

Key: (Not all items pertain to every resident.) N=No I=Independent Y=Yes R=refuse S=supervise A=Assist		Date: June 22 - June 28, 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																					