

Annex L: Home Isolation Patient Monitoring Sheet

Confirmed Case ID: _____ Date: ____/____/____ Region: _____

Patient Name: _____

Date of Exposure: ____/____/____ End of Quarantine Period Date: ____/____/____

Instructions: Monitoring should be done twice a day; once in the morning and once in the afternoon/evening. Indicate the date and go through each item. Put a check if a patient has the symptom upon monitoring in the correct column (AM/PM) and indicate temperature taken (ie. 38C).

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date:														
Temp	AM													
	PM													
Oxygen	AM													
	PM													
Cough (ubo)														
Chills (panginginig)														
Fatigue/Tiredness (pagkapagod)														
Body pain (Sakit ng Katawan)														
Headache (Sakit ng Ulo)														
Loss of Taste and Smell (Pagkawala o bawas ng panlasa o pangamoy)														
Sore Throat (masakit ang lalamunan)														
Congestion or runny nose (Sipon na nakabara o tumutulo)														
Diarrhea (Basa o labis ang pagdudumi)														
Nausea/Vomiting (Naduduwal o nagsusuka)														
Red flags (magreport agad kung maranasan ang sumusunod na sintomas)														
Shortness of Breath or Difficulty in Breathing (Hirap sa paghinga)														
Persistent Pain or Pressure in the Chest (sakit o bigat sa dibdib na di nawawala)														
Confusion (Biglang pagkalito)														
Difficulty in waking up or sleeping (hirap matulog o magising)														
Pale, gray, or bluish lips or nailbeds (pagbabago ng kulay ng balat, labi, o kuko)														
Others (Ibang sintomas):														
1.														
2.														
3.														

Assessed and monitored by:

Doctor/Nurse of the Home Isolation Team

Printed Name and Signature

Designation