



Name:

Date of Birth:

HOME MONITORING FLOWSHEET

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|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Date: | | | | | | | |
| Vital Signs | | | | | | | |
| Today's weight: | _____kg | _____kg | _____kg | _____kg | _____kg | _____kg | _____kg |
| Weight change (today – yesterday): | + / - _____g | + / - _____g | + / - _____g | + / - _____g | + / - _____g | + / - _____g | + / - _____g |
| Oxygen saturation (%) | | | | | | | |
| Heart Rate (beats per minute) | | | | | | | |
| Feedings | | | | | | | |
| Time/Amount Example: 9am/65cc | | | | | | | |
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| Daily Total: | | | | | | | |
| Comments: | | | | | | | |

CALL YOUR CHILD'S ♥CARDIOLOGIST FOR ANY OF THE FOLLOWING RED FLAGS:

- ♥ Your child does not gain .02 kg (20 grams) or more during a 3 day period.
- ♥ Your child loses .03 kg (30 grams) or more during a 3 day period.
- ♥ Your child's oxygen saturations drop below 75%.
- ♥ Your child is fussy or is breathing harder or faster than usual.
- ♥ You have any other questions or concerns.