

**SWING BED
DAILY FLOW SHEET**

	DAYS	EVENINGS	NIGHTS
VITAL SIGNS (daily)			
HYGIENE			
Oral Care			
AM Care			
Bath - type			
Skin Care			
PM Care			
Shampoo			
ACTIVITY			
Bed rest			
BSC			
Dangle			
Walk			
In room			
Hallway			
ROM			
NUTRITION			
Meals			
% Eaten			
REST/SLEEP			
SAFETY			
Rails Up or Down			
Fall Precautions			
VISITORS			

SIGNATURE:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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