PATIENT ID:													-			/ Sheet	© ISIS/HI	MS 2006				
						L							First Name: Room #: Year:						CNA Merr	cy Salem V1 ·	. Page	
DATE																	/					
WEIGHT																						
Bedscale ( <b>B</b> ) Standing ( <b>S</b> ) Chair ( <b>C</b> ) Lift ( <b>L</b> )	<b>B</b>	S C		B	S C		B	S C		<b>B</b>	S C		<b>B</b>	S C		B	S C		B	S C		
MEAL INTAKE	В	L	D	В	L	D	В	L	D	В	L	D	В	L	D	В	L	D	В	L	D	
Unavailable For Meal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Meal 76-100%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
51-75%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26-50%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1-25%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$\bigcirc$	
Refused	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NPO (other than TF)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Tube Feeding	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Subsitute Feeding Offered	GR	GR	-	GR	G R	G R	GR	GR		GR	GR		GR		GR	GR	GR	GR	G R	G R	G R	
Snacks given (G), refused (R)	GR	GR	GR	G R	<b>G R</b>	G R	GR	G R	GR	GR	GR		GR	GR	GR	G R	© R	GR	G R	© R	G R	
HS Snack given (G), refused (R)			G R			© ®			GR			G R			GR			GR			G R	
Self Performance (enter letter)																						
Assistance Needed (enter number)																						
Dietary Consult (for dietary use only)																						
BATH	N	D	E	N	D	E	N	D	E	N	D	E	N	D	Е	N	D	Е	N	D	E	
Bed Bath	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Whirlpool	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Tub bath	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Shower	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Refused	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Self Performance (enter letter)																						
Assistance Needed (enter number)																						
GROOM / HYGIENE	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	
Self Performance (enter letter)																						
Assistance Needed (enter number)																						
Initials																						
	ervision: Cu	leing	hysical help	$\mathbf{D} = \mathbf{T}\mathbf{c}$	tal Depende	istance: Mo ence: full Sta ot occur			p	ASSISTAN	CE NEED			on Physical		4 = 8 =	No set up Activity di	or physical l id not occur	nelp	_		

PATIENT ID:					;							N	ursing A	ssistar	nt Flow	Sheet @	) ISIS/HM	IS 2006				
	Last	Name:						rst Name														
							dent Id:			Unit:			oom #:									
												_							CNA Merc	y Salem V1 -	Page 2	
DATE		/			/		//			/			1			/			/			
DRESSING	Ν	D	E	N	D	E	N	D	E	N	D	E	N	D	Е	N	D	E	N	D	E	
Self Performance (enter letter)																						
Assistance Needed (enter number)																						
SKIN OBSERVATION	Ν	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	
Blisters																						
Scratches																						
Red Areas																						
Discoloration																						
Skin Tears																						
Open Areas																						
None Of The Above Observed																						
BOWELS	Ν	D	E	N	D	Е	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	
No Bowel Movement																						
Continent Bowels X																						
Incontinent Stool X																						
Loose Stools																						
Size: S/M/L																						
Colostomy																						
OTHER:																						
BLADDER	Ν	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	
Did Not Void	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Voiding / BRP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Foley Catheter																						
Continent Urine X																						
Incontinent Urine X																						
OTHER:																						
Initials																						

ASSISTANCE NEEDED 1 = One Person physical assist 2 = Two + Person Physical assist 3 = Set up help only

