

HOSPITAL AUTHORITY Pamela Youde Nethersole Eastern Hospital Department of Intensive Care MICROBES, ANTIMICROBIALS AND TEMPERATURE CHART (MATCH)															Hospital No. : _____ I.D. No. : _____ Name : _____ Sex : _____ Age : _____ Chinese Name : _____ Ward : _____ Bed : _____ Dept. : _____														
Date																						Date							
Time		0300	0700	1100	1500	1900	2300	0300	0700	1100	1500	1900	2300	0300	0700	1100	1500	1900	2300	0300	0700	1100	1500	1900	2300	Time			
Temperature (°C)																											Heart Rate		
41																											150		
40.5																											140		
40																											130		
39.5																											120		
39																											110		
38.5																											100		
38																											90		
37.5																											80		
37																											70		
36.5																											60		
36																											50		
35.5																											40		
Pregnancy Test _____																													
Culture																													
Antimicrobial																													