

Patient Name: _____

Date: _____

0700-1900 PAIN & SLEEP

PAIN DESCRIPTION:

- None
- Tingling
- Numb
- Continuous
- Burning
- Intermittent
- Sharp
- Radiating

Location: _____
 Relief measures: _____
 When does it occur and duration? _____
 Precipitating Factors: _____
 Accompanying Symptoms: _____

PAIN SCALE: _____

- 0-2 =None to very mild
- 3-5 =Moderate
- 6-8 =Moderate to severe
- 9-10 =Severe to worst

SLEEP:

- No problem
- Difficulty staying awake
- Snoring
- Naps

Hx: _____
 Sleep Aids: _____

1900-0700 PAIN & SLEEP

PAIN DESCRIPTION:

- None
- Tingling
- Numb
- Continuous
- Burning
- Intermittent
- Sharp
- Radiating

Location: _____
 Relief measures: _____
 When does it occur and duration? _____
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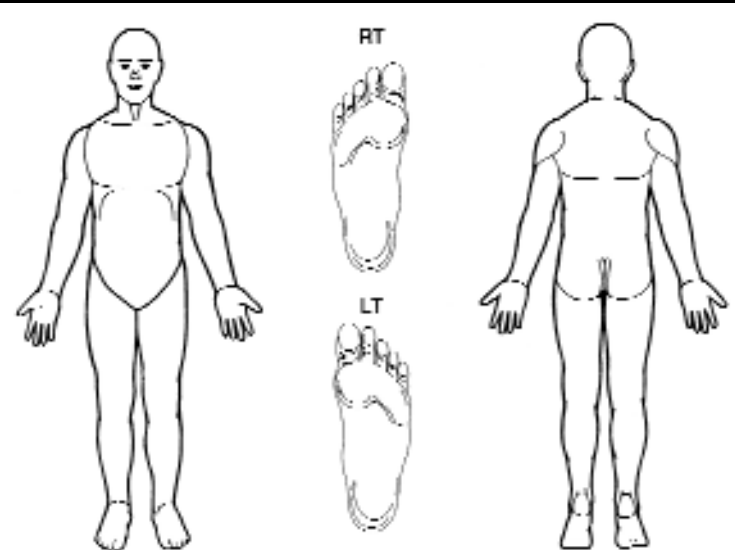
SLEEP:

- No problem
- Difficulty staying awake
- Snoring
- Naps

Hx: _____
 Sleep Aids: _____



SKIN



DRAW AND LABEL AS FOLLOWS:

- A** =Abrasion*
 - B** =Burn*
 - C** =Contusion or Bruise (SS)*
 - E** =Erythema / Rash*
 - L** =Laceration*
 - W** =Wound*
 - S** =Scar*
 - I** =Incision*
-
- I.** =Reddened*
 - II.** =Skin Breakdown*
 - III.** =Subcu destruction*
 - IV.** =Muscle / Bone destruction*

Comments:

BRADEN SCALE * (< 16 Skin Breakdown Precautions Implemented)

	1	2	3	4	A	P
SENSORY PERCEPTION	Completely Limited	Very Limited	Slightly Limited	No Impairment		
ACTIVITY	Bedfast	Chairfast	Walks Occasionally	Walks Frequently		
MOBILITY	Completely Immobile	Very Limited	Slightly Limited	No Limitation		
NUTRITION	Very Poor	Probably Inadequate	Adequate	Excellent		
MOISTURE	Constantly Moist	Moist	Occasionally Moist	Rarely Moist		
FRICITION & SHEAR	Problem	Potential Problem	No Apparent			
TOTAL ⇨						

7A Signature/Title: **X**

7P Signature/Title: **X**