

RESIDENT CARE DATA: DAILY RECORD

From: _____ To: _____

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
GROOMING Day(s): B=Bath, S=Shower W=Whirlpool	D																															
	E																															
NAIL CARE																																
SHAVE/FACIAL HAIR																																
SHOES/SLIPPERS																																
ORAL and DENTURE CARE	AM																															
	PM																															
EYE CARE Lid Care:	AM																															
	PM																															
FOOD INTAKE P=Poor F=Fair G=Good	BK																															
	LU																															
	DI																															
NOURISHMENTS (P, F, G)	D																															
	E																															
BOWEL MOVEMENT B/B Retraining:	N																															
	D																															
	E																															
RESTRAINTS SUPVN Type: Rel. Act.:	N																															
	D																															
	E																															
GLASSES	AM																															
	PM																															
HEARING AID Battery T	AM																															
	PM																															
Resident Name										Room #					Physician										Medical Record #							

REHAB/RESTORATIVE NURSING

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMBULATION Goal:	D																															
	E																															
SELF-FEEDING PROG Device:	BK																															
	LU																															
	DI																															
PROM Sites:	N																															
	D																															
	E																															
NURSE ASST. Initials	N																															
	D																															
	E																															
RN/LPN Initials	N																															
	D																															
	E																															
Resident Name										Room #					Physician										Medical Record #							

COMMENTS: