			DATE	I IM	PRINT WITH PAT	ENT CHARG	E PLATE		-
			J. BAIL	1					
Memo	rial								
Hospital									
				_					
PATIENT	ADMISS	SION DATA	BASE						
ranear	ADMIGE	NOIL DAIL	DAGE						
Date Time M	ode:	ulatory 📋 Str	etcher	Vis: Admitting		Obtained From Patient	Family		
Religious Preference:				Marital Status: 🗀 Sid	ngle L Married	☐ Divord	ed 🔲 V	Widowed	
Lives With: Spouse	Family	Alone 🗆 Ot	her	In: House D A	partment LI Ex	tended Care	☐ Hom	neless [Other
Emergency Contact / Relation				Phone Number:	NORSE'S W	HTIAL C	☐ Brad	celet Inta	at
FUNCTIONAL ASSE	COMPANY	ne La		ALL DAN MEALT	13.500.000.000.000	MEACHET.	ALTH	ANAG	EMENT
Reason for Admission:	SOMENI	(May De Co	mpreteu by an cr	OLEFAN TIEALI	HELHOLFI	IOI4 / IIE	- 1.1.1 W	INITA	
Patient History (major illne	sses / Injurie	s / problems):	Diab	etes 🗀 Lung	Disease	□ ТВ		+ PPD	
	Glaucoma	□ Hy	pertension 🔲 Rena	al Disease 🔲 Coro	nary Disease				
	Vascular Di		ollepsy	r <u> </u>					
Surgical History: Operation	ns and dates	done:							
Operative Site:	A1 / A	□ Inf	tact						
Anesthesia Reaction:	N/A		Problems: N/A	Jaw Prol	blems: N//	A			
Reproductive Health: Las				f Breast Exam:		Last Pap S	mear:		
	mmogram (:					Pap Smea	Offered:	☐ Yes	Refused
Sel	f Testicular I	Exam:	Prostate	Screen (> 40 yr):				8.0	
Any sexual concerns?									
Smoking History: What:			w Much:	How Long:		Last Us	B:		
Would you like information a	about how to				Yes No	Last Dri	-1		_
Alcohol History: What: Street Drugs: What:			w Much:	How Long:		Last Us		_	
Street Drugs: What: Are you taking any over the	se counter i			The second second second		Last Os			
What medicine do you use				Please list last dose be	elow.				
					(NURSE'S II	CHECK STREET			
MEDICAT	TONS	1987年	The second secon	ds, Food, Other)		VITAL SI	GNS/W	VEIGH	F A. Marie
Medication / Strength	Freq.	Last Dose	List Allergies /	Type of Reaction	BP:				
		-			BP:	R:			
					P:		_		
	+	-			T:			. —	
		-			HEK	GHT:		- 4	
						GHT:		-	
					☐ ACTU	AL.	☐ STA	TED	
Disposition of Medication	: Did N	ot Bring 🔲	Sent Home Other		Zin inerie ii	Trans.			
		12 12	Salting Commences	at a length of the State of the	(NURSE'S II	111111111111111111111111111111111111111		4.0040	
DISCHARGE	PLANNI	NG If patter	t answers "yes" t	sny question, n	eter to Case	Managel	YES NO	NT 2240	PECIFY
A. Will living arrangements	be a proble	m after dischar	700?				ES NO	- Sr	LOIL
B. Do you have anyone at							-	1	
C. Do you currently have h			.,,						
Do you have a preferen			provider? Name:						
D. Do you currently have o				pe:					
Do you have a preferen									
E. Will you need help from					els, etc.?				
F. Do you need information		The same of the sa				-	_		
G. Will you need information	on Physic	al therapy, Ref	nabilitation, Nursing hom	es or Assisted living?	(Niliperie i	MITIAL C			

	FUNC	CTIONAL ASS	ESSMENT		TO THE STATE OF TH
COGNITION - PERCEPTION	If in need of an Interpreter - call \\ Hearing impaired or Deaf - call \C	olunteer Services	- 2507.		
Able to Read English: Yes					
Memory Problem (short or long to If Yes, Describe:					
Vision Impairment: Right					
Hearing Impairment: Aight	☐ Left ☐ Both	Hearing Ald: (Yes No	With Patie	ent: Yes No
Alteration in Sensory Perception	n: 🔲 Yes Describe:				
[집 경기 : [2] 이 나를 가면 하면 하면 하면 하면 하는 것은 것은 것은 것이 없는 것이 없다.	☐ No If yes, contact MD for	a referral.			
