Sri Sathya Sai Palliative Care Center - Puttaparthi

**Homecare - Symptom Assessment and Treatment**

Patient Name/Age/Gender: Patient ID: Diagnosis:

**Assessment**

| **Date ->** |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pain |  |  |  |  |
| Oral Exam |  |  |  |  |
| Nausea/Vomitting |  |  |  |  |
| Constipation |  |  |  |  |
| Bladder |  |  |  |  |
| Activity |  |  |  |  |
| Sleep |  |  |  |  |
| BP |  |  |  |  |
| Pulse |  |  |  |  |
| SPO2 |  |  |  |  |
| Temp |  |  |  |  |
| GRBS |  |  |  |  |
| Wound |  |  |  |  |
| Edema(Site) |  |  |  |  |
| Other Notes and Treatment |  |  |  |  |
| Advice |  |  |  |  |
| Sign |  |  |  |  |