

McLAREN FLINT
PATIENT CARE FLOWSHEET

Date: _____

			SHIFT					SHIFT	
			Nights	Days				Nights	Days
Eat and drink	Independent - no assist required	6			Bed transfer	Independent - no assist required	6		
food/liquids by mouth only	Set up or clean up only	5			from seated position	Set up or clean up only	5		
If NPO/TF only, indicate NA reason	Supervision/Contact Guard/Cues <25%	4				Supervision/Contact Guard/Cues <25%	4		
	Partial/Min-Mod assist-staff does <50%	3				Partial/Min-Mod assist-staff does <50%	3		
	Maximal assist - staff does >50%	2				Maximal assist - staff does >50%	2		
	Dependent - staff does 100%	1				Dependent - staff does 100% or 2 ppl assist	1		
	Refused					Refused			
	NA - medical condition or safety issue					NA - medical condition or safety issue			
	NA - pt did not perform prior to illness					NA - pt did not perform prior to illness			
	NA - environmental limitations					NA - environmental limitations			
	Completed with therapy or prior shift					Completed with therapy or prior shift			
			Nights	Days				Nights	Days
Oral Hygiene	Independent - no assist required	6			Toilet transfer	Independent - no assist required	6		
cleaning teeth/managing dentures	Set up or clean up only	5			Toilet or commode	Set up or clean up only	5		
	Supervision/Contact Guard/Cues <25%	4				Supervision/Contact Guard/Cues <25%	4		
	Partial/Min-Mod assist-staff does <50%	3				Partial/Min-Mod assist-staff does <50%	3		
	Maximal assist - staff does >50%	2				Maximal assist - staff does >50%	2		
	Dependent - staff does 100%	1				Dependent - staff does 100% or 2 ppl assist	1		
	Refused					Refused			
	NA - medical condition or safety issue					NA - medical condition or safety issue			
	NA - pt did not perform prior to illness					NA - pt did not perform prior to illness			
	NA - environmental limitations					NA - environmental limitations			
	Completed with therapy or prior shift					Completed with therapy or prior shift			
			Nights	Days					
Toilet Hygiene	Independent - no assist required	6			Comments: _____ _____ _____ _____ _____ _____				
managing clothing and perineal cleansing	Set up or clean up only	5							
	Supervision/Contact Guard/Cues <25%	4							
	Partial/Min-Mod assist-staff does <50%	3							
	Maximal assist - staff does >50%	2							
	Dependent - staff does 100%	1							
	Refused								
	NA - medical condition or safety issue								
	NA - pt did not perform prior to illness								
NA - environmental limitations									
Completed with therapy or prior shift									



PT.

MR.#/RM.

DR.

McLAREN FLINT
PATIENT CARE FLOWSHEET

			SHIFT					SHIFT	
			Nights	Days				Nights	Days
Bathing or shower	Independent - no assist required	6			Dressing	Independent - no assist required	6		
Wash, rinse, dry	Set up or clean up only	5			Lower Body (dress/undress)	Set up or clean up only	5		
(Not including hair or back)	Supervision/Contact Guard/Cues <25%	4			(including braces/binders/ prosthetics/shrinkers etc)	Supervision/Contact Guard/Cues <25%	4		
	Partial/Min-Mod assist-staff does <50%	3				Partial/Min-Mod assist-staff does <50%	3		
	Maximal assist - staff does >50%	2				Maximal assist - staff does >50%	2		
	Dependent - staff does 100%	1				Dependent - staff does 100%	1		
	Refused					Refused			
	NA - medical condition or safety issue					NA - medical condition or safety issue			
	NA - pt did not perform prior to illness					NA - pt did not perform prior to illness			
	NA - environmental limitations					NA - environmental limitations			
	Completed with therapy or prior shift					Completed with therapy or prior shift			
			Nights	Days				Nights	Days
Dressing	Independent - no assist required	6			Footwear	Independent - no assist required	6		
Upper Body (dress/undress)	Set up or clean up only	5			Putting on/taking off socks/shoes	Set up or clean up only	5		
(including braces/binders etc)	Supervision/Contact Guard/Cues <25%	4			(includes AFO/orthotics/ compression stockings etc)	Supervision/Contact Guard/Cues <25%	4		
	Partial/Min-Mod assist-staff does <50%	3				Partial/Min-Mod assist-staff does <50%	3		
	Maximal assist - staff does >50%	2				Maximal assist - staff does >50%	2		
	Dependent - staff does 100%	1				Dependent - staff does 100%	1		
	Refused					Refused			
	NA - medical condition or safety issue					NA - medical condition or safety issue			
	NA - pt did not perform prior to illness					NA - pt did not perform prior to illness			
	NA - environmental limitations					NA - environmental limitations			
	Completed with therapy or prior shift					Completed with therapy or prior shift			

Signatures:

Initials:

Comments: _____



PT.

MR.#/RM.

DR.