

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

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

NOTES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

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

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?

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

Notes:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

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

NOTES:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

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

NOTES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

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

NOTES:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____