

CSM PATIENT CARE WORKSHEET

| | | | | | | | | |
|--|-----------------|--------------------|------------------------------|--|--|------------------------------------|------------------------|-----------------|
| Student | | | | | Date | | | |
| Patient Initials | | Rm # | | Age | | Religion | | |
| Admission Date | | Family type | | Occupation | | | | |
| Primary Diagnoses/ Surgical Procedure Code Status | | | | | | Secondary Medical Diagnosis | | |
| | | | | | | HIPAA | | |
| Dev. Stage/Task | | | | | Is this patient at the appropriate developmental level for age? | | | |
| Identified teaching needs of patient/caregiver: | | | | | Patient/ Caregiver Teaching Goal: (Based on teaching needs) | | | |
| Ethnic/Cultural Implications: | | | Discharge Plan: | | Safety Issues: (Based on developmental level): | | | |
| | | | | | | | | |
| BATH | ACTIVITY | DIET | FLUIDS | CHECK/LIST | | EQUIPMENT BEING USED | | |
| Bed | Bed | Reg | Limit | Blood sugar: | | | | |
| Self | BRP | Soft/Pureed | Sips | Wt: | | | | |
| Shower | BRP c Asst | CI Liq | Ice Chips | Foley: | | | | |
| Tub | Chair | Full Liq | Push | Specimen: | | | | |
| Partial | Amb c Asst | NPO | Intake for my shift: | Output for my shift: | | | | |
| Assist | Amb ad Lib | Special diet: | | | | | | |
| Total Care | Restraints | | | | | | | |
| IV Fluids: type | | | | Flow rate | | | Site Assessment | |
| NG/Gastrostomy Fluids: Type | | | | Flow rate/Bolus/ H₂O Feed Amount | | | | Residual |
| Allergy | | | | | | | | |
| Treatments/ Therapy | | Time | Normal Vitals for age | | Special VS parameters for Patient | | | |
| | | | Temp: | | Temp: | | | |
| | | | BP: | | BP | | | |
| | | | Pulse: | | Pulse | | | |
| Diagnostic Test Sched for today | | | Resp: | | Resp | | | |
| | | | O ₂ saturation | | O ₂ saturation | | | |
| | | | Pain level | | | | | |
| | | | Other | | | | | |
| | | | | | | | | |