

Daily Tracker Diary

Week _____

Please fill out this form on a daily for one week **after a change in dose**. Take carvedilol as instructed by your doctor. If vomits within 10 minutes of the dose, please again give the entire dose. If vomits within 30 minutes of the dose, please give half the dose. Otherwise, wait until the next dose. Carvedilol can cause slow heart rates. This chart shows the range of NORMAL by age group. If your child's heart rate falls below the lowest level please phone your physician's office for further instructions. Your doctor may not prescribe three doses per day.

Range	Rate (BPM)
0-3 months	80-205
4 months – 2 years	75-190
2-10 years	60-140
Over 10 years	50-100

Day	Date	 Heart Rate in AM, prior to taking Carvedilol	 Dose & Time	 Heart Rate two hours after taking Dose 1	 Dose & Time	 Heart Rate two hours after taking Dose 2	 Dose & Time	 Heart Rate two hours after taking Dose 3	 Had Seizure today (Yes, No or Not sure)	 Total number of seizures on this day	 Describe any unusual changes such as extremely low heart rate or rash. Indicate what time the symptom or sign began, whether it was mild, moderate or severe.
Day 1											
Day 2											
Day 3											
Day 4											
Day 5											
Day 6											
Day 7											

Participant Code _____ Parent Email _____ Doctor _____

Entered on _____ Study Coordinator Initials _____