

Name: Mrs. Example WARD: 8 South Room: 5 Week : Sept. 23-29, 2013

Notes: Isolation – Gown & Gloves

Intervention	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Orientation Verbally orient and update white board Vision- good – wears reading glasses Hearing- good. Patient can be anxious please focus on positive topics. Some short term memory loss.	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M
Therapeutic Activities Friendly lady. Please make sure she gets a newspaper. Likes magazines, word puzzles	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M
Mobility Assistance None Yet.	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M
Environmental Checklist Please complete checklist.	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M
Meal Assistance/Fluid She completes her own menu – please hand it in for her and encourage during meals.	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M
Sleep Promotion Would like a warm blanket. Please offer warm milk	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M	<input type="checkbox"/> Done A.M <input type="checkbox"/> Done Noon <input type="checkbox"/> Done P.M
Additional Details Lives alone, has 2 sons, 2 grandkids, born in Manitoba – very musical, was in a band – plays many instruments, has 8 guitars.	Name/Time	Name/Time	Name/Time	Name/Time	Name/Time	Name/Time	Name/Time

Comments: Please use attached communication sheet to document any important changes or updates