

Medical Record

Tohoku University Hospital Day Care Center for Children Recovering from Illness (Hoshinoko Room)

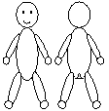
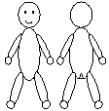
Name :

Registration No.:

Illness :

Emergency contact :

Age (yrs. mos.)

Date	(Y/M/D)	Condition at home	Condition at daycare	(Y/M/D)	Condition at home	Condition at daycare	(Y/M/D)
Arrived							
Body Temp.		Day, time: °C Evening, time: °C Next morning, time: °C	Time: °C		Evening, time: °C Next morning, time: °C	Time: °C	
Nasal drip		Frequent / Infrequent / None	Frequent / Infrequent / None		Frequent / Infrequent / None	Frequent / Infrequent / None	
Coughing		Frequent / Infrequent / None	Frequent / Infrequent / None		Frequent / Infrequent / None	Frequent / Infrequent / None	
Wheeze		Frequent / Infrequent / None	Frequent / Infrequent / None		Frequent / Infrequent / None	Frequent / Infrequent / None	
Vomiting		No / Yes (times) time:	No / Yes (times) time:		No / Yes (times) time:	No / Yes (times) time:	
Bowel Movement		None / Normal Defecation / Soft / Muddy / Watery (times)	None / Normal Defecation / Soft / Muddy / Watery (times)		None / Normal Defecation / Soft / Muddy / Watery (times)	None / Normal Defecation / Soft / Muddy / Watery (times)	
Urination		Frequent / Moderate / Infrequent	Frequent / Moderate / Infrequent		Frequent / Moderate / Infrequent	Frequent / Moderate / Infrequent	
Fluid intake		Evening: normal / reduced Next morning: normal / reduced	cc		Evening: normal / reduced Next morning: normal / reduced	cc	
Meals		Dinner: Normal / Soft Foods Amount: Normal / Reduced / Could not eat Breakfast: Normal / Soft Foods Amount: Normal / Reduced / Could not eat	Snacks: Lunch:		Dinner: Normal / Soft Foods Amount: Normal / Reduced / Could not eat Breakfast: Normal / Soft Foods Amount: Normal / Reduced / Could not eat	Snacks: Lunch:	
Allergies		Yes () / None					
Milk Baby formula		Yes / No / Breast Milk ml per feeding every / hours	Snacks:			Snacks:	
Medication		Fever medication (time:) None used Oral Medication (types) / None	Fever medication (time:) None used Yes (types) before / after meals (at)		Fever medication (time:) None used Oral Medication (types) / None	Fever medication (time:) None used Yes (types) before / after meals (at)	
Sleep Quality		: to : Heavy / Light / Couldn't sleep	: to : Heavy / Light / Couldn't sleep		: to : Heavy / Light / Couldn't sleep	: to : Heavy / Light / Couldn't sleep	
Mood		Good / Tired / Agitated / Bad	Good / Tired / Agitated / Bad		Good / Tired / Agitated / Bad	Good / Tired / Agitated / Bad	
Bed Rest		Stay on bed / Play normally	Bed Rest / Normal Daycare		Stay on bed / Play normally	Bed Rest / Normal Daycare	
Instructions Other							
(Pick Up) Departure		(:) :	(:) :		(:) :	(:) :	