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| **Patient Name:** | | | | | **Rm#:** | | | | **Code Status:** | | | | |
| **Column 1 Codes: Self- Performance**   1. Independent (no help from staff) 2. Supervision (no touch, but verbal cues and encouragement 3. Limited assistance (minimal touch) 4. Extensive assistance (weight bearing, 1 person assist) 5. Total Dependence (2 person assist) 6. 5- Activity did not occur | | | | | | **Column 2 Codes: Support Provided**   1. No set-up, no physical help 2. set-up 3. 1 person physical assist 4. 2 or more people physical assist 5. activity did not occur | | | | | | | |
| **Section** | | **Date:** | | | | **Date:** | | | | **Date:** | | | |
| **1** | **2** | **Time/Initial** | | **1** | **2** | **Time/Initial** | | **1** | **2** | **Time/Initial** |
| **Bed Mobility** | **Right Side** |  |  |  | |  |  |  | |  |  |  |
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| **Back Side** |  |  |  | |  |  |  | |  |  |  |
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| **Left Side** |  |  |  | |  |  |  | |  |  |  |
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| **Transfer out of bed to** | **Chair** |  |  |  | |  |  |  | |  |  |  |
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| **W/C** |  |  |  | |  |  |  | |  |  |  |
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| **Commode** |  |  |  | |  |  |  | |  |  |  |
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| **Dressing** | **Pajamas** |  |  |  | |  |  |  | |  |  |  |
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| **Clothes** |  |  |  | |  |  |  | |  |  |  |
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| **Bathing:** | **Shower** |  |  |  | |  |  |  | |  |  |  |
| **Bed Bath** |  |  |  | |  |  |  | |  |  |  |
| **Partial Bath** |  |  |  | |  |  |  | |  |  |  |

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| **Section** | | **Date:** | | | | | | **Date:** | | | | | | **Date:** | | | | |
| **1** | **2** | | **Time/Initial** | | | **1** | | **2** | **Time/Initial** | | | **1** | | **2** | | **Time/Initial** |
| **Personal Hygiene** | **Hair Care** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Teeth** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Shaving** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Hands/Face** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Toileting** | **Toilet** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Commode** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Brief** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Catheter** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Ostomy** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Column 1 Codes:**   1. Small 2. Medium 3. Large 4. Extra Large | | | | | | | | **Column 2 Codes:**  C- Continent  IT- Incontinent small  IN- Fully Incontinent  O- Did not go | | | | | | | | | | |
| **Incontinence** | **Bowel** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Bladder** |  |  | |  | | |  | |  |  | | |  | |  | |  |
|  | **Vomit** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Column 1:** Food percentage  **Column 2:** Percentage below 50% reported: Yes, No or N/A | | | | | | | | | | | | | | | | | | |
| **Food Intake** | **Meals** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Snacks** |  |  | |  | | |  | |  |  | | |  | |  | |  |
| **Fluid Intake:** | **Water** |  | |  | |  |  | |  | | |  |  | |  | | **Total:** | |
| **Juice** |  | |  | |  |  | |  | | |  |  | |  | | **Total:** | |
| **Milk** |  | |  | |  |  | |  | | |  |  | |  | | **Total:** | |
| **Coffee/Tea** |  | |  | |  |  | |  | | |  |  | |  | | **Total:** | |
| **Other:** |  | |  | |  |  | |  | | |  |  | |  | | **Total:** | |

**Vitals Signs should be recording on Vital Sign Flow sheet.**

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| **Date:** | **Initial:** | **Signature:** |
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