

Sample Documentation Form

NATCEP

Resident's Name _____ Room # _____	Date _____ Hours _____	
<u>Charting Areas</u>	Self Performance	Support
Bed Mobility		
Transfers		
Walk in room		
Walk in hall		
Locomotion in unit		
Locomotion off unit		
Dressing		
Eating		
Toilet use		
Personal hygiene		
Bathing		
Bathing (type)		

Key: ADL's

<p><u>Self Performance</u> I=Independent S=Supervision L=Limited Assist E=Extensive Assist D=Total Dependence NO=Activity did not occur</p>	<p><u>Support</u> D=No staff support S=Set up help only 1=One person assist 2+=2 or more staff assist NO=Activity did not occur</p>	<p><u>Meal Percentages</u> 0% 25% 50% 75% 100% OF=Out of facility TF=Tube fed</p>
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Breakfast %	
Lunch %	
Dinner %	
PM Snack %	

BM (yes or no)	
Type: (S=Small, M=Medium, L=Large, XL=Extra Large, D=Diarrhea)	
BM (C=Continent, I=Incontinent, O=Ostomy)	
Urinary Output (yes or no)	
If NO urinary output, was licensed nurse notified? (yes or no)	
Urinary Output (C=Continent, I=Incontinent, F=Catheter)	

Revised 04/05

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Resident's Name _____ Room # _____	Date _____ Hours _____		
<u>Charting Areas</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
Negative Statements			
Repetitive Questions			
Repetitive Verbalizations			
Persistent Anger			
Self Depreciation			
Unrealistic Fears			
Feeling Something Terrible is Going to Happen			
Repetitive Health Complaints			
Repetitive Anxious Concerns / Complaints not health related.			
Wandering			
Location of Wandering (please explain) *			
Easily Altered			
Verbally Abusive			
Type of Verbal Abuse (explain) *			
Easily Altered			
Was licensed nurse notified?			
Physically Abusive			
Type of physical abuse (explain) *			
Easily Altered?			
Was licensed nurse notified?			
Socially Inappropriate behavior			
Type of inappropriate behavior (explain) *			
Easily Altered?			
Resists Care			
Type of care resisted (explain) *			
Easily Altered?			
Unpleasant mood in the morning			
Insomnia / change in sleep pattern			
Sad, pained or worried expression			
Crying / Tearfulness			
Repetitive physical movement			
Withdrawal from activities of interest			
Reduced social interaction			
NA Student Signature _____ Date _____	This form must be completed and returned to staff 1 hour before shift ends or as directed by the instructor Review this document with the NA Student before it is given to staff.		
Instructor's Signature _____ Date _____			
Revised 04/05			

Explanation of Above (*):