4 = No set up or physical help 8 = Activity did not occur

PATIENT ID:												N	ursing A	Assista	nt Flow	Sheet @	© ISIS/HN	IS 2006			
						Last	Name:					Fi	rst Name	:							
						Resi	dent Id <sup>.</sup>			Unit:			Room #: Year:								
																			CNA Merc	y Salem V1	Page 3
DATE		/			/			/			/			/			/			/	
TOILET USE / DEVICE	Ν	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E
Bathroom																					
Bedside Commode																					
Bedpan																					
Urinal																					
Self Performance (enter letter)																					
Assistance Needed (enter number)																					
INCONTINENCE CARE	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E
Disposable Briefs																					
Incontinence Pad																					
Pericare / Barrier Cream																					
Foley Cath Care																					
Toileting Program																					
Turn / Reposition																					
Check & Change																					
MOBILITY / ACTIVITY	Ν	D	E	N	D	E	N	D	E	Ν	D	E	N	D	E	N	D	E	N	D	E
Wheelchair																					
Chair / Geri Chair																					
Cane / Walker / Crutch																					
Meriwalker																					
Bedfast																					
Other:																					
WALK IN ROOM	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E
Self Performance (enter letter)																					
Assistance Needed (enter number)																					
WALK IN HALLWAY	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E
Self Performance (enter letter)																					
Assistance Needed (enter number)																					
LOCOMOTION ON UNIT	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E
Self Performance (enter letter)																					
Assistance Needed (enter number)																					
Initials																					
$\begin{array}{rcl} \textbf{SELF PERFORMANCE} & \textbf{I} &= & Inde\\ & \textbf{S} &= & Supe\\ & \textbf{L} &= & Limi \end{array}$	ervision: Cu	eing	hysical help		tal Depende	sistance: Mo ence: full Sta ot occur			lp A	SSISTANC	E NEEDE	2 = T	One Person ph Wo + Person Set up help on	Physical as			No set up or Activity did	physical he not occur	elp		

PATIENT ID:					Nursing Assistant Flow Sheet © ISIS/HMS 2006   Last Name: First Name:   Resident Id: Unit: Room #: Year:																
						Res	ident Id:			Unit:		F	Room #: _			Year			CNA Mer	cy Salem V1 -	. Page 4
DATE		/			1									1			/			/	
LOCOMOTION OFF UNIT	N	D	E	N	D	E	N	D	E	N	D	E	N	D	Е	N	D	Е	N	D	Е
Self Performance (enter letter)																					
Assistance Needed (enter number)																					
TRANSFER	N	D	E	N	D	E	N	D	E	Ν	D	E	N	D	Е	N	D	Е	N	D	Е
Sit-to-stand (S) Lift or Hoyer (H)	S H	S H	<b>S H</b>	<b>S H</b>	S H	<b>S H</b>	<b>S H</b>	<b>S H</b>	<b>S H</b>	S H	S (	) <b>S H</b>	<b>S H</b>	<b>S H</b>	SH	S (H)	<b>S H</b>	<b>S H</b>	S H	<b>S H</b>	<b>S H</b>
Self Performance (enter letter)																					
Assistance Needed (enter number)																					
BED MOBILITY	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	Е
Self Performance (enter letter)																					
Assistance Needed (enter number)																					
SAFETY / FALL	N	D	E	N	D	E	N	D	E	N	D	E	N	D	Е	N	D	Е	N	D	Е
Bed Alarm																					
Chair Alarm																					
Low Bed																					
Other:																					
BEHAVIORS	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E
Frequent Crying																					
Repetitive Verbalization																					
Repetitive Movement																					
Yelling / Screaming																					
Kicking / Hitting																					
Pinching / Scratching / Spitting																					
Biting																					
Wandering																					
Abusive Language																					
Threatening Behavior																					
Sexually Inappropriate																					
Resistant To Care																					
None Of The Above Observed																					
CNA SIGNATURE INIT						CNA SI	GNATURE						INITIALS CNA SIGNATURE								
SELF PERFORMANCE I = Inde						sistance: Mo			lp A	SSISTANC	CE NEEDI	ED 1 = 0					No set up o		:lp		
S = Sup	ervision: C	ueing	Physical help	$\mathbf{D} = \mathbf{T}\mathbf{c}$	otal Depend	ence: full Sta			ιμ A	55151 ANU	LE NEEDI	<b>2</b> = T		Physical as			No set up of Activity did		зћ		