AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

# PEDIATRIC NURSING NOTES

| DATE HOUR | TEMP WT. | DIET | AMT. TAKEN | VOMIT-ED | URINE | STOOLS | TREATMENTS, MEDICATIONS | NURSING NOTES |
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PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name--last, first, middle; ID no. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

**PEDIATRIC NURSING NOTES**

Medical Record

**STANDARD FORM 536** (REV. 2-95)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

| DATE HOUR | TEMP WT. | DIET | AMT. TAKEN | VOMIT-ED | URINE | STOOLS | TREATMENTS, MEDICATIONS | NURSING NOTES |
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**STANDARD FORM 536** (REV. 2-95) **BACK**