SLEEP/REST/ACTIVITY					
Sleep / Rest Pattern (times of day	/, amount, difficulties, routines, aid	ds, etc.):	-25		
Usual Activities / Exercise Patter	m (exercise routine (kind, frequer	ncy, leisure activitie	es, occupation});		
Activities with Which You Usuali	y Need Help:	☐ None	y .		
☐ Eating ☐ Dressin		☐ Toileting	□ Grooming	☐ Housework	 Moving in Bed
Cooking Walking		Other:			
Assistive Devices:	chair	☐ Walker	☐ Crutches		
Does patient's current functional st		Steady	Unsteady	. □ No	
If yes, request PT and/or OT referra	al from MD,	or or correctly realth	probletti: 🛄 168	□ No	
		· · · · · · · · · · · · · · · · · · ·	*	NURSE'S INITIALS	
Control of the Contro	INITI	PAIN ASSE	SSMENTER		(Separation of the second second
(If the patient answers yes, ple	we you had pain in the last severa ease proceed with the assessment (s) with an X where you hurt the	Person No nths? No	Completing Form		L L SQ A
Right L	Left A	Right	Len Con		
B. Please select a pain scale fro	m the 3 choices shown below the	at the patient would	prefer to use. If pa	in exists today, rate t	he pain on the scale selected.
0 - 10 SCALE:	0 1 2 3	4 5 6 7	8 9 10		
FACES:	(%)	() () () () () () () () () ()	(M) (M)	From Wong	D.L., Hockenberry-Eaton M., Wilson D.,
WORD DESCRIPTOR: (WD	r round management	4 6 Hurta Little Hurta Even More More	8 Hurts Whole Hurts Work	Winkelstein i Pediatric Nu Copyrighted	M.L., Schwartz P.: Wong's Essentials of rsing, ed. 6, St. Louis, 2001, p. 1301. by Mosby, Inc. Reprinted by parmission.
What number would you circle a deep breathe and recover quick 0 1 2		227 39 30		where you could mov	e around, walk, cough and
QUALITY: Aching Shooting	3 4 5 6 Burning Throbb Soreness Other		10 npìng ☐ Nui	mbness 🔲 Prickli	ng 🔲 Sharp
				ttime	
What time of day is your pain th		emoon 🔲 Ever	ilng 🗆 Bed	MILITE LI CULISIA	ant 🗀 N/A
What causes / aggravates the p	pain? Check all that apply.			anne 🔲 Curista	ant N/A
What causes / aggravates the p Sitting Bending What makes the pain better? Co	oain? Check all that apply. Walking Standin Theck all that apply.	_ g ☐ Flexi	ng / Extending [Other	D N/A
What causes / aggravates the p Sitting Bending What makes the pain better? Communication Rest	oain? Check all that apply. Walking Standin Theck all that apply. Elevation Activity	g ☐ Flexi	ng / Extending [D N/A
What causes / aggravates the p Sitting Bending What makes the pain better? Co Medication Rest	oain? Check all that apply. Walking Standin Theck all that apply.	g ☐ Flexi	ng/Extending [Heat []Oth	Other	D N/A

		į)		-))	
		The second section is	w. F	LIMINA	TION	A. Carrier	Garage Agency	
Jrinary Eliminatio	n / Alterations:	☐ None	☐ Frequ		☐ Urgency	☐ Pa	in / Burning	
3owel Elimination Constipa	Alterations: tion Diarrhea	☐ None ☐ Bleeding	☐ Hemo	orrhoids	☐ Laxative / Ener	na Use 🔲 Ot	her:	
Jsual Bowel Patte	rn				Last BM	(NNASEIS INITIA	2	
						to the work of the resource		
	EMOTION	AL WELL-BE	ING The	phone	extension for th	ne <u>Chaptain is</u>	2708.	100
- a distinguished by the same of the same	ig? Sad / Depressed:				us: Yes 🗋 N	lo		
	al methods of dealing							
Have you ever sou	ight professional help oncerns about your a	for your problem	ns? 🔲 Ye	s 🗆 N	lo Specify:			
						(NURSE'S INITIA	LS	
			Sale Sales VIII Company	DNAL -	METABOLIC			1 - 4 - 4
Dentures: Dup				iet before	Admission:	***	-	
Autrition Screening	g (give each factor that	applies a score of		- 1	1- 1-	BI-LE C		
A. Weight	Risk Factor		Sce	D.	TPN	Risk Factor		Score
 Unscheduled we 	ight loss of 10 lb or more w	othin 3 months		E.	Tube reading		W W W	
 Grossly underweg Patient requests d 			-	F.	The state of the s		V	
	esent or at risk to develop				Swarowing processis			
	Patients	Call Docto	Notity the or for SLP -	Nutrition Chewing	ilst - Ext 2354 or Swallowing Diffi	culty		
		The second second	FALL RI	Chewing SK ASS	or Swallowing Diffi	NURSE'S INITIAI	S	
EACH OF T		The second second	or for SLP -	SK ASS	or Swallowing Diffi	NURSE'S INITIAL	S	
EACH OF TI age 70 or greater Urinary / bowel - urgen	HE FOLLOWING EQUA	The second second	FALL RI	SK ASS	or Swallowing Diffi	NURSE'S INITIAL	S	
EACH OF TI age 70 or greater Urinary / bowel - urgeni Chronic debliating dise lise of drugs affecting to	HE FOLLOWING EQUA	The second second	FALL RI	SK ASS ORE Ch	ESSMENT EACH OF THE pronic / episodic confusion esteady gait story of prior falls	NURSE'S INITIAL	S	
EACH OF TI lige 70 or greater Urinary / bowel - urgeno Chronic debliating disecting to lise of drugs affecting to Mental status, urination	HE FOLLOWING EQUA	The second second	FALL RI	SK ASS PRE Ch	ESSMENT EACH OF THE ronic / episodic confusion steady gait story of prior falls TAL POINTS	FOLLOWING EQU	S	
EACH OF TO Age 70 or greater Urinary / bowel - urgenic Chronic debliating diseases Use of drugs affecting to Mental status, urination Censory deficit	HE FOLLOWING EQUA cy / incontinence ase blood pressure / on / defecation	The second second	FALL RI	SK ASS PRE Ch Un His	ESSMENT EACH OF THE pronic / episodic confusion steady gait story of prior falls TAL POINTS w risk protocol (0-2 point ph risk fall prevention pr	FOLLOWING EQU	S	
EACH OF TI Age 70 or greater Urinary / bowel - urgenic Chronic debliating disease Use of drugs affecting to Mental status, urination Sensory deficit Postural hypotension Depression / hopelessor	HE FOLLOWING EQUA cy / incontinence ase blood pressure / on / defecation	The second second	FALL RI	SK ASS PRE Ch Un His	ESSMENT EACH OF THE pronic / episodic confusion steady gait story of prior falls TAL POINTS w risk protocol (0-2 point ph risk fall prevention prioritiated (3 points or green	FOLLOWING EQU	S	
EACH OF TI Age 70 or greater Urinary / bowel - urgenic Chronic debliating disease Use of drugs affecting to Mental status, urination Sensory deficit Postural hypotension Depression / hopelessor	HE FOLLOWING EQUA cy / incontinence ase blood pressure / on / defecation	The second second	FALL RI	SK ASS PRE Ch Un His	ESSMENT EACH OF THE pronic / episodic confusion steady gait story of prior falls TAL POINTS w risk protocol (0-2 point ph risk fall prevention pr	FOLLOWING EQU	S	
EACH OF TI Age 70 or greater Urinary / bowel - urgend Chronic debliating disease Use of drugs affecting to Mental status, urination Sensory deficit Postural hypotension Depression / hopelesson Jeurological dysfunction	HE FOLLOWING EQUA cy / incontinence ase blood pressure / on / defecation	The second second	FALL RI	SK ASS PRE Ch Un His	ESSMENT EACH OF THE pronic / episodic confusion esteady gaint story of prior falls TAL POINTS w risk protocol (0-2 point ph risk fall prevention pronitiated (3 points or great ph risk protocol NOT interest	FOLLOWING EQU	S JALS 3 POINTS	
EACH OF TI Age 70 or greater Urinary / bowel - urgend Chronic debliating diseases of drugs affecting to Mental status, urination Sensory deficit Postural hypotension Depression / hopelesson Jeurological dysfunction Mobility deficit	HE FOLLOWING EQUA cy / incontinence ase blood pressure / on / defecation	ALS 1 POINT	FALL RI	SK ASS PRE Ch Un His	ESSMENT EACH OF THE pronic / episodic confusion esteady gaint story of prior falls TAL POINTS w risk protocol (0-2 point ph risk fall prevention pronitiated (3 points or great ph risk protocol NOT interest	NURSE'S INITIAL FOLLOWING EQU on its) otocol ster) lated	SIALS 3 POINTS	SCORE
EACH OF TI Age 70 or greater Urinary / bowel - urgend Chronic debliating disease of drugs affecting to Mental status, urination Sensory deficit Postural hypotension Depression / hopelesson leurological dysfunction Mobility deficit	HE FOLLOWING EQUA cy / incontinence ase blood pressure / on / defecation	ALS 1 POINT	FALL RI	SK ASS PRE Ch Un His	ESSMENT EACH OF THE ronic / episodic confusion steady gaint story of prior falls TAL POINTS w risk protocol (0-2 point ph risk fall prevention prior falls the risk protocol NOT info	NURSE'S INITIAL FOLLOWING EQU on its) otocol ster) lated	SIALS 3 POINTS	PT KEPT
EACH OF Till Ige 70 or greater Irinary / bowel - urgen Chronic debliating dise Ise of drugs affecting to Mental status, urination Gensory deficit Costural hypotension Depression / hopelesses Jeurological dysfunction Mobility deficit	HE FOLLOWING EQUA cy / incontinence ase blood pressure / on / defecation	ALS 1 POINT	FALL RI	SK ASS PRE Ch Un His	ESSMENT EACH OF THE ronic / episodic confusion steady gaint story of prior falls TAL POINTS w risk protocol (0-2 point ph risk fall prevention prior falls the risk protocol NOT info	FOLLOWING EQUIPMENT OF THE PROPERTY OF THE PRO	SIALS 3 POINTS	SCORE
EACH OF Tile of the control of the c	tox: Contact Lenses Upper	BELO!	FALL RI	SK ASS PRE Ch Un His	ESSMENT EACH OF THE ronic / episodic confusion steady gaint story of prior falls TAL POINTS w risk protocol (0-2 point ph risk fall prevention prior falls the risk protocol NOT info	FOLLOWING EQUIPMENT OF THE PROPERTY OF THE PRO	SIALS 3 POINTS	SCORE
EACH OF Tile 19 19 19 19 19 19 19 19 19 19 19 19 19	box: Contact Lenses Upper Upper	BELOI Lower Lower	FALL RI SCO Bridge /	SK ASS PRE Ch Un His TO Lo His His	ESSMENT EACH OF THE Pronic / episodic confusion Interest of prior falls TAL POINTS We risk protocol (0-2 point ph risk fall prevention pronitiated (3 points or gree ph risk protocol NOT inference to condition:	FOLLOWING EQUIPMENTS) otocol ster) lated NURSE'S INITIAL S SENT HOME	S SECURITY	PT KEPT
EACH OF Tile 19 Tile 1	box: Contact Lenses Upper Upper Informed / Bill of Right	ALS 1 POINT BELOY Lower Lower	FALL RI SCO Bridge / Front Yes	SK ASS PRE Chewing SK ASS PRE Ch Un His TC Lo His His Partial	ESSMENT EACH OF THE Pronic / episodic confusion Insteady gaint Story of prior falls TAL POINTS We hisk protocol (0-2 point ph risk fall prevention pronitiated (3 points or gree ph risk protocol NOT interpretation TO BE DIRECTIVE	FOLLOWING EQUIPMENTS Its) otocol ster) sterd NURSE'S INITIAL SENT HOME	S SECURITY	PT KEPT
EACH OF TI ge 70 or greater rinary / bowel - urgene chronic debliating dises se of drugs affecting to Mental status, urinatio ensory deficit ostural hypotension epression / hopeless eurological dysfunctio Mobility deficit Glasses Dentures: Caps:	box: Contact Lenses Upper Upper Informed / Bill of Righ Face Sheet Complete	BELON Lower Lower Lower State of the AD / LW	FALL RI SCO Bridge / Front Yes Yes	SK ASS PRE Chewing SK ASS PRE Chewing Chewing Chewing SK ASS PRE Chewing Chewi	ESSMENT EACH OF THE Pronic / episodic confusion Interest of prior falls TAL POINTS Whisk protocol (0-2 point In risk fall prevention pronitiated (3 points or great The risk protocol NOT interest or condition: If you do NOT had document your decoursement yo	FOLLOWING EQUIPMENT OF THE PROPERTY OF THE PRO	S SECURITY	PT KEPT
