## Current Medications and Supplements

You can use this sheet to document your **current medications and supplements.** Remember to document **everything!**

| **Medication/Supplement** | **Dose** | **Frequency** | **How Long** | **Last Dose** |
|---|---|---|---|---|
| **Example** | 20mg | 2 X/day | 1 yr | Last PM |
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## Doctors Orders

You can use this sheet to document changes in Doctor's orders. **Be sure to note** whether the changes were for medications, diet, activity level, wound care, or any other aspects of care you can monitor. **Then make sure the changes** are reflected on the sheets specific to those aspects of care.

| Doctor's name | Date | Order Changes |
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**Hand Washing**

You can use this sheet to document whether or not **hand washing was done in your presence.** Remember to give a polite reminder to those who don't initially wash their hands in your presence.

| Person | Date | Time | Task Performed | Yes | No |
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## Invasive Lines

You can use this sheet to document **care of various invasive lines** such as IVs, catheters, chest tubes, central lines, feeding tubes, wound drains, ect. Remember to politely inquire if you see something that does not look right or if they are doing something with which you are not familiar.

| Person | Date | Time | Type of Line | Task |
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## Medication Documentation Sheet

You can use this sheet to document medications being given in the hospital. Remember to **politely request that the medications be brought into your room in their original packaging** so you can make sure they are following the **5 rights!**

| Medication | Date | time | dose | route | New ? |
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## Procedures

You can use this sheet to **document procedures** and the things you discussed regarding them. Remember, **you have the right to speak to the doctor** that is going to be performing the procedure. Ask these questions about all proposed procedures including if there will be new orders expected after the procedure.

Why does the procedure need to be done?
What are the alternatives to this procedure?
What are the risks involved in the procedure?
What are the risks involved in declining the procedure?
What are the expected benefits or outcomes of the procedure?

| Doctor | Date | Risks and Benefits Discussed | Ordered |
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**Shared Equipment**

You can use this sheet to **document that shared equipment is cleaned** with an antiseptic wipe in your presence. Much like hand washing, this is a very important measure to help prevent the spread of infection. Remember to give a polite reminder to those who don't initially clean all shared equipment in your presence.

| Person/Staff | Date | Time | Shared Equipment Cleaned? | Yes | No |
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**Staffing**

You can use this sheet to **document important questions about staff** taking care of you or your loved one. Politely ask each caregiver these questions:
Are you a regular staff member on this floor/unit?
Do you work for this hospital or for a supplemental staffing agency?
How many patients are you responsible for today?

| Date | Time | Name | RN/LVN/CNA | Staff or Agency | # of Patients |
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**Turning, Repositioning, and Mobilization**

You can use this sheet to document **this very important aspect of care**. Use it to document **turning an immobile patient** side to side as well as the **condition of the skin** over bony areas. Also use it to **document other activities** such as how many times the patient was up to the side of the bed, up to a chair, or ambulated, depending on doctor's orders.

| Date | Time | Person/Staff | Activity | Skin/Site |
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**Wounds, Incisions, and Dressing Changes**

You can use this sheet to **document wound and incision care, dressing changes, and the appearance of the site.** Use comments under "site" to describe the wound such as "OK", "red & inflamed", "oozing drainage", ect. Remember to politely inquire if you see something that does not look right or if they are doing something with which you are not familiar.

| Person/Staff | Date | Time | Task | Site |
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