

# RESIDENT DAILY STATUS CHART

DATE: \_\_\_\_\_

RESIDENT NAME

ROOM / BED

ATTENDING PHYSICIAN

## VITAL SIGNS & CLINICAL MONITORING

Temp      BP      Pulse      O2 Sat      Respiration      Weight      Blood Sugar

### CATEGORY      STATUS / OBSERVATIONS

#### Dietary Intake

B: \_\_\_\_%

L: \_\_\_\_%

D: \_\_\_\_%

Fluids: \_\_\_\_\_ ml

#### Hygiene & Care

Bath/Shower

Oral Care

Dressing

Shave/Nails

#### Elimination

BM:

S

**CATEGORY                      STATUS / OBSERVATIONS**

M

L

|

Urine:

Normal

Incontinent

**Mobility**

Independent

Assist x1

Assist x2

Wheelchair

**Mental / Mood**

Alert

Confused

Agitated

Withdrawn

**Nursing Notes & Skin Integrity:**

**SHIFT SIGNATURE (7A-3P)**

**SHIFT SIGNATURE (3P-11P)**

**SHIFT SIGNATURE (11P-7A)**