EACH OF Tile 19 Tile 1	box: Contact Lenses Upper Upper Informed / Bill of Righ Face Sheet Complete Information Given AD	BELON Lower Lower tis:	FALL RI SCO Bridge / Front Yes Yes Yes	Chewing SK ASS PRE Ch Un His TC Lo His I I I I I I I I I I I I I I I I I I	ESSMENT EACH OF THE ronic / episodic confusion isteady gaint story of prior falls TAL POINTS w risk protocol (0-2 point ph risk fall prevention prioritiated (3 points or great th risk protocol NOT infile the to condition: If you do NOT had document your d If yes, NOTIFY	FOLLOWING EQUIPMENT AND	S SECURITY Su, would you like the	PT KEPT e doctor to es □ No
EACH OF Tile of the control of the c	box: Contact Lenses Upper Upper Informed / Bill of Right Face Sheet Complete Information Given AD Does Pt have AD / LV	Lower	FALL RI SCO Bridge / Front Yes Yes Yes Yes	Chewing SK ASS PRE Ch Un His Lo His His No No No No	ESSMENT EACH OF THE ronic / episodic confusion isteady gaint story of prior falls TAL POINTS w risk protocol (0-2 point ph risk fall prevention printiated (3 points or great th risk protocol NOT info the to condition: If you do NOT had document your d If yes, NOTIFY Copy AD / LW Of	FOLLOWING EQUIPMENT AND AND THE PHYSICIAN OF FROM DIG CHART, SET TO THE PHYSICIAN OF THE	S SECURITY Su, would you like the edical record?	PT KEPT e doctor to fes No
EACH OF Tile of the control of the c	box: Contact Lenses Upper Upper Informed / Bill of Righ Face Sheet Complete Information Given AD Does Pt have AD / LV If yes, do you have	Lower	FALL RI SCO Bridge / Front Yes Yes Yes Yes Yes	Chewing SK ASS RE Ch Un His Lo His Lo His No No No No No	ESSMENT EACH OF THE Pronic / episodic confusion Interest of prior falls TAL POINTS We risk protocol (0-2 point ph risk fall prevention pronitiated (3 points or gree ph risk protocol NOT inference to condition: MCE DIRECTIVE If you do NOT had document your do If yes, NOTIFY Copy AD / LW Of Desires more info	FOLLOWING EQUIPMENT AND AND A LEY SIN THATE SENT HOME Ve your AD with your ment of the properties in your ment of the properties of the p	S SECURITY Su, would you like the edical record?	PT KEPT e doctor to fes No fes No
EACH OF Tile of the control of the c	box: Contact Lenses Upper Upper Informed / Bill of Right Face Sheet Complete Information Given AD Does Pt have AD / LV	Lower	FALL RI SCO Bridge / Front Yes Yes Yes Yes	Chewing SK ASS PRE Ch Un His Lo His His No No No No	ESSMENT EACH OF THE pronic / episodic confusion esteady gait story of prior falls TAL POINTS w risk protocol (0-2 point ph risk fall prevention pronitiated (3 points or gree ph risk protocol NOT interpretation) The to condition: If you do NOT had document your d lif yes, NOTIFY Copy AD / LW Of Desires more into Does Pt have a di	FOLLOWING EQUIPMENT AND AD / LW Jurable power of at	SECURITY SECURITY ou, would you like the edical record?	PT KEPT PT KEPT PT No PS N
EACH OF Tile of the property o	box: Contact Lenses Upper Upper Informed / Bill of Righ Face Sheet Complete Information Given AD Does Pt have AD / LV If yes, do you have	Lower	FALL RI SCO Bridge / Front Yes Yes Yes Yes Yes	Chewing SK ASS RE Ch Un His Lo His Lo His No No No No No	ESSMENT EACH OF THE Pronic / episodic confusion Interest of prior falls TAL POINTS We risk protocol (0-2 point ph risk fall prevention pronitiated (3 points or gree ph risk protocol NOT inference to condition: MCE DIRECTIVE If you do NOT had document your do If yes, NOTIFY Copy AD / LW Of Desires more info	FOLLOWING EQUIPMENT AND AD / LW Jurable power of at	SECURITY SECURITY ou, would you like the edical record?	PT KEPT e doctor to fes No fes No fes No e Yes No
