NURSE AIDE'S INFORMATION SHEET

BLADDER
- ❑ Bathroom
- ❑ Bedpan
- ❑ Urinal
- ❑ Bedside commode
- ❑ Catheter_____
- ❍ Continent
- ❍ Incontinent
- ❍ Assist_____
- ❍ Total assist

BLADDER TRAINING
Date started_____
Date completed_____

BOWEL
- ❑ Bathroom
- ❑ Bedpan
- ❑ Commode
- ❑ Colostomy
- ❍ Continent
- ❍ Incontinent
- ❍ Assist_____
- ❍ Total assist

BOWEL TRAINING
Date started_____
Date completed_____

FLUIDS
- ❍ Restrict_____
- ❍ Encourage_____
- ❑ Thickened liquids
  Type_____
- ❑ I & O

Other_____

MEALS
- ❍ Independent
- ❍ Setup help only
- ❍ Supervise/prompt/cue
- ❍ Total physical assist
- ❑ Tube fed: ❍ NG ❍ PEG ❍ J-tube

Meals in:	B	L	D
Dining Rm	❍	❍	❍
Room	❍	❍	❍
Other	❍	❍	❍

Specify_____

Offer snack at: ❑ PM ❑ HS

VISION
- ❍ Good
- ❍ Poor
- ❑ Wears glasses
- ❑ Blind: ❍ with glasses ❍ without glasses
- ❑ Cataracts: ❑ Rt. ❑ Lt.

HEARING
- ❍ Hears well
- ❍ Partially deaf
- ❍ Totally deaf
- ❑ Uses hearing aid: ❑ Right ❑ Left

SPEECH
- ❍ Speaks clearly
- ❍ Mumbles
- ❑ Aphasic
- ❑ Language_____

INFECTION CONTROL
- ❑ Standard precautions
- ❑ Single room isolation
- ❑ Transmission-based precautions
  - ❑ Airborne
  - ❑ Contact
  - ❑ Droplet

LOCOMOTION/TRANSFER
Walks with:
- ❑ Cane/quad ❍ No assist
- ❑ Walker/rolling ❍ 1 assist
- ❑ Merrywalker ❍ 2 assist

Mobility:
- ❑ Wheelchair ❍ No assist
- ❑ Gerichair ❍ 1 assist
- ❑ Bed to chair ❍ 2 assist
- ❑ Lift to chair
- ❑ Mechanical lift
- ❑ Gait belt
- ❑ Other_____

PARALYSIS
- ❑ Arm: ❑ Rt. ❑ Lt.
- ❑ Leg: ❑ Rt. ❑ Lt.
- ❑ Right side of face
- ❑ Left side of face
- ❑ Quadriplegia
- ❑ Paraplegia
- ❑ Hemiplegia: ❑ Rt. ❑ Lt.

TURN AND POSITION
- ❍ Self
- ❍ 1 assist
- ❍ 2 assist
- ❑ Every 2 hours

Other_____

SIDERAILS
- ❑ Constantly
- ❑ At night ❑ No rail(s)
- ❑ Half rail ❑ Quarter rail
- ❑ Other_____

RESTRAINT
❑ Bed ❑ Chair ❑ Other
Type_____

Check Q30 min & release Q2H

POSITION DEVICE
Type_____

SUPPORTIVE
- ❑ Bed cradle
- ❑ Foot board
- ❑ Trapeze
- ❑ Pillows
- ❑ Special mattress

Type_____

SPECIAL EQUIPMENT
- ❑ Prosthesis ❑ Brace
- ❑ Splint

Type & Location_____

- ❑ Other_____

❍ Self ❍ Assist ❍ Total assist

PRIVILEGES
- ❑ Up ad lib ❑ To bathroom
- ❑ Bed rest
- ❑ OOB schedule_____

MENTAL
- ❑ Oriented ❑ Alert
- ❑ Well adjusted ❑ Agitated
- ❑ Forgetful ❑ Confused
- ❑ Depressed ❑ Moody

Other_____

BATH
- ❑ Whirlpool
- ❑ Shower
- ❑ Bed
- ❍ Supervise
- ❍ Assist
- ❍ Total assist

Bath Days:
❑ Sun ❑ Mon ❑ Tu ❑ Wed
❑ Th ❑ Fri ❑ Sat

Shift_____

SKIN CARE
- ❑ Routine
- ❑ Special_____
- ❑ Pressure injury_____

ORAL CARE
- ❑ Own teeth
- ❑ Dentures: ❑ U ❑ L
- ❑ No teeth
- ❍ Self ❍ Assist
- ❍ Total assist

DRESSING
- ❍ Self ❍ Supervise
- ❍ Assist
- ❍ Total assist
- ❑ Other_____

GROOMING
- ❑ Hair ❑ Comb ❑ Brush
- ❑ Shave ❑ Nails ❑ Feet
- ❑ Hairdresser
- ❍ Self ❍ Supervise
- ❍ Assist ❍ Total assist
- ❑ Other_____

ALARMS
❍ No ❍ Yes _____

Elopement Potential:
❍ No ❍ Yes
Location check Q15 min

RESTORATIVE
- ❑ Dressing/Grooming_____
- ❑ Eating/Swallowing_____
- ❑ AROM_____
- ❑ PROM_____
- ❑ Walking_____
- ❑ Splint/Brace_____
- ❑ Amputation/Prosthesis
- ❑ Transfer_____
- ❑ Bed Mobility_____
- ❑ Communication_____

BEHAVIOR
- ❑ Verbally abusive
- ❑ Physically abusive
- ❑ Wanderer
- ❑ Combative
- ❑ Other_____

MISCELLANEOUS
- ❑ Smoker: ❍ Independent ❍ Needs assist
- ❑ Uses chewing tobacco
- ❑ Uses oxygen
- ❑ Fall risk/precautions
- ❑ Other_____
- ❑ Other_____

Comments:_____

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed