

Date: _____ Shift: (circle) Day Evening Nights Unit: _____

RN Designating Care Assignments: _____

Staff and Title	Patient Assignment	Obs. Level	Special Assignment	Environmental	Other
Meal Time: Break Time:				Census/Safety √:	
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Meal Time: Break Time:				Census/Safety √:	
Meal Time: Break Time:				Census/Safety √:	

Unit Routine and Activity Assignments

1. 24-Hour Kardex Check

2. 24-Hour Report

3. Admission Process

4. ADL Care

5. Appointment Discharge Escort

6. Appointment Escort

7. Assignment Sheet

8. Assist Barber

9. Assist Physician

10. Assist with Blood Work

11. Assist with Group/Activity

12. Assist with Snacks

13. Attend Inservice

14. Beeper Check

15. Chart Checks

16. Check Sign-in Book

17. Church Escort

18. Clean Nursing Station

19. COC Urines

20. Community Meeting
21. Daily Notes

22. Defrost and Clean Kitchen Refrigerator

23. Defrost and Clean Med Room Refrigerator

24. Defrost and Clean Staff Room Refrigerator

25. Dining Room Escort

26. Discharge Process

27. Emergency Cart Check

28. Empty Trash

29. Environmental Checklist

30. Linen Room

31. Medications/Clean Med Cart

32. Medical Report/Rounds

33. Mental Status Exams

34. Monitor Showers/Razors

35. Order Medication

36. Order Ward Supplies

37. Patient Accounts

38. Patient Money Request

39. Pick Up Meal Trays

40. Return Meal Trays
41. Safety Check of Environment

42. Sharps Count

43. Special Observations

44. Stock Supplies

45. Till Check

46. Transcribe Orders

47. Treatment Team Meeting

48. Treatments

49. Vital Signs/Weights

50. Walk

51. Weekly Note

52. Window and Door