EACH OF Tile of the control of the c	box: Contact Lenses Upper Upper Informed / Bill of Righ Face Sheet Complete Information Given AD Does Pt have AD / LV If yes, do you have	Lower	FALL RI SCO Bridge / Front Yes Yes Yes Yes Yes Yes Yes	SK ASS PRE Ch Un His Lo His His No No No No No	ESSMENT EACH OF THE pronic / episodic confusion isteady gait story of prior falls TAL POINTS w risk protocol (0-2 point ph risk fall prevention printiated (3 points or gree ph risk protocol NOT infection) If you do NOT infective If you do NOT had document your do If yes, NOTIFY Copy AD / LW On Desires more info Does Pt have a do Organ / Tissue Do	FOLLOWING EQUATES FOLLOWING EQUATES STATE OF THE STATE	SECURITY SECURITY ou, would you like the edical record?	PT KEPT e doctor to fes No fes No e Yes No
EACH OF Tile Age 70 or greater Drinary / bowel - urgenic Dronic debliating diseases affecting in Mental status, urination Depression / hopelesson /	box: Contact Lenses Upper Upper Informed / Bill of Righ Face Sheet Complete Information Given AD Does Pt have AD / LV If yes, do you have If no, can someone	ALS 1 POINT Lower Lower Lower Als 1 Point Lower Lower Als 2 Point Lower Lower Date: Als 2 Point Lower Date: D	FALL RI SCO Bridge / Front Yes Yes Yes Yes Yes Yes	SK ASS PRE Ch Un His Lo His His No No No No No	ESSMENT EACH OF THE Pronic / episodic confusion Interest of prior falls TAL POINTS We risk protocol (0-2 point ph risk fall prevention printiated (3 points or gree th risk protocol NOT inference to condition: MCE DIRECTIVE If you do NOT had document your do If yes, NOTIFY Copy AD / LW Of Desires more info Does Pt have a do Organ / Tissue D	FOLLOWING EQUIPMENT AND AD / LW lurable power of at onation:	S SECURITY Su, would you like the edical record?	PT KEPT e doctor to es No es No es No es No es No
EACH OF Tile Age 70 or greater Urinary / bowel - urgend Chronic debliating disease Ise of drugs affecting is Mental status, urination Depression / hopelesson / h	box: Contact Lenses Upper Upper Informed / Bill of Right Face Sheet Complete Information Given AD Does Pt have AD / LV If yes, do you have If no, can someone	BELON Lower Lower Lower Lower Accopy with your? bring in a copy?	FALL RI SCO Bridge / Front Yes Yes Yes Yes Yes Yes Yes	SK ASS PRE Ch Un His Lo His His No No No No No	ESSMENT EACH OF THE Pronic / episodic confusion Interest of prior falls TAL POINTS We risk protocol (0-2 point ph risk fall prevention printiated (3 points or gree th risk protocol NOT inference to condition: MCE DIRECTIVE If you do NOT had document your do If yes, NOTIFY Copy AD / LW Of Desires more info Does Pt have a do Organ / Tissue D	FOLLOWING EQUIPMENT AND AD / LW lurable power of at onation:	SECURITY SECURITY ou, would you like the edical record?	PT KEPT e doctor to es □ No es □ No es □ No es □ No
Apvance Directives Apvance Directives Apvance Directives Apvance Directives Apvance Directives Apvance Directives Living will (AD / LW)	box: Contact Lenses Upper Upper Informed / Bill of Righ Face Sheet Complete Information Given AD Does Pt have AD / LV If yes, do you have If no, can someone	Lower Dring in a copy? D Phone D Aducation	FALL RI SCO Bridge / Front Yes Yes Yes Yes Yes Yes	SK ASS PRE Ch Un His Lo His His No No No No No	ESSMENT EACH OF THE Pronic / episodic confusion Interest of prior falls TAL POINTS We risk protocol (0-2 point ph risk fall prevention printiated (3 points or gree th risk protocol NOT inference to condition: MCE DIRECTIVE If you do NOT had document your do If yes, NOTIFY Copy AD / LW Of Desires more info Does Pt have a do Organ / Tissue D	FOLLOWING EQUIPMENT AND AD / LW lurable power of at onation:	S SECURITY Su, would you like the edical record?	PT KEPT e doctor to es No es No es No es No es No es No es No

Consciousness	: Alert	☐ Lethargic	Oriented To:	☐ Person	☐ Place	☐ Time		
