

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
FEEDING	BREAKFAST	% EATEN																															
	SUBSTITUTE/BKFST	%R-NA																															
	LUNCH	% EATEN																															
	SUBSTITUTE/LUNCH	%R-NA																															
	EATING	I-S-L-E-D-T																															
	NOURISHMENT 10 AM	%R-NA																															
	NOURISHMENT 2 PM	%R-NA																															
	FLUIDS OFFERED	I-Y-NA																															
BODY CARE	BATH-BED/SHOWER/TUB/PARTIAL	B-S-T-P																															
	BATH	I-S-L-E-D																															
	ORAL HYGUENE	I-S-L-E-D																															
	HAIR CARE	I-S-L-E-D																															
	SHAVE	I-S-L-E-D																															
	NAIL CARE	I-S-L-E-D																															
	SKIN-LOTION/MASSAGE	L-M																															
	BED MOBILITY / POSITION 2qh	I-S-L-E-D																															
	PRESSURE REDUCING DEVICE	Y-NA																															
BLADDER	PAN/URINAL/BRP/COMMODE	P-U-B-C																															
	CONTINENT/CATHETER	#																															
	INCONTINENT	#																															
	PERICARE/CATHETER CARE	Y-																															
BOWEL	PAN/BRP/COMMODE	P-B-C																															
	CONTINENT	S-M-L #																															
	INCONTINENT	S-M-L #																															
	ENEMA	Y-N																															
	DIARRHEA	# TIMES																															
GENERAL NURSING CARE	ROM-ACTIVE/PASSIVE	A-P																															
	TRANSFERS	I-S-L-E-D																															
	UP IN CHAIR/MOBILITY	I-S-L-E-D																															
	AMBULATION/LOCOMOTION	I-S-L-E-D																															
	DRESSING	I-S-L-E-D																															
	TOILETING	I-S-L-E-D																															
	RESTRAINT - BED	Y-NA																															
	RESTRAINT - WC	Y-NA																															
	GERI-CHAIR /RECLINER	Y-NA																															
	RELEASE / REPOSITION q2h	Y-NA																															
	SIDERAILS: ↑ / ↓	↑-↓																															
	HANDROLLS:RT/LT/BOTH	R-L-B-NA																															
HEEL PROTECT:RT/LT/BOTH	R-L-B-NA																																
CODES (INDICATE NUMBER OF PERSONS IF ASSIST OF MORE THAN 1 REQUIRED)		NURSE ASSISTANT SIGNATURES																															
I = INDIPENDENT / NO HELP																																	
S = SUPERVISION / CUEING																																	
L = LIMITED ASSISTANCE / MIN. PHYSICAL HELP																																	
E = EXTENSIVE ASSISTANCE / MAX. PHYSICAL HELP																																	
D = TOTAL DEPENDENCE / FULL STAFF PERFORMANCE																																	
Y = YES NA = NOT APPLICABLE																																	
N = NO R = REFUSED T = TUBE																																	
RESIDENT NAME		ROOM/BED	MED. REC. NUMBER				PHYSICIAN										MONTH				YEAR												

NURSING ASSISTANT DAILY FLOW SHEET - DAY SHIFT

ADDITIONAL NOTES

DATE

HOUR

SIGNATURE

NSF
FORMS