

**CLINICAL RECORD**

**PEDIATRIC NURSING NOTES**

DATE HOUR	TEMP WT.	DIET	AMT. TAKEN	VOMIT- ED	URINE	STOOLS	TREATMENTS. MEDICATIONS	NURSING NOTES

**PATIENT'S IDENTIFICATION** *(For typed or written entries give: Name-last, first middle; grade; date; hospital or medical facility)*

**REGISTER NO.**

**WARD NO.**

**PEDIATRIC NURSING NOTES**  
Standard Form 536  
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