					
Lunch																																					
Dinner																																					
8pm Snack																																					
Fluid Ounces:																																					
10AM																																					
Noon																																					
2PM																																					
4PM																																					
Dinner																																					
8PM																																					
Night Time																																					
ADD total fluids																																					
Nurse Review																																					
Oral Care:																																					
Breakfast																																					
Lunch																																					
Dinner																																					
Bath / Shower																																					
Shaved																																					
Ears Checked																																					
Bowel Care Sm, Med, Lg																																					
Check If Suppository Given																																					
Fingernails trimmed																																					
Toenails trimmed																																					
<b>OTHER CARE if needed</b>																																					
Compression socks on																																					
Prosthetic eye cleansed																																					
T-shirt on under brace																																					
Suprapubic site cleaned																																					
Cath bag & tubes cleaned																																					

## Signatures and Initials

Please Initial next to each task when completed

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____