and the same of th		stions: 🗋 Yes	□ No	Explain:	3-5			
Speech: Cle				Explain:				
Pupils: 📙 Eq	ual 🔲 React	Equally	Unequal:	☐ R>L	□ L>R			
Moves All Extre	mities Equally:	Yes N	0	Explain:				-
Strength of All I	Extremities:	☐ Strong	☐ Weak	☐ Absent				
		- 1000s - 1000000				RN'S INITIAL	.\$	
+2.5.0			CA	RDIO-PULA	ONARY			
	ort: 🗋 Easy	☐ Labored☐ Yes	Sautum	: 🗋 Yes [J No. Co	lor:		
Cough: Breath Sounds:	☐ None							
		hythm:	Pe	dal Pulse: R:	L:_	Describe:		
Capillary Refill:	☐ Not App	licable 🔲 Br	isk 🔲 Sluge	gish				
						RN'S INITAL	LS	
			GASTROINT	ESTINAL /	GENITOUR	UNARY		
Abdomen:	☐ Soft	□ Non-	tender 🔾	Tender	Location:			
	☐ Firm	□ Non-	distended	Distended	Girth:			-
Bowel Sounds:	□ Present	☐ Abse	nt					
Bladder:	□ Non-disten	ded 🔲 Diste	nded 🗅	Catheter				
Ostomies: Type	÷	V	Ci	are: 🔲 Indep	endent 🔲	Needs Assistance		
						AN'S INITIA	LS	
11411		I (DIAUGII OL		ramalatar	on Skin A	ecocement Fl n	w Shet Form	00-5936)
Temperature: Turgor:	☐ Pink☐ Warm☐ Resilient	Ashen Cool Tenting	Mottled Hot	☐ Jaundice	d 🗅	ssessment FLo	AL CAMPA MANAGEMENT AND	90- 593 6)
	Pink Warm Resilient	Ashen Cool Tenting	☐ Mottled☐ Hot	☐ Jaundiced	d 🗅	The Assessment of the Assessme	AL CAMPA MANAGEMENT AND	90-5936)
Temperature: Turgor: Edema describe	Pink Warm Resilient	Ashen Cool Tenting	☐ Mottled☐ Hot	☐ Jaundiced	d 🗅	Pale ☐ Flushed	d Cyanotic	90-5936)
Temperature: Turgor: Edema describe	Pink Warm Resilient	Ashen Cool Tenting	☐ Mottled☐ Hot	☐ Jaundiced	d 🗅	The Assessment of the Assessme	d Cyanotic	90-5936)
Temperature: Turgor: Edema describe (Braden Scale I	Pink Warm Resilient clocation and deg	Ashen Cool Tenting ree (1-4 +)	☐ Mottled☐ Hot	☐ Jaundiced	d 🔲	Pale ☐ Flushed	d Cyanotic	
Temperature: Turgor: Edema describe (Braden Scale I	Pink Warm Resilient clocation and deg	Ashen Cool Tenting	☐ Mottled☐ Hot	☐ Jaundiced☐ Cold / Cla	d 🔲	Pale ☐ Flushed	d Cyanotic	
Temperature: Turgor: Edema describe (Braden Scale) REFERRALS:	Pink Warm Resilient clocation and deg	Ashen Cool Tenting ree (1-4+)	☐ Mottled☐ Hot	☐ Jaundiced ☐ Cold / Cla	d 🔲	Pale Flushed	d Cyanotic	
Temperature: Turgor: Edema describe (Braden Scale I REFERRALS: Case Manag	Pink Warm Resilient location and deg	Ashen Cool Tenting ree (1-4+)	☐ Mottled☐ Hot	☐ Jaundiced ☐ Cold / Cla heet, Form 90- MMARY STA	d ammy	Pale Flushed	Cyanotic	
Temperature: Turgor: Edema describe (Braden Scale I REFERRALS: Case Manag Chapiain	Pink Warm Resilient location and deg MUST be comple	Ashen Cool Tenting ree (1-4+)	☐ Mottled☐ Hot	☐ Jaundiced ☐ Cold / Cla heet, Form 90- MMARY STA	d ammy	AN'S INITIA	Cyanotic Cyanotic	Date:
Temperature: Turgor: Edema describe (Braden Scale I REFERRALS: Case Manag Chapiain Psych (Requ	Pink Warm Resilient location and deg MUST be comple	Ashen Cool Tenting ree (1-4+) Med on Skin Ass	Mottled Hot Hot SUN Discharge / Diabetic Date	☐ Jaundiced ☐ Cold / Cla heet, Form 90- MMARY STA Placement te:	5936) TEMENT	AN'S INITIA	Cyanotic Cyanotic Date: Quest from MD)	Date:
Temperature: Turgor: Edema describe (Braden Scale II REFERRALS: Case Manag Chapiain Psych (Requ Skin / Wound Notify MD / PA /	Pink Warm Resilient location and deg MUST be comple ement Date: Date: est from MD) Care Date: NP of Patient's Al	Ashen Cool Tenting ree (1-4 +) Made on Skin Asset	Mottled Hot Bush Bush Discharge / Diabetic Date: Other: Time:	☐ Jaundiced ☐ Cold / Cla heet, Form 90- MMARY STA Placement te:	d dammy da	AN'S INITIA	Oate:	Date:
