



DATE: \_\_\_\_\_

	Patient Interventions (when applicable)	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
<b>Hygiene</b>	Bath / Shower (circle)																									
	Oral Care																									
	HS Care																									
	Catheter Care																									
	Foot Care																									
	<b>Initials</b>																									
<b>Activity / Pressure Ulcer Prevention</b>	Alternating Pressure Mattress																									
	AE Hose (on/off)																									
	SCD (on/off)																									
	Assess for Incontinence																									
	Skin Care/Observation																									
	Toileting offered																									
	Protective barrier used																									
	Heel/Elbow protectors/ free float precautions																									
	Position with positioning aides (see codes)																									
	HOB/ degrees																									
	Ambulation (see codes)																									
	Up in chair/ WC/reposition																									
	Assist needed (see codes)																									
	Transfer device used (see codes)																									
	ROM (see codes)																									
	Trapeze																									
	Traction type:																									
	Traction(pounds):																									
CPM R L																										
CPM-Degree of flexion																										
Play activity (see codes)																										
<b>Initials</b>																										
<b>Procedure</b>	Heat/Cold pack on/off																									
	Incentive spirometer																									
	Abdominal binder on/off																									
	Ostomy Care																									
	<b>Initials</b>																									
<b>Safety</b>	Call light within reach																									
	Side rails up x #																									
	Patient Rounds																									
	<b>Initials</b>																									
Spiritual Care																										
<b>Initials</b>																										
<b>Initials</b>	<b>Signatures</b>		<b>Initials</b>		<b>Signatures</b>		<b>Initials</b>		<b>Signatures</b>		<b>Initials</b>		<b>Signatures</b>		<b>Initials</b>		<b>Signatures</b>		<b>Initials</b>		<b>Signatures</b>		<b>Initials</b>		<b>Signatures</b>	

**Completion Key:**

√ - complete/tolerated well  
 \* - see progress notes

**Transfer Device:**

H-Hoyer Lift GB-Gait Belt  
 A-Air Pal SB-Slide Board  
 LS-Lift Sheet HM-Hover Mat

**Assist Code:**

S-Self  
 A - Assist  
 T - Total

**Position Code:**

R-Right P-Prone  
 L-Left T-Trendelenberg  
 B-Back P or W-Pillow or Wedge  
 (example R/P=right/pillow)

**ROM Code:**

RU or LU-Upper ext. ROM  
 RL or LL-Lower ext. ROM  
 A-All ext. ROM

**Ambulation Code:**

1 - <25 ft  
 2 - 26-50 ft  
 3 - >50 ft  
 W-walker  
 C-cane  
 CR-crutches

**Play Activity Code:**

A-Audio T-Toys  
 B-Books G-Games  
 V-Video/DVD TV-Television  
 PR-Playroom