

DATE OF SERVICE _____ TO _____

	SUN	MON	TUE	WED	THU	FRI	SAT
DATE							
TIME IN							
TIME OUT							

VITAL SIGNS							
Temperature							
Pulse (Radial / Brachial)							
Respiration							
Weight							

PERSONAL CARE							
Bed Bath							
Tub-Shower (with chair)							
Bath Chair							
Perineal care							
Asisist with Dressing							
Hair Care							
Shampoo							
Skin Care / Lotion							
Foot Care							
Check Pressure Areas							
Skin Intact							
Skin Redness							
Skin Breakdown							
Nail Care							
Oral Care / Dentures							

Procedures							
Change diapers							
Empty bedside commode							
Asisist with elimination							
Catheter Care							
Ostomy Care							
Record Intake/Output							
Inspect/Reinforce dressing							
Medication Reminder							
Other							

Activities							
Transferring							
Stand by assistance							
Cane/Walker							
Wheelchair							

Nutrition							
Meal Preparation							
Assist with feeding							
Limit/Encourage Fluids							
Other							

EMPLOYEE: _____ SIGNATURE: _____

PATIENT: _____ MR# _____