

DAILY OBSERVATION CHART

Geriatric Care Unit

PATIENT NAME:

DATE:

ROOM NO:

Time	BP (mmHg)	Pulse	Temp (F)	SpO2 (%)	Blood Sugar	Medication / Intervention Notes
08:00 AM						
12:00 PM						
04:00 PM						
08:00 PM						
Overnight						

Daily Checklist	AM	PM	Observations (Appetite, Mobility, Mood)
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Hydration (Intake Target: _____)

Daily Checklist

AM

PM

**Observations (Appetite,
Mobility, Mood)**

Bowel Movement /
Voiding

Pain Level (Scale 1-10)

Skin Integrity Check

BEHAVIORAL & MENTAL STATUS

CAREGIVER HANDOVER NOTES

CAREGIVER SIGNATURE:

REVIEWING NURSE/DOCTOR: