

Health Sciences North/Horizon Santé Nord

LEGEND: Areas enclosed in double lines and bolded are to be completed by PSW/RPN
 All other areas to be completed by RPN or RN only

DATE: (D/M/Y)												
TIME OF DAY				N	D	E	N	D	E	N	D	E
MOBILITY	I	independent supervision	Bed									
	S	turn & position	Chair									
	X1	x1 assist	Ambulation (aids)									
TRANSFER	X2	x2 assist										
	W	walker										
	C	cane										
SPECIAL NEEDS	P	prosthesis										
	I	independent supervision	Bed/Chair									
	S	x1 assist	Toilet									
HYGIENE	X2	x2 assist	Tub/Shower									
	M	mechanical lift										
	SB	sliding board										
ELIMINATION	O	orthotic	C	cast								
	B	brace	PR	pressure relief device								
	S	splints	I	isolation								
HYGIENE	T	lap tray	Siderails x _____									
	TB	transfer belt										
	AS	antiembolic stockings										
HYGIENE	I	independent	Grooming/shaving									
	H	set up	Bathing									
	S	supervision	Dressing									
ELIMINATION	C	cueing	Toileting									
	A	assist	Mouth care									
	T	total	Shampoo									
ELIMINATION	R	refused	Nail care									
	(✓)		Menstruation									
	N	continent	Voided									
ELIMINATION	I	incontinent	output (mL)									
	0	no output	24 hour total									
	QS	quantity sufficient										
ELIMINATION	I	independent	Intermittent Catheterization (✓)									
	H	set-up	Catheter (✓)									
	T	total	Ostomy (✓)									
ELIMINATION	B	bowel 1-5(###)	S	small								
	C	constipated	M	moderate								
	D	diarrhea	L	large								
ELIMINATION	S	smearing	I	incontinent								
	DIS	disimpaction										
	No. of days without BM											
Ostomy (✓)												
Laxative (✓)												
Suppository (✓)												
Enema (✓)												
Digital stimulation (✓)												
INITIALS	PSW/ Care provider											
	RPN/ RN											