Alberta Health Services

Resident Bedside Care Instructions

Preferred name			
Room #		Goals of Care	
Allergies			
MRA	☐ Yes ☐ No Location:_____		

Last Name *(Legal)*	First Name *(Legal)*	
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*	
PHN	ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/Prefer not to disclose (X) ☐ Unknown		

Functional Ability Legend on back				
☐ 8: Activity didn't occur ☐ 0: Independent	☐ 1: Set up only ☐ 2: Supervision	☐ 3: Limited assist ☐ 4: Extensive assist	☐ 5: Maximal assist ☐ 6: Total dependence	

Hygiene Care	☐ AM ☐ Noon ☐ PM ☐ HS	**Transferring**	**Mobility equipment:**
Special Preferences			☐ ½ side-rail ☐ Cane ☐ Transfer belt ☐ Full lift ☐ Walker ☐ Sit/Stand ☐ No Assist ☐ Standby Assist ☐ 1 Person Assist ☐ 2 Person Assist ☐ Assist bar Other: Wheelchair ☐ Yes ☐ No Foot pedals ☐ Yes ☐ No
Oral Care	Own teeth ☐ Yes ☐ No Upper dentures ☐ Yes ☐ No Lower dentures ☐ Yes ☐ No Partial plate ☐ Yes ☐ No ☐ AM ☐ PM Other: _____	**Restraints / Devices**	Seatbelt: Side rails: ☐ 2 ☐ 3 ☐ 4 Chair/Tray: Observation/Monitoring freq: Q _____ hours Notes:
Vision:	Glasses: ☐ Yes ☐ No ☐ N/A Other	**Rest Routine**	Wake time Bedtime Rest Period ☐ AM ☐ PM
Hearing Aid	☐ Left ☐ Right ☐ N/A	**Bath Preference**	Prefer ☐ Bath ☐ Shower ☐ AM ☐ Mo ☐ Tu ☐ We ☐ Th ☐ PM ☐ Fr ☐ Sa ☐ Su
Special	☐ Compression stockings ☐ Oxygen ☐ Exercise assist ☐ Treatments Other: _____	**Nutrition & Hydration**	Level of assist Snacks _____ Fluid Consistency _____ ☐ Reg ☐ Soft ☐ Minced ☐ Pureed Other: _____

Continence Products	Pads	AM	PM	**Continence Routine**
	Large / Extra	☐	☐	Toilet Q ___ hours
	Medium	☐	☐	☐ Independent ☐ Assistance required
	Small	☐	☐	Urinary care
	Liner	☐	☐	Bowel care

Fall Prevention	☐ Bed alarm ☐ Chair alarm ☐ Fall mat ☐ Bed low setting ☐ Call bell in-reach
Comfort Rounds	Frequency: Q _____ hours
Laundry	Family: ☐ Yes ☐ No Other: _____

Other Specific Needs / Supportive Interventions / Pressure Relieving

Updated by Name and Title	**Date *(dd-mm-yyyy)***

Hands Off	**Hands On**
0 - Independent - No Help 1 - Set Up help only 2 - Supervision - encouraging or giving client cues, reminders 8 - Activity did not happen	3 - Limited assistance - Client needs hands-on help but **no** weight-bearing assistance, *e.g. guiding but **no** lifting of the arms/legs* 4 - Extensive Assistance - Client does **more than** the caregiver **and** receives weight bearing assistance 5 - Maximal Assistance - Client does **less than** the caregiver **and** receives weight bearing assistance. 6 - Total Dependence - Client **does not do any** part of the activity. Caregiver did all activity for the client.