





PAGE 3	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
ABD. APPEAR. / PALPATION																									
GASTRIC ASPIRATE																									
BOWEL SOUNDS																									
STOOL																									
<b>GASTROINTESTINAL</b>																									
ABD. APPEARANCE/PALPATION: DIS - DISTENDED F - FIRM FL - FLAT FU - FULL S - SOFT T - TENDER	GASTRIC ASPIRATE: NA - NOT APPLICABLE CL - CLEAR GR - GREEN Y - YELLOW BL - BLOODY CG - COFFEE-GROUND P - PINK					BOWEL SOUNDS: P - PRESENT/NORMAL ABS - ABSENT HYPO - HYPOACTIVE HYPER - HYPERACTIVE					STOOL: B - BROWN BL - BLOODY T - TARRY GR - GREEN Y - YELLOW MU - MUCCOID					MEC - MECONIUM C - CURDY F - FORMED L - LIQUID SO - SOFT H - HARD					TR - TRANSITIONAL P - PASTY S - SEEDY WR - WATER-RING OST - OSTOMY				
COLOR																									
HYDRATION																									
INTEGRITY																									
CMS																									
<b>SKIN / MUSCULOSKELETAL</b>																									
COLOR:	P - PINK J - JAUNDICED C - CYANOTIC PL - PALE/PALLOR A - ASHEN D - DUSKY R - RUDDY					HYDRATION: MM - MUCOUS MEMBRANES MO - MOIST D - DRY T - TACKY STN - SKIN TURGOR NORMAL STP - SKIN TURGOR POOR					INTEGRITY: WNL - WITHIN NORMAL LIMITS B - BRUISING R - RASH P - PETEC-HAE					CMS: NA - NOT APPLICABLE C - CASTED S - SPLINT RA - RIGHT ARM RL - RIGHT LEG LA - LEFT ARM					LL - LEFT LEG I - INTACT, NORMAL CMS POST - POSTERIOR ANT - ANTERIOR NOC - NIGHT CAST BC - BODY CAST				
COLOR																									
APPEARANCE																									
MODE																									
<b>GENTO URINARY</b>																									
COLOR:	A - AMBER Y - YELLOW PY - PALE YELLOW CLR - CLEAR/COLORLESS					APPEARANCE: CLO - CLOUDY S - SEDIMENT M - MUCOUS BL - BLOODY CLR - CLEAR					CL T - CLOTS					MODE: V - VOIDING I - INCONTINENT F - FOLEY SP - SUPRAPUBIC D - DIAPER					ST - STENT OST - OSTOMY				

TIME	WHO / COMMENT	CALL	VISIT

PARENT RECORD

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	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	1E	17	18	19	20	21	22	23
BATH / SHAMPOO																								
ORAL CARE																								
PAIN ASSESSMENT																								
ADL / HYGIENE																								
IV PUMPS																								
SIDERAILS UP																								
IV SITE CHECK																								
SAFETY / EQUIPMENT																								

HRS. WKD.	INITIALS	SIGNATURE / TITLE	HRS. WKD.	INITIALS	SIGNATURE / TITLE

STAFF RECORD