

		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	DINNER % EATEN																																
	SUBSTITUTE %R-NA																																
	EATING I-S-L-E-D-T																																
	NOURISHMENT / HS SNACK %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																																
	SIDERAIS: ↑ / ↓ ↑-↓																																
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 = 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		NURSE ASSISTANT SIGNATURES																															
RESIDENT NAME	ROOM/BED																															MED. REC. NUMBER	PHYSICIAN

NURSING ASSISTANT DAILY FLOW SHEET - PM SHIFT

