

<i>Patient information/sticker</i>	Date:	Conditions/Problem List:	Procedures/Diagnostics:	Special Considerations & Call Parameters:
	Day No.			
	Cage:			
	Clinician:			
	Nurse/technician:			
Admit weight kg	Today's weight kg	Admitted with:		
Temperament:				
CPR - Standard / Advanced / DNR		Blood Type:		

Parameters	Notify Parameters/Contact Clinician	6	7	8	9	10 (BID)	11	12	13	14 (TID)	15	16	17	18	19	20	21	22 (BTID)	23	24	1	2	3	4	5
Body Condition Score (BCS)																									
Muscle Condition Score (MCS)																									
Heart Rate																									
Respiratory Rate																									
Temperature																									
MM/ CRT																									
Demeanour																									
BP (Doppler/Oscillometric)																									
BP: cuff: limb:																									
Pain Score																									
Pain Score System Used																									

Drug	Dosage	Volume	Freq	Route	6	7	8	9	10 (BID)	11	12	13	14 (TID)	15	16	17	18	19	20	21	22 (BTID)	23	24	1	2	3	4	5

CRI & IV Fluids & O2	6	7	8	9	10 (BID)	11	12	13	14 (TID)	15	16	17	18	19	20	21	22 (BTID)	23	24	1	2	3	4	5	

IVC:Chk&Flush QID/Rebandage SID

Morning Clinician Signature: _____ Afternoon Clinician Signature: _____

Nutrition plan:	Body Weight =	Nutrition plan notes:
Please circle: NPO / H ₂ O only / Tube feeding / Oral	RER = 70 x BW (kg) ^{0.75} =	
	Body Score Today (/ 9):	
Food type:	RER is based on, please indicate	
Food volume per day:	Actual weight:	
Food volume per meal:	Admitted weight:	
Meal frequency:	Ideal weight:	
Allergies/special consideration		

Time	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	
Amount offer g/mls																									
Food eaten g/mls																									
Water offered (tick)/administered mls																									

Litter plan: preferred litter/tray type																									
Time	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	
Litter change																									
Urination (UOP) (++)																									
Defecation score																									
Vomit/regurg																									

IV catheter site & size 1:	IV catheter site & size 2:	IV catheter care notes:
Date & Time Placed:	Date & Time Placed:	
IV catheter Day No.	IV catheter Day No.	

