St.JosephHealth ✚

Patient Care

Cares				
Oral Care	☐ Self ☐ Dentures	☐ Assisted ☐ Partials	☐ Total	☐ Refused
Medication Administration Method	○ Crushed ○ One Pill At A Time ○ Per Feeding Tube ○ Crushed In Puree			
Suction Canister And Tubing Changed	○ Yes ○ No			
Pericare	○ Self	○ Assist	○ Total	○ Refused
Catheter Care	○ Yes ○ No			
Bath	☐ Self	☐ Assist	☐ Partial	☐ Total ☐ Refused
Bath Type	○ Chlorhexidine Gluconate ○ Soap And Water ○ Other _____			
Skin Care Given	○ Barrier Cream ○ Moisturizer			
Shower	☐ Self	☐ Assist	☐ Partial	☐ Total ☐ Refused
Shampoo	○ Self	○ Assist	○ Total	○ Refused
Shave	☐ Self	☐ Assist	☐ Partial	☐ Total ☐ Refused
Linen Change	○ Complete	○ Partial	○ Refused	
Patient Care Equipment	☐ Abdominal Binder ☐ Foam Support/Swiss Cheese ☐ Positioning Boot (L-nard) ☐ Abductor Pillow ☐ Foot Cradle ☐ Sling ☐ Air Mattress ☐ Foot/Heel Support ☐ Therapeutic Bed ☐ Cold Therapy ☐ Heating Blanket ☐ Traction ☐ Cooling Blanket ☐ Heating Pad ☐ Trapeze ☐ CPM Machine ☐ Immobilizer ☐ Wheelchair ☐ Elastic Wrap			
Gait Assistive Devices	☐ Axillary Crutches ☐ Hemi Rails ☐ Platform Crutches ☐ Bariatric Walker ☐ Hemi-Walker ☐ Platform Walker ☐ Environment Support ☐ IV Pole ☐ Prosthesis ☐ Forearm Crutches ☐ Kneeling Walker ☐ Single Point Cane ☐ Four Wheeled Walker ☐ Large Based Quad ☐ Small Based Quad Cane ☐ Front Wheeled Walker ☐ Parallel Bars ☐ Wheelchair ☐ Hand Held Assist ☐ Pick Up Walker ☐ None			
Patient Care Comment				

RN Print Name: _____

RN Signature: _____

Date/Time: _____

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Patient Label

DOWNTIME DO NOT DESTROY/File in Permanent Record/DO NOT DESTROY