HARRISBURG AREA COMMUNITY COLLEGE - NURSE AIDE CLINICAL CHARTING

Nurse Aide Clinical Charting Form

Section # _____
Date: _____
Floor #_____

ROOM #	RESIDENT	Breakfast %	Breakfast AM/cc's	Supplement	Lunch %	Lunch PM/cc's	Bath	Oral Care	Shampoo	Shave	Nails	Activity	Safety Device	Voiding	Observations TPR, I&O, etc.	Inst. Initials
	KEY:	1 = Self			2 = Assist			3 = Total			4 = Refused					

Any additional information will be placed on the back of this sheet

Safety Device Key	
Bd = Bed Alarm	Mat = Mats on Floor
Ch = Chair Alarm	SSB = Safe Seat Belt
PA = Personal Alarm	SR = Side rails

Bath Key	
BB = Bed Bath	SH = Shower
TB = Tub Bath	WP = Whirlpool
PB = Partial Bath	

Activity Key
W/C = Wheelchair
G-C = Geri-chair
Amb. = Ambulatory
CBR = Complete Bedrest

BM Key
S = Small
M = Medium
L = Large

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