

**Confidential Information: Shred
when no longer needed!**



3100 S.
Lakeport St.
Sioux City,

Phone: 712.277.4442 ® 800.727.1912
www.tristatenursing.com

Facility/Home Health: _____
Hall/Unit: _____
Charge Nurse: _____
Charting Type: _____

Resident: _____ Rm: _____

Medication(s): _____

Medical Condition(s): _____

Special Instructions: _____

- 2 Man Lift Gait Belt Alarm Catheter Oxygen
 Colostomy Bag Bed Re-Positioning Vitals Frequency Meal Assistance
 Walker Wheelchair Other _____

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