PERSONAL CARE RECORD

	HOUR	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
DIET G-Good 75% F-Fair 50% R-Refused S-Snack P-Poor 25%																																
( ) Dining Room ( ) Feeds Self ( ) Room ( ) Assistance ( ) Total																																
BATH ( ) Sponge Bath (SB) ( ) Bed Bath (BB) ( ) Tub Bath (TB) ( ) Shower (SH) ( ) Whirl Pool (WP) ( ) I ( ) A ( ) TH																																
ORAL CARE ( ) Dentures ( ) Teeth ( ) I ( ) A ( ) TH																																
F. Nail Care ( ) I ( ) A ( ) TH																																
T. Nail Care ( ) I ( ) A ( ) TH																																
Shave ( ) I ( ) A ( ) TH																																
Shampoo ( ) I ( ) A ( ) TH																																
BOWEL MOVEMENT L = Large M = Medium S = Small																																
INCONTINENCE ( ) Urine ( ) Voiding Freely ( ) Feces Sponge Bath After Each Incontinent Episode																																
SKIN CARE ( ) Turn and Reposition Q2H ( ) Pericare ( ) Backrub																																
AMBULATION ( ) Walker ( ) Partial Bedfast ( ) AMB ( ) Chair ( ) Cane ( ) Wheelchair ( ) I ( ) A ( ) TH																																
RESTRAINTS ( ) Vest ( ) Wrist ( ) Hand/Ankle Checked Q 1 hr: R/R Q 2 hrs.																																
ROUTINE RESIDENT CHECK Q_____ hrs.																																
Treatments by N/A	DAY																															
	EVENING																															
	NIGHT																															
Linen Change T = Total P = Partial	DAY																															
	EVENING																															
	NIGHT																															
	HOUR	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

CHARTING FOR | THROUGH

Physician | Telephone No. | Medical Record No.

Alt. Physician | Alt. Telephone

Allergies | Rehabilitative Potential

Diagnosis

Medicaid Number | Medicare Number | Complete Entries Checked By: Title: Date:

RESIDENT | D.O.B. | Sex | Room # | Patient Code | Admission Date

INITIALS	SIGNATURE & TITLE	INITIALS	SIGNATURE & TITLE	INITIALS	SIGNATURE & TITLE

FORM UDA 5101-5B

MONTH	HOUR	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
Output ( )Foley ( )Other																																
Intake																																
Temperature ( )Other ( )Oral ( )Rectal																																
Pulse																																
Respirations																																
Blood Pressure																																
Weight																																
ROM																																
Initials (Each Shift)																																
	HOUR	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

ACTIVITIES OF DAILY LIVING

I - Independent
A - Assisted
TH - Total Help
SD - Spec. Dev.
O - Other
BF - Bedfast
CH - Chair
WC - W. Chair
W - Walker
AMB - Ambul.

RESTRAINTS

R/R - Released & Repositioned
VOL - Volunteer
POD - Podiatrist

LOSS OF SENSES

( ) Speech
( ) Hearing
( ) Vision
( ) Touch
( ) Smell

COMMUNICATION

( ) No Communication
( ) Verbal
( ) Voluntary
( ) Non-Verbal
( ) Written
( ) Foreign Language