


Affix patient label within this box

### Comfort Rounds Documentation

Date (yyyy-Mon-dd)	Room 
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Legend			
<b>Pain</b>	NP (No Pain) MG (Meds Given) NI (Nurse Informed)	<b>Positioning</b>	I (Independent) TR (Turn Right Side) TL (Turn Left Side) SF (Semi-fowlers) W (Walking) C (In Chair) SU (Supine)
<b>Personal Needs</b>	M (Mouthcare) BA (Bed Alarm) CB (Call Bell In Reach)	I (Independent) CA (Chair Alarm) SS (Staff Supervision) FP (Fluid Provided)	<b>Toileting</b> AC (Attends Changed) AD (Attends Dry) S (Sleeping) BR (Bathroom) I (Independent)

Time of Round	Pain	Positioning	Personal Need	Toileting	Staff Initials
00____					
02____					
04____					
06____					
08____					
10____					
12____					
14____					
16____					
18____					
20____					
22____					

Print Name	Initial	RN/LPN/NA	Print Name	Initial	RN/LPN/NA

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Date (yyyy-Mon-dd)	Room
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Legend					
<b>Pain</b>	<b>NP</b> (No Pain)	<b>Positioning</b>	<b>I</b> (Independent)	<b>SF</b> (Semi-fowlers)	<b>W</b> (Walking)
	<b>MG</b> (Meds Given)		<b>TR</b> (Turn Right Side)		<b>C</b> (In Chair)
	<b>NI</b> (Nurse Informed)		<b>TL</b> (Turn Left Side)		<b>SU</b> (Supine)
<b>Personal Needs</b>	<b>M</b> (Mouthcare)	<b>I</b> (Independent)	<b>Toileting</b>	<b>AC</b> (Attends Changed)	<b>S</b> (Sleeping)
	<b>BA</b> (Bed Alarm)	<b>CA</b> (Chair Alarm)		<b>AD</b> (Attends Dry)	<b>BR</b> (Bathroom)
	<b>CB</b> (Call Bell In Reach)	<b>SS</b> (Staff Supervision)			<b>I</b> (Independent)
	<b>FP</b> (Fluid Provided)				

Time of Round	Pain	Positioning	Personal Need	Toileting	Staff Initials
00_____					
02_____					
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