

EATING / SWALLOWING:		<input type="checkbox"/> BED ALARM		<input type="checkbox"/> CHAIR ALARM		<input type="checkbox"/> LOW BED	
TOILET USE:		TRANSFERS:					
BOWEL:		1 PERSON:					
CONTINENT:		2 PERSON:					
INCONTINENT:		PHYSICAL LIFT:					
BOWEL PROGRAM:		MECHANICAL LIFT:					
COLOSTOMY:		ILEOSTOMY:		WEIGHT BEARING STATUS:			
BLADDER:		<input type="checkbox"/> F W B		<input type="checkbox"/> P W B		<input type="checkbox"/> T T W B	
CONTINENT:		EQUIPMENT:					
INCONTINENT:		TEDS:		<input type="checkbox"/> KNEE		<input type="checkbox"/> THIGH	
INDWELLING / SUPRAPUBIC CATHETER:		KNEE IMMOBILIZER:					
POST VOID RESIDUAL:		C P M:					
UROSTOMY:		TRAPEZE:					
RESPIRATORY THERAPY:		WHEELCHAIR:					
O 2:		LITERS:		NC:		MASK:	
INCENTIVE SPIROMETER:		WALKER:					
PULSE OXIMETRY Q:		RECLINER CHAIR:					
SUCTION:		SUPPORT SURFACE:					
PRECAUTIONS:		PROSTHESIS:					
CONTACT:		DENTURES:		<input type="checkbox"/> UPPER		<input type="checkbox"/> LOWER	
DROPLET:		HEARING AIDE:					
AIRBORNE:		GLASSES:					
BLOOD GLUC MONITORING:		CONTACTS:		<input type="checkbox"/> LEFT		<input type="checkbox"/> RIGHT	
FREQUENCY:		BRACE:					
NUTRITION:		SPLINT:					
DIET:		MENTAL STATUS:					
TUBE FEEDING:		ALERT:					
BOLUS:		CONFUSED:					
CALORIE COUNT:		AGITATED:					
SUPPLEMENT:		MEMORY IMPAIRMENT:					
		LETHARGIC:		COMATOSE:			

ROOM #:	NAME	AGE	FALLS PROTOCOL	SKIN PROTOCOL	PHYSICIAN:	CODE STATUS

PART OF THE MEDICAL RECORD