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:

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