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# RESIDENT STATUS

## CERTIFIED NURSING ASSISTANT

# FLOW SHEET

PATIENT IDENTIFICATION

**BATHING:** ( T = Tub ; BB = Bed Bath ; O = No Bath ; SH = Shower )

	DATE	DATE	DATE	DATE	DATE	DATE	DATE
2300 - 0700							
0700 - 1500							
1500 - 2300							

**INTAKE & OUTPUT:** ( PO Fluids Only )

\* 3 - 11 Shift Total I&O for the day

	DATE		DATE		DATE		DATE		DATE		DATE		DATE	
	I	O	I	O	I	O	I	O	I	O	I	O	I	O
2300 - 0700														
<b>Snack</b>														
0700 - 1500														
<b>Snack</b>														
1500 - 2300														
<b>Snack</b>														
<b>TOTAL</b>														

**PART OF THE MEDICAL RECORD**

