

Student Assignment Sheet

Patient's initials: _____ Room No: _____ Student Name: _____

Sex: _____ Age: _____ Code statue: _____ Date: _____

Allergies: _____ Charge nurse: _____

Diagnosis: _____ Co-assigned nurse: _____

Vital signs: Weight :	Fluids and Nutrition I & O: Diet: Tube feedings: IVs:	Elimination Last BM: Catheters: Drains: Ostomies:
Respiratory Oxygen: Suctioning: Nebulizers: Trach care :	Treatments Dressings: Special skin care: Other:	Tests Lab work: Xrays: Other:
Therapies PT: OT: Speech: Recreation: Other:	Functional Status Bathing: Mouth Care: Feeding: Vision: Hearing:	Activity Mobility: Assistive devices: Transfers: Safety devices: Restraints:
Report:		

Observations and Care Checklist

General Survey: Level of consciousness, Orientation to person/place/time, verbalization	
Skin Condition: Integrity/colorations/texture/warmth	
Activity tolerance: during cares, transfers, in and out of bed	
Degree of Dependence: bathing/grooming/oral care/dressing/transfers/feeding	
Meals: amount of food @ each meal, snacks, tube feeds	
Fluids: amount drank at meals, between meals, IVs	
Urinary output: void/incontinence/catheters	
Bowel movements: toilets/incontinence	
Treatments/appointments:	
Other observations/remarks:	

Cares Checklist

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Bed Bath | <input type="checkbox"/> Shower | <input type="checkbox"/> Tub bath | <input type="checkbox"/> Mouth care |
| <input type="checkbox"/> Skin Moisturized | <input type="checkbox"/> Hair Care | <input type="checkbox"/> Shaving | <input type="checkbox"/> Fingernail care |
| <input type="checkbox"/> Dressed | <input type="checkbox"/> Bed made | <input type="checkbox"/> Unit neat | <input type="checkbox"/> Additional care |
| <input type="checkbox"/> ROM exercises | <input type="checkbox"/> Reposition | <input type="checkbox"/> Transfer OOB | <input type="checkbox"/> Ambulation |
| <input type="checkbox"/> Toileted | <input type="checkbox"/> BM Recorded | <input type="checkbox"/> Incontinence check | |
| <input type="checkbox"/> Fluids offered | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Dinner |
| <input type="checkbox"/> Vital signs checked | <input type="checkbox"/> Weight measured | <input type="checkbox"/> Safety check: call bell & room | |