

病児・病後児保育連絡簿

※家庭での様子を左半分（太枠内）に **ご利用当日の朝** ご記入ください

| | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|-----------------------------|--------------------|------|---------------|------|----------------------------------|-------|-------|---|---|---|---|---------------|---|----|----|----|---------------|------|----|----|----|----|----|
| 年 月 日 () | | 病名 | | 安静度 (○印) | | 1 ベット上・2 隔離室で隔離 3 室内安静・4 室内保育 | | | | | | | | | | | | | | | | | | |
| 児童氏名 | | 愛称 () | | 男 ・ 女 | | 才 か月 | | | | | | | | | | | | | | | | | | |
| 保護者氏名 | | 連絡先 | | | | | | | | | | | | | | | | | | | | | | |
| 家庭での様子 | | | | 病児・病後児保育室での様子 | | | | | | | | | | | | | | | | | | | | |
| 体温 | 40 | 23:00 | 2:00 | 5:00 | 8:00 | 11:00 | 14:00 | 17:00 | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| ↓記入方法： 各項目 該当する時間の下に、○や↔等を記入して下さい。 | | | | | | | | | | | | | | | | | | | | | | | | |
| 時刻 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 食事 | | | | | | | | | | | | | | | | | | | | | | | | |
| 薬・処置 | | | | | | | | | | | | | | | | | | | | | | | | |
| 尿 | | | | | | | | | | | | | | | | | | | | | | | | |
| 便 | | | | | | | | | | | | | | | | | | | | | | | | |
| 睡眠 | | | | | | | | | | | | | | | | | | | | | | | | |
| その他 (おう吐等) | | | | | | | | | | | | | | | | | | | | | | | | |
| 諸症状 | ↓家での様子を保護者が記入して下さい | | | | | | | | | | | | 午前の様子 (諸症状など) | | | | | 午後の様子 (諸症状など) | | | | | | |
| | 鼻水 | 有 ・ 無 | | | | | | | | | | | | | | | | | | | | | | |
| | せき | 有 ・ 無 | | | | | | | | | | | | | | | | | | | | | | |
| | 息苦しさ | 有 ・ 無 | | | | | | | | | | | | | | | | | | | | | | |
| | おう吐 | 有 (回) ・ 無 | | | | | | | | | | | | | | | | | | | | | | |
| | 排便 | 有 (硬・普通・下痢) ・ 無 | | | | | | | | | | | | | | | | | | | | | | |
| | 発しん | 有 (部位) ・ 無 | | | | | | | | | | | | | | | | | | | | | | |
| | 食欲 | 良好 ・ 不良 | | | | | | | | | | | | | | | | | | | | | | |
| | 最後に食べたもの | [] | | | | | | | | | | | | | | | | | | | | | | |
| 病状経過 | 病気の経過・お子様の機嫌・心配なこと等をお書き下さい。 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| 投薬依頼 | 内服薬 | (水薬・粉薬・錠剤) 食前・食後 | | | | | | | | | | | | | | | | | | | | | | |
| | 外用薬 | (目薬・ぬり薬・湿布剤) 時 回 | | | | | | | | | | | | | | | | | | | | | | |
| | 解熱剤 | 体温 ℃以上の際に使用してください。 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 入室 : | | | | | | 退室 : | | | | | |
| | | | | | | | | | | | | | サイン: | | | | | | サイン: | | | | | |