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