Confidential Information: Shred when no longer needed!



3100 S. Lakeport St. Sioux City,

Phone: 712.277.4442 ® 800.727.1912 <u>www.tristatenursing.com</u>

Cha	irge Nurse:								
Cha	rting Type:								
Resident:Rm:									
Me	dical Condition(s):								
Spe	cial Instructions: _								
	2 Man		Lift Gait Belt		Alarm		Catheter	□ Oxygen	
	Colostomy Bag		☐ Bed Re-Positioning			Vitals Frequency		Meal Assistance	
	Walker		Wheelchair Other						
Resident:								Rm:	
Me	dication(s):								
Me	dical Condition(s):								
Spe	cial Instructions: _								
	2 Man		Lift Gait Belt		Alarm		Catheter	□ Oxygen	
	Colostomy Bag		☐ Bed Re-Positioning			Vitals Frequency		Meal Assistance	
	Walker		Wheelchair Other						
	ident:							Rm:	
Me	dication(s):								
Me	dical Condition(s):								
Spe	cial Instructions: _								
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	Colostomy Bag		☐ Bed Re-Positioning			Vitals Frequency		Meal Assistance	
	Walker		Wheelchair Other						
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Me	dical Condition(s):								
Spe	cial Instructions:								
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	Colostomy Bag		☐ Bed Re-Positioning			Vitals Frequency		Meal Assistance	
	Walker		Wheelchair Other						
Resident: Medication(s):								Rm:	
Spe	cial Instructions:								
	2 Man				Alarm		Catheter	□ Oxygen	
	Colostomy Bag		☐ Bed Re-Positioning			Vitals Frequency		Meal Assistance	
	Walker		Wheelchair Other						

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Resident:								
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Spe	cial Instructions: _							
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			Lift Gait Belt				Catheter	☐ Oxygen
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Res	ident:							
Me	dication(s):							
Me	dical Condition(s):							
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