

Your
Hospital's
Logo
Here

7th Floor (Medical Geriatrics) PATIENT CARE ASSIGNMENT SHEET

DATE: _____
.....

Room #	Name Diagnosis Code Status	Bath	Activity	Diet / IVs NPO Fluid Restrictions	Elimination I and O	Chem Strips	Vital Signs	Skin Wound Care	Miscellaneous

Your
Hospital's
Logo
Here

7th Floor (Medical Geriatrics) PATIENT CARE ASSIGNMENT SHEET

DATE: _____
.....

Room #	Name Diagnosis Code Status	Bath	Activity	Diet / IVs NPO Fluid Restrictions	Elimination I and O	Chem Strips	Vital Signs	Skin Wound Care	Miscellaneous