

# GIFTED NURSES PRIVATE DUTY NOTES

2748 Metairie Lawn Drive, Ste. B, Metairie, LA 70002 (504-831-2123)

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ (Circle Day of Week)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<b>HYGIENE</b>	Initial and Indicate Time of Day (am or pm) Activity Occurred						
<b>BATH:</b> <input type="checkbox"/> Total Care <input type="checkbox"/> Assist <input type="checkbox"/> Supervise <input type="checkbox"/> Sponge <input type="checkbox"/> Shower <input type="checkbox"/> Bed <input type="checkbox"/> Tub							
<b>MOUTH CARE:</b> <input type="checkbox"/> Routine <input type="checkbox"/> Spec. Mouth Care							
<b>HAIR CARE:</b> <input type="checkbox"/> Comb / Brush <input type="checkbox"/> Shampoo							
<b>SKIN CARE:</b> <input type="checkbox"/> Lotion <input type="checkbox"/> Shave <input type="checkbox"/> Nails							
<b>DRESSING:</b> <input type="checkbox"/> Total Care <input type="checkbox"/> Assist <input type="checkbox"/> Supervise							
<b>MEALS</b>							
<b>DIET:</b> _____							
<input type="checkbox"/> Prepare/Serve Meal to Patient <input type="checkbox"/> Self Feed							
<input type="checkbox"/> Set Up/Supervise Feeding <input type="checkbox"/> Feed Patient							
<input type="checkbox"/> Measure and Record Oral Intake (cc)							
<b>HOUSEKEEPING</b>							
<input type="checkbox"/> Tidy Patient's Room/Make Bed							
<input type="checkbox"/> Launder clothing/linen used in care/put away							
<input type="checkbox"/> Wash dishes used to prepare/serve meal/put away							
<b>ELIMINATION</b>							
<b>TOILETING:</b> <input type="checkbox"/> Indep <input type="checkbox"/> Assist <input type="checkbox"/> Supervise							
<b>ASSISTIVE DEVICES:</b> <input type="checkbox"/> TOILET <input type="checkbox"/> BSC <input type="checkbox"/> Urinal <input type="checkbox"/> Bedpan <input type="checkbox"/> Incontinent Care <input type="checkbox"/> Diaper Change							
<b>APPEARANCE CARE:</b> <input type="checkbox"/> Foley Cath Care <input type="checkbox"/> Colostomy Bag: <input type="checkbox"/> Change <input type="checkbox"/> Empty							
<b>APPEARANCE OF URINE:</b> <input type="checkbox"/> Straw <input type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Clear <input type="checkbox"/> Hazy Amount _____ (cc)							
<b>LAST BOWEL MOVEMENT:</b> <input type="checkbox"/> Reported <input type="checkbox"/> Observed <b>APPEARANCE:</b> <input type="checkbox"/> Hard <input type="checkbox"/> Soft <input type="checkbox"/> Loose ( * ) See Note <input type="checkbox"/> Brown <input type="checkbox"/> Black							
<b>MOBILITY</b>							
<b>AMBULATE:</b> <input type="checkbox"/> Assist <input type="checkbox"/> Supervise							
<b>ACTIVITY:</b> <input type="checkbox"/> Bedrest <input type="checkbox"/> ROM Dangle <input type="checkbox"/> BRP <input type="checkbox"/> Limited _____ <input type="checkbox"/> Up in Chair <input type="checkbox"/> As Tolerated							
<b>ASSISTIVE DEVICES:</b> <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> Hoyer Life							
<b>BASIC HOME SAFETY:</b> <input type="checkbox"/> Bed Rails Up <input type="checkbox"/> Phone Within Reach <input type="checkbox"/> Life Line <input type="checkbox"/> Clear Pathways <input type="checkbox"/> Oxygen Safety							
<b>INFECTION CONTROL:</b> <input type="checkbox"/> Handwashing Supplies: Gloves Apron Mask Gown Eye Shield							

( \* ) Additional Note Required

WORKER'S NAME: \_\_\_\_\_ PATIENT TO INITIAL: \_\_\_\_\_

WORKER'S SIGNATURE: \_\_\_\_\_ PATIENT'S SIGNATURE: \_\_\_\_\_

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**PATIENT NAME:** \_\_\_\_\_

<b>DATE</b>	

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGN FRONT OF FORM AND AT THE END OF THE WRITTEN NOTE**