

Nursing Assistant Care Sheet

Resident	Room	Date
DIAGNOSES, SPECIAL CARE, NOTES		
SAFETY Fall Risk Siderails up Bed Alarm Chair Alarm Low Bed Wheelchair seatbelt front rear Unable to use call light Comments:		
TRANSFERS Independent Supervision Limited Extensive Total One Two Manual Lift Mechanical Lift Hoyer Lift Stand-up Lift Pivot Cane Walker Siderails Comments:		
LOCOMOTION Independent Supervision Limited Extensive Total One Two Weight Bearing Full Partial None Ambulatory Nonambulatory Propels own wheelchair Walker Cane Splint Brace Comments:		
BED MOBILITY Independent Supervision Limited Extensive Total One Two Turning Schedule Siderails Trapeze Comments:		
TOILETING Independent Supervision Limited Extensive Total One Two Continent Incontinent Catheter Bedside Commode Urinal Bedpan Attends Pads Comments:		
BATHING Independent Supervision Limited Extensive Total One Two Tub Shower Bath Day _____ Shift _____ Comments:		
DRESSING Independent Supervision Limited Extensive Total One Two Laundry by Facility Family Comments:		
HYGIENE Independent Supervision Limited Extensive Total One Two Dentures Comments:		
EATING Independent Supervision Limited Extensive Total One Two Diet Regular Chopped Puree Thickened Liquids Assistive Devices Comments:		
RESTORATIVE Range of Motion Ambulation Bed Mobility Dressing Hygiene Comments:		
SENSORY Glasses Hearing Aid Right Left Comments:		
COGNITIVE / BEHAVIOR Short Term Memory Problem Impaired Decision Making Confused Occasionally Frequently Always Altered Sensory Perceptions Comments:		