

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					
Dev. Stage/Task					HIPAA					
					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							