

Assisted Daily Activities

Name:		DOB: <i>I I</i>										Primary MD:						Month:			Year:											
Activity		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Vital Signs																																
AM shift	T																															
	p																															
	R																															
	B/P																															
PM shift	T																															
	p																															
	R																															
	B/P																															
Bath / Shower																																
Oral Care																																
Lotion																																
Powder																																
Foot Care																																
Ambulation																																
ROM																																
Bowl Movement																																
Urine output																																
7am-7pm																																
Meal Setup																																
Meals	B																															
	L																															
	D																															
	Sn																															
Linen Change																																
Clean Pt. Area																																
Pathways clear																																

