

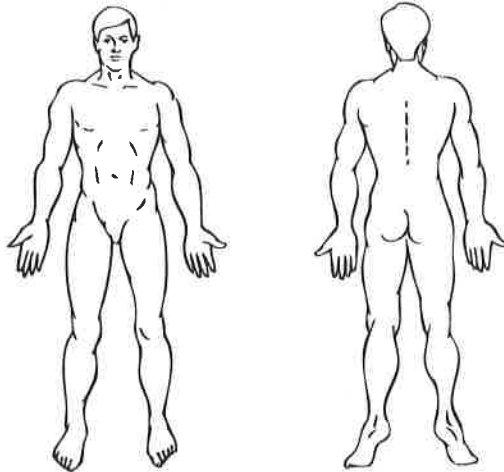
PT NAME: _____

TIME: _____

MISSOURI RIVER MEDICAL CENTER

C.N.A. NOTIFICATION OF CHANGE IN PATIENT STATUS

- A. VITALS: TEMP: NO YES < > THAN 100 REPORT
 - o BP: NO YES > THAN 150 < 60 REPORT
 - o PULSE: NO YES > THAN 100 < 60 REPORT
- B. PAIN: NO YES LOCATION _____
- C. NEEDING INCREASED ASSISTANCE WITH ALD'S NO YES
- D. CHANGE OF MENTATION: _____
- E. SYSTEM STATUS:
 - o URINE: COLOR ODOR FREQUENCY
OTHER: _____
 - o RESPIRATORY: INCREASED COUGH/CONGESTION RUNNY NOSE
 - o GASTROINTESTINAL: NAUSEA VOMITING DIARRHEA
 - o SKIN: RASH, BRUISES, SKIN TEAR, RED, MUSHY, DRY, CRACKED FEET, SKIN DISCOLORATION, ETC....



CNA SIGNATURE: _____ DATE _____

CHARGE NURSE SIGNATURE: _____ DATE: _____

➤ **UPON COMPLETION RETURN TO CHARGE NURSE (MUST BE DOCUMENTED IN CHART.)**

- **FORWARD TO INFECTION CONTROL IF INFECTION PRESENT**
- **IF SKIN ISSUE PRESENT FORWARD TO SHANNON WALKER.**

When patient is put into
Isolation: Scabies

| [MONTH] | | | | | | |
|---------|--------|---------|-----------|----------|--------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
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- ① FROM NURSES FORM MARK ON CALENDAR THE DAY OF THE WEEK + DATE. PUT X IN BOX WITH 1ST.
- ② ALSO MARK DAY 2 FOR BED WASHING + CLEANING ROOM VERY THOROUGHLY, FOR HOUSEKEEPING CREW TO CLEAN ACCORDING TO PROTOCOL. THIS CLEANING TO START WHEN PATIENT TAKEN OUT TO GET SHOWER FOR LOTION REMOVAL.
- ③ MARK DAY 8 OR DAY 14 FOR THE LAST THOROUGH BED WASHING + CLEANING OF ROOM, DEPENDING ON IF GOT LOTION ^(DAY 8) ON OR TOOK THE PILL FORM ^(DAY 14).

ALWAYS MAKE SURE USE 10% BLEACH WATER TO CLEAN FOR THE WHOLE 8 OR 14 DAYS. BE SURE TO USE BLUE MOP PAD FOR SWEEPING + NEW ONE FOR MOPPING THAT ROOM ONLY. EVERY DAY FOR THIS TIL THE LAST DAY BED WASHING IS DONE.