

		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				
FLUIDS	NOURNISHMENT %-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 HYGIENE 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 #																																			
BOWEL	PERICARE/CATHETER CARE Y-NA																																			
	PAN/BRP/COMMODE P-B-C																																			
	CONTINENT S-M-L #																																			
	INCONTINENT S-M-L #																																			
	ENEMA Y-N																																			
SLEEP	DIARRHEA # TIMES																																			
	ASLEEP/RESTLESS/AWAKE A-R-W																																			
	UP IN CHAIR Y-N																																			
GENERAL NURSING CARE	SIDE RAILS: ↑ / ↓ ↑ - ↓																																			
	ROM-ACTIVE/PASSIVE A-P																																			
	TRANSFERS 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																																			
	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) I = INDEPENDENT / 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	NURSE ASSISTANT SIGNATURES																																			
RESIDENT NAME	ROOM/BED	MED. REC. NUMBER		PHYSICIAN												MONTH		YEAR																		

ADDITIONAL NOTES

DATE

HOUR

SIGNATURE

NSF
FORMS