

COVID-19: Your child's pulse oximeter diary

Name: _____

D.O.B: ___/___/___

NHI: _____

Healthcare team: _____

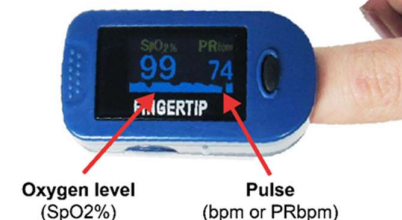
Phone: _____

This diary will help you create an **easy record of your child's health** when they have COVID.

This will become important if your child's symptoms change. Even if they are feeling ok, please fill it in. If their condition changes, when and how it changes may help your child's healthcare team decide the best response.

- Use your child's pulse oximeter to measure their oxygen level (SpO₂) and pulse (bpm or PRbpm).
- Please record both of these **THREE times a day, every day**, at around the same time.
- Pulse and oxygen level numbers can be easy to mix up. Be careful to record these correctly.

Example of a pulse oximeter



	Day 1 / /			Day 2 / /			Day 3 / /			Day 4 / /			Day 5 / /			Day 6 / /			Day 7 / /		
Time of day	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM
Pulse (bpm or PRbpm)	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm
Oxygen (SpO ₂)	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Day 8 / /			Day 9 / /			Day 10 / /			Day 11 / /			Day 12 / /			Day 13 / /			Day 14 / /		
Time of day	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM
Pulse (bpm or PRbpm)	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm
Oxygen (SpO ₂)	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

If at any time your child experiences shortness of breath when at rest, or difficulty breathing or their symptoms become suddenly or a lot worse, call 111 for an ambulance immediately. Don't wait.

COVID-19: Your child's symptom diary (week 1)

Name: _____

D.O.B: ___/___/___

NHI: _____

Healthcare team: _____

Phone: _____

This diary will help you **track your child's COVID-19 symptoms**. This will become important if their symptoms get worse. Even if your child is feeling ok, please fill it in. If their condition changes, when and how it changes may help their healthcare team decide the best response.

For each symptom (cough, breathing effort, vomiting and diarrhoea), write down if your child is better (**B**), the same (**S**), or worse (**W**) than the previous day.

- Record your child's temperature if you have a thermometer.
- Breathing rate. Count the number of times your child breathes in 30 seconds, then double that number.
- For fluids and food, write down if your child is drinking or eating less (**L**) than usual.
- In the last row, give your child a number out of 10 as to how they are overall, where 1 is well and 10 is very unwell. If they can talk, ask them how they feel.
- Please record these **THREE times a day, every day**, around the same time.

	Day 1 / /			Day 2 / /			Day 3 / /			Day 4 / /			Day 5 / /			Day 6 / /			Day 7 / /		
Time of day	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM
Cough																					
Breathing effort																					
Vomiting (being sick)																					
Diarrhoea (runny poo)																					
Temperature °C																					
Breathing rate																					
Fluids/drinking																					
Food																					
Overall (1-10)																					

If at any time your child experiences shortness of breath when at rest, or difficulty breathing or their symptoms become suddenly or a lot worse, call 111 for an ambulance immediately. Don't wait.

COVID-19: Your child's symptom diary (week 2)

Name: _____

D.O.B: ___/___/___

NHI: _____

Healthcare team: _____

Phone: _____

This diary will help you **track your child's COVID-19 symptoms**. This will become important if their symptoms get worse. Even if your child is feeling ok, please fill it in. If their condition changes, when and how it changes may help their healthcare team decide the best response.

For each symptom (cough, breathing effort, vomiting and diarrhoea), write down if your child is better (**B**), the same (**S**), or worse (**W**) than the previous day.

- Record your child's temperature if you have a thermometer.
- Breathing rate. Count the number of times your child breathes in 30 seconds, then double that number.
- For fluids and food, write down if your child is drinking or eating less (**L**) than usual.
- In the last row, give your child a number out of 10 as to how they are overall, where 1 is well and 10 is very unwell. If they can talk, ask them how they feel.
- Please record these **THREE times a day, every day**, around the same time.

	Day 8 / /			Day 9 / /			Day 10 / /			Day 11 / /			Day 12 / /			Day 13 / /			Day 14 / /			
Time of day	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	
Cough																						
Breathing effort																						
Vomiting (being sick)																						
Diarrhoea (runny poo)																						
Temperature °C																						
Breathing rate																						
Fluids/drinking																						
Food																						
Overall (1-10)																						

If at any time your child experiences shortness of breath when at rest, or difficulty breathing or their symptoms become suddenly or a lot worse, call 111 for an ambulance immediately. Don't wait.