RESIDENT FLOW SHEET

Cheney Golden Age Home

cna flow sheet..xls

Key:
(Not all items pertain to every resident.)
N =No I = Independent Y = Yes
R=refuse S = supervise A = Assist

Date: June 15 - June 21, 2003 **Name:**

		Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
		11	7	3	11	7	3	11	7	3	11	7	3	11	7	3	11	7	3	11	7	3
		7	3	11	7	3	11	7	3	11	7	3	11	7	3	11	7	3	11	7	3	11
	Nurse Aide Initials																					
Body Care	Bath: Bed / Shower / Tub / Shampoo																					
	Nail Care / Lotion / Oral Hygiene																					
	Positioned every 2 hours:																					
Food	Self / Assist / Fed																					
	Ate in Bed / Rm / Dining Rm / Feeder Rm																					
Bladder	BedPan/Urina/ BRP/Commode/CaTheter																					
	Record # of times incontinent																					
	Toileting Program: Yes / No																					
Bowel	BedPan / BRP / Commode																					
	Incontinent: Record # of times																					
	Amount: L / M / S																					
Interventions Behavior	Accepts Assist/ Refuses Assist																					
	Verbally Aggressive / Physical Combat																					
	Wanders / Resists Cares																					
	Noisy / Agitated / Depressed / Teary																					
	Socially inappropriate/ Going outside																					
	Offer snack/drink / Merry Walker																					
	Toilet, Remove other res. from harm																					
	Diversional activity, Bring back inside																					
	Inform charge nurse, Social Service help																					
	Response:Cooperative Uncooperative																					
Restorative Care	Tabs Monitor On																					
	Ambulate to dine: Yes / Ill /Out / Refused																					
	Dressing/Undressing with ROM																					
	Range of Motion: Passive / Active																					
	Transfers Up in chair Out of Room																					
	Ambulation: Walker / Cane / WC																					
Sleep	ASleep / Restless / Awake																					
	Half rails up: Yes / No																					
Pain	Pain reported by Resident / Observation																					
	Repositioned:Yes / No																					
	Offer: Food / Drink / Sweater / Blanket																					
	Relief from pain: Yes / No																					
	Reported to Charge Nurse: Yes / No																					
I & O	Intake:																					
	24 HOUR TOTAL																					
	Output:																					
	24 HOUR TOTAL																					