**PSW ASSIGNMENT SHEET**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PSW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Break: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ward Clerk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Precautions** |  |  |  |  | **Tasks** |  |  |  |
| Room # |  | Vital Signs (morning, lunch, dinner) | AM/ PM Care | Mobilize Up to Chair | Feeding/ set up for meals | Foley Output | Ostomy Output | Drain Output | Other |
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