ONGOING NURSING CARE

0700 - 1500 / 0700 - 1900 **DAY** (7AM - 3PM) (7AM - 7PM)	1500 - 2300 **EVENING** (3PM - 11PM)	2300 - 0700 / 1900 - 0700 **NIGHT** (11PM - 7AM) (7PM - 7AM)

HEALTH PERCEPTION / HEALTH MANAGEMENT PATTERN

SAFETY (Day / Evening / Night — each)

○ SIDE RAILS UP ○ CHART FLAGGED
○ CALL LIGHT IN REACH ○ FALL PREVENTION ON KARDEX
○ BED IN LOW POSITION ○ BATHROOM SCHEDULE EVERY 2 HRS
○ SECURITY ○ ITEMS WITHIN REACH
○ BED CHECK ○ ROOM CHECK EVERY 1 HR (MIN)
○ ORANGE BRACELET ○ DOOR OPEN (UNLESS CONTRAINDICATED)
○ FAMILY NOTIFIED ○ ATTENDED AT ALL TIMES (UNLESS RESTRAINED)

NUTRITION / METABOLIC PATTERN

Day:
DIET ____
FOOD (TIME)
TAKEN PER ○ SELF ○ ASSIST ○ FED____
BREAKFAST ○ ¼ ○ ¾ ○ ½
○ ¼ ○ REFUSED ○ NPO
LUNCH ○ ¼ ○ ¾ ○ ½ ○ ¼ ____
○ REFUSED ○ NPO
INTERVAL FEEDING ○ ¼ ○ ¾
○ ½ ○ ¼ ○ REFUSED ○ NPO
CALORIE COUNT ○ YES ○ NO

Evening:
DIET ____
FOOD (TIME)
TAKEN PER ○ SELF ○ ASSIST ○ FED____
DINNER ○ ¼ ○ ¾ ○ ½
○ ¼ ○ REFUSED ○ NPO
INTERVAL FEEDING ○ ¼ ○ ¾
○ ½ ○ ¼ ○ REFUSED ○ NPO
CALORIE COUNT ○ YES ○ NO

Night:
DIET ____
FOOD (TIME)
TAKEN PER ○ SELF ○ ASSIST ○ FED____
INTERVAL FEEDING ○ ¼ ○ ¾
○ ½ ○ ¼ ○ REFUSED ○ NPO
CALORIE COUNT ○ YES ○ NO

ELIMINATION PATTERN

(Day / Evening / Night — each)

VOID ○ YES ○ NO ○ CATH TYPE ____
APPEARANCE ○ CLEAR ○ CLOUDY
○ AMBER ○ STRAW ○ BLOODY
INCONTINENT* ○ YES X ____ ○ NO
○ FOLEY CARE
○ STOOL ○ OSTOMY ____
DESCRIBE ____
INCONTINENT* ○ YES X ____ ○ NO
(TIME, TYPE)
○ ENEMA* (RESULTS) ____ ○ LAXATIVE*
○ DEVICES ____ ○ DIURETICS*

ACTIVITY / EXERCISE PATTERN

(Day / Evening / Night — each)

BATHING ○ COMPLETE ○ PARTIAL
○ SELF ○ N / A ○ LOTION ○ POWDER
ROM (TIME AND EXTREMITIES) ____
____ ○ N / A (TIME)
TEDS ○ YES ○ NO ○ REMOVED AND REAPPLIED ____
SKIN STATUS ____
ACTIVITY ____ ASSISTIVE DEVICE ○ YES* ○ NO
AMBULATED x____ ○ LOWER EXTREMITY PROSTHESIS*
UP IN CHAIR x____ c̄____ ASSISTING*
POSITIONED ○ NO ○ YES ○ HISTORY OF FALLS*
NASAL/ORAL CARE (TIME) ____
PERINEAL CARE (TIME) ____

SLEEP / REST PATTERN

(Day / Evening / Night — each)

SLEEPING x____ HOURS ____
RESTLESS ____ QUIET ____

ROLE / RELATIONSHIP PATTERN

(Day / Evening / Night — each)

VISITORS ○ YES ○ NO
COMMUNICATION PATTERN ○ QUIET ○ TALKATIVE

NURSING PROCEDURES/TREATMENTS

	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500
PATIENT ROUNDS																							
REPOSITIONING R. SIDE L. SIDE B = BACK P = PRONE C = CHAIR																							
COUGH & DEEP BREATHE																							
PHYSICIAN VISIT																							
AMBULATION A = ASSISTED H = HALL R = ROOM																							

* IMPLEMENT FALL PROTOCOL

STAGE I = REDDENED
STAGE II = BLISTER/SKIN BREAK
STAGE III = SKIN BREAK EXPOSING SQ TISSUE
STAGE IV = SKIN BREAK EXPOSING MUSC/BONE

APPEARANCE
P = PINK
* = SEE PIE NOTES

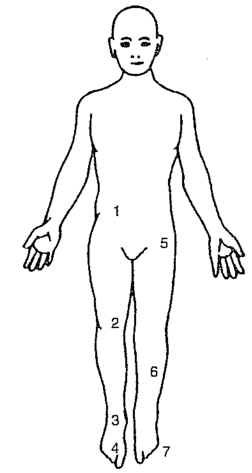
SHAPE
I = IRREGULAR
R = ROUND

DRAINAGE
P = PURULENT
S = SEROSANGUINEOUS

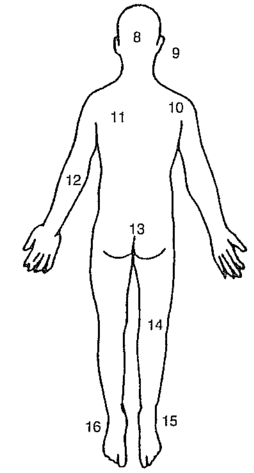
ODOR
O = NONE
F = FOUL

SURROUNDING SKIN
H = HEALTHY/PINK
* = SEE PIE NOTES/NURSING NOTES

ADDITIONAL SITE > 3 USE SKIN TREATMENT FLOWSHEET



1 ILIAC CREST
2 KNEE
3 MEDIAL ANKLE
4 MEDIAL FOOT
5 TROCHANTER
6 SHIN
7 TOES
8 HEAD
9 EAR
10 SHOULDER
11 SCAPULA
12 ELBOW
13 COCCYX
14 POSTERIOR KNEE
15 LATERAL ANKLE
16 HEEL



P = PRESENT
A = ABSENT

OUTCOME
R = RELIEVED
* = SEE PIE NOTES/NURSING NOTE

TIME:	DAYS 0700-1500 SITE 1	SITE 2	SITE 3			EVES 1500-2300 SITE 1	SITE 2	SITE 3		NIGHTS 2300-0700 SITE 1	SITE 2	SITE 3
SKIN ASSESSMENT												
LOCATION												
STAGE												
APPEARANCE												
SIZE (cm)												
SHAPE												
DRAINAGE												
ODOR												
SURROUNDING SKIN												
TREATMENT *												
PAIN ASSESSMENT												
SCALE (0-10)												
CONSTANT												
INTERMITTANT												
RADIATION												
TREATMENT *												
OUTCOME*												

EQUIPMENT

(Day / Evening / Night — each)

○ IV PUMP ○ FEEDING PUMP
○ SUCTION ○ TRACTION/OVERBED
○ EGG CRATE ○ K PADS
○ AIR MATTRESS ○ OTHER ____

I.V. STICKS	URINE	STOOL	OTHER
Time ____ Site/ Gauge ____ Unsuccessful Attempts ____ Nurse ____	__ UA __ 24 hr. Coll. __ Culture __ Sensitivity __ Other	__ Cult __ Sen. __ Hemo __ O&P __ Oth.	__ ABG __ Throat Cult. __ Sputum __ Wound __ Site __ Sen __ Other

(repeated for each of the three shifts)