

Private Duty Nursing SHIFT ASSESSMENT RECORD

						Supv	Payroll
Member Name:				DATE	TIME IN	TIME OUT	TOTAL TIME
Nurse/init:							
	Fill in Blanks or Initial Only						Shift Totals:
D I E T	Tube Fdg Type/amt: Method: Bolus Cont Amt given: Times Pump running on arr Y N Continuous Pump times - Start Stop Other Setup change times Stoma Care Times	R O M C O G N I T I O N	Times:		done)	TREATMENTS Nebulizer Tx times: Length of each Tx min Postural Drainage & Percussion Times Describe results in Narrative on back Times of System Assessments: Lab Work Drawn Time: Test: Test:	
E L I M	Other: Voiding (times) I&O sheet completed Cath Type Change date Incont Urine Incont Stool Emesis (describe in narrative) Stool (number) / > 6 stools this shft Rectal tube patent	S K			-		
R E S P I R A T O R	WNL Dyspnea Irreg Tachypnea Abnormal Breath Sounds described in narrative on back Cont O2 @ LPM via Sat % (initial reading) Suction type Number of times (√) Sputum: Green White Yellow Bloody Trache care: (describe in narrative on back)	V I T A L S	BP P P P P P P P P P P P P P P P P P P	Time eg Irreg Time ack ink rmed p date No		Transported Time: Results revi And reporte Physician: Yes No (if no explai narrative or	ewed ed to O in in
	Ventilator Dependent Ventilator settings confirmed	-	gnature at the top of this				

been reviewed for accuracy and the current care plan is in compliance with those orders.







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NARRATIVE NOTES

Time:						
Member S	ignature:	Date:				
Nurse Sigr	ature:	Date:				