

Affix patient label within this box

**Comfort Rounds Documentation**

Date <i>(yyyy-Mon-dd)</i>	Room
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**Legend**

<b>General</b>	<b>I</b> Independent <b>SI</b> Sleeping <b>OOR</b> Out of Room <b>NIR</b> No Intervention Required	<b>Position</b>	<b>TR</b> Turn Right Side <b>TL</b> Turn Left Side <b>SU</b> Supine <b>SF</b> Semi-Fowlers	<b>Hydration / Mouth Care</b>	<b>B</b> Brush Teeth/Dentures <b>M</b> Water Based Moisturizer <b>S</b> Sips / Oral Intake
<b>Pain</b>	<b>NP</b> No Pain <b>MG</b> Meds Given <b>D</b> Meds Declined <b>NI</b> Nurse Informed	<b>Personal/ Toileting</b>	<b>AC</b> Tena Changed <b>AD</b> Tena Dry <b>BR</b> Bathroom <b>D</b> Bathroom Declined	<b>Possessions</b>	<b>G</b> Glasses <b>HA</b> Hearing Aid <b>W</b> Walker <b>CB</b> Call Bell
		<b>O</b> Ostomy <b>C</b> Catheter			

Time of Round	Pain	Position	Personal / Toileting	Possessions	Hydration / Mouth Care	Staff Initials
00 _____						
02 _____						
04 _____						
06 _____						
08 _____						
10 _____						
12 _____						
14 _____						
16 _____						
18 _____						
20 _____						
22 _____						

Print Name	Initial	Designation	Print Name	Initial	Designation

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Date (yyyy-Mon-dd)	Room
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Legend										
<b>General</b>	<b>I</b>	Independent	<b>Position</b>	<b>TR</b>	Turn Right Side	<b>Hydration / Mouth Care</b>	<b>B</b>	Brush Teeth/Dentures		
	<b>SI</b>	Sleeping		<b>W</b>	Walking		<b>TL</b>	Turn Left Side	<b>M</b>	Water Based Moisturizer
	<b>OOR</b>	Out of Room		<b>C</b>	Chair		<b>SU</b>	Supine	<b>S</b>	Sips / Oral Intake
	<b>NIR</b>	No Intervention Required		<b>SF</b>	Semi-Fowlers					
<b>Pain</b>	<b>NP</b>	No Pain	<b>Personal/ Toileting</b>	<b>AC</b>	Tena Changed	<b>Possessions</b>	<b>G</b>	Glasses		
	<b>MG</b>	Meds Given		<b>AD</b>	Tena Dry		<b>HA</b>	Hearing Aid		
	<b>D</b>	Meds Declined	<b>O</b>	Ostomy	<b>BR</b>		Bathroom	<b>W</b>	Walker	
	<b>NI</b>	Nurse Informed	<b>C</b>	Catheter	<b>D</b>		Bathroom Declined	<b>CB</b>	Call Bell	

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