Temperature: Turgor: Edema describe (Braden Scale II REFERRALS: Case Manag Chapiain Psych (Requ Skin / Wound Notify MD / PA / Unable to comple	Pink Warm Resilient location and deg MUST be comple ement Date: Date: Est from MD) I Care Date: NP of Patient's Ai ete because:	Ashen Cool Tenting ree (1-4+) Med on Skin Asset	Mottled Hot Bush Bush Discharge / Diabetic Date: Other: Time:	☐ Jaundiced ☐ Cold / Cla heet, Form 90- MMARY STA Placement te:	d dammy da	AN'S INITION Nutrition PT / OT (Rec SLP Plan of Care:	Oate:	Date:
Temperature: Turgor: Edema describe (Braden Scale II REFERRALS: Case Manag Chapiain Psych (Requ Skin / Wound Notify MD / PA / Unable to comple	Pink Warm Resilient location and deg MUST be comple ement Date: Date: est from MD) Care Date: NP of Patient's Al	Ashen Cool Tenting ree (1-4+) Peted on Skin Asset	Mottled Hot Bush Bush Discharge / Diabetic Date: Other: Time:	☐ Jaundiced ☐ Cold / Cla heet, Form 90- MMARY STA Placement te:	d dammy da	AN'S INITION Nutrition PT / OT (Rec SLP Plan of Care:	Date:	Date:
Temperature: Turgor: Edema describe (Braden Scale II REFERRALS: Case Manag Chapiain Psych (Requ Skin / Wound Notify MD / PA / Unable to comple	Pink Warm Resilient location and deg MUST be comple ement Date: Date: Care Date: NP of Patient's Alete because: Date: Date: Date: Alete because: Date: Date	Ashen Cool Tenting ree (1-4+) Ashen Date on Skin Asset	Mottled Hot Bessment Flow St. SUN Discharge / Diabetic Date: Other: Time:	☐ Jaundiced ☐ Cold / Cla heet, Form 90- MMARY STA Placement te:	d	AN'S INITIAE Nutrition PT / OT (Rec Plan of Care:	Oate:	Date:
Temperature: Turgor: Edema describe (Braden Scale II REFERRALS: Case Manag Chapiain Psych (Requ Skin / Wound Notify MD / PA / Unable to comple	Pink Warm Resilient location and deg MUST be comple ement Date: Date: Care Date: NP of Patient's Alete because: Date: Date: Date: Alete because: Date: Date	Ashen Cool Tenting ree (1-4+) Peted on Skin Asset	Mottled Hot Bessment Flow St. SUN Discharge / Diabetic Date: Other: Time:	☐ Jaundiced ☐ Cold / Cla heet, Form 90- MMARY STA Placement te:	d dammy da	AN'S INITIAE Nutrition PT / OT (Rec Plan of Care:	Date:	Date:
Temperature: Turgor: Edema describe (Braden Scale II REFERRALS: Case Manag Chapiain Psych (Requ Skin / Wound Notify MD / PA / Unable to comple	Pink Warm Resilient location and deg MUST be comple ement Date: Date: Care Date: NP of Patient's Alete because: Date: Date: Date: Alete because: Date: Date	Ashen Cool Tenting ree (1-4+) Ashen Date on Skin Asset	Mottled Hot Bessment Flow St. SUN Discharge / Diabetic Date: Other: Time:	☐ Jaundiced ☐ Cold / Cla heet, Form 90- MMARY STA Placement te:	d	AN'S INITIAE Nutrition PT / OT (Rec Plan of Care:	Oate:	Date:
Temperature: Turgor: Edema describe (Braden Scale II REFERRALS: Case Manag Chapiain Psych (Requ Skin / Wound Notify MD / PA / Unable to comple	Pink Warm Resilient location and deg MUST be comple ement Date: Date: Care Date: NP of Patient's Alete because: Date: Date: Date: Alete because: Date: Date	Ashen Cool Tenting ree (1-4+) Ashen Date on Skin Asset	Mottled Hot Bessment Flow St. SUN Discharge / Diabetic Date: Other: Time:	☐ Jaundiced ☐ Cold / Cla heet, Form 90- MMARY STA Placement te:	d	AN'S INITIAE Nutrition PT / OT (Rec Plan of Care:	Oate:	Date:
Temperature: Turgor: Edema describe (Braden Scale II REFERRALS: Case Manag Chapiain Psych (Requ Skin / Wound Notify MD / PA / Unable to comple	Pink Warm Resilient location and deg MUST be comple ement Date: Date: Care Date: NP of Patient's Alete because: Date: Date: Date: Alete because: Date: Date	Ashen Cool Tenting ree (1-4+) And on Skin Asset Dat rrival: Yes ssment:	Mottled Hot Bessment Flow St. SUN Discharge / Diabetic Date: Other: Time:	☐ Jaundiced ☐ Cold / Cla heet, Form 90- MMARY STA Placement te:	d	AN'S INITIAE Nutrition PT / OT (Rec Plan of Care:	Oate:	Date: