DAILY CARE SHEET

Name _____ **Description** _____ **Sex** _____

A# _____ **Admin date** _____ **Age** _____ **Admin weight** _____

Date	Time	Weight b4 food	Type of food	Amount taken	Weight after food	Stim? Y/N	Output U F Abn	Init	Notes/Medicines given
							U F Abn		
							U F Abn		
							U F Abn		
							U F Abn		
							U F Abn		
							U F Abn		
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