

Dr. V. F. D. GLEADHILL

D SOCIAL SERVICES BOARD

EB2/1/1

DP 0091

HOSPITAL

AFFIX LABEL HERE OR ENTER

TEMPERATURE CHART

FULL NAME *Claire Roberts*

ADDRESS

D.O.B. *10.1.87*

WD./O.P.D. *my sister*

HOSPITAL NO.

MONTH		<i>July 1988</i>																		19	
DATE																					
TEMPERATURE	C	ME	ME	ME	ME	ME	ME	ME	ME	ME	ME	ME	ME	ME	ME	ME	ME	ME	ME	C	
	40.5	<i>Ar</i>	<i>Ar</i>	<i>Ar</i>																	40.5
	40	<i>Sp</i>	<i>Sp</i>	<i>Sp</i>																	40
	39.5																				39.5
	39																				39
	38.5																				38.5
	38																				38
	37.5																				37.5
	37																				37
	36.5																				36.5
36																				36	
35.5																				35.5	
PULSE	160																				160
	150																				150
	140																				140
	130																				130
	120																				120
	110																				110
	100																				100
	90																				90
	80																				80
	70																				70
60																				60	
50																				50	
RESPIRATION																					
BOWEL MOTIONS																					
INTAKE ml.																					
OUTPUT ml.																					
WEIGHT Kg.																					
	DATE	COLOUR	SP. GR.	pH	PROTEIN	GLUCOSE	KEYTONES	BILI-RUBIN	BLOOD	UROBIL-INOGEN											