



Home Monitoring Flow Sheet

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Weigh 3x's/wk							
Take Temp. Daily							
Test Urine Glucose Once/ Day @ ___PM or AM							
Flush CVC Daily							
Amount of TPN infused Daily (mLs)							
Daily Oral Intake							
24 hour Urine Out							
Other Output							
Stool yes/no							
Stool Consistency							
Appetite							
Central Line Assessment C = Clean D = Dry I = Intact R = Redness S = Swelling							
Comments							

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