Date _____ Mon Tue Wed Thu Fri Sat Sun

Appointment today _____ **Time** _____

	1ST SHIFT	2ND SHIFT	3RD SHIFT
Who's on	_____ Time ____ to ____	_____ Time ____ to ____	_____ Time ____ to ____
Medicines	☐ All given ☐ Missed / refused Write which below	☐ All given ☐ Missed / refused Write which below	☐ All given ☐ Missed / refused Write which below
Ate	None Some Most All	None Some Most All	None Some Most All
Drank	Cups: ____	Cups: ____	Cups: ____
Bathroom	Urine # ___ BM # ___ ☐ Accident	Urine # ___ BM # ___ ☐ Accident	Urine # ___ BM # ___ ☐ Accident
Personal care	☐ Washed ☐ Dressed ☐ Teeth Self Help Full help	☐ Washed ☐ Dressed ☐ Teeth Self Help Full help	☐ Washed ☐ Dressed ☐ Teeth Self Help Full help
Mood	Calm Okay Upset Confused	Calm Okay Upset Confused	Calm Okay Upset Confused
Pain (0 to 10)	____ Where: _____	____ Where: _____	____ Where: _____
Vitals	BP ___/___ Pulse ___ Sugar ___ Temp ___ O2 ___	BP ___/___ Pulse ___ Sugar ___ Temp ___ O2 ___	BP ___/___ Pulse ___ Sugar ___ Temp ___ O2 ___
Sleep	Slept well Restless Up ___ times	Slept well Restless Up ___ times	Slept well Restless Up ___ times
Up & moving	☐ Walked ☐ Turned ☐ Rested	☐ Walked ☐ Turned ☐ Rested	☐ Walked ☐ Turned ☐ Rested
Signature			

WHAT THE NEXT PERSON NEEDS TO KNOW

_____

_____

_____

Visitors / calls _____ **Supplies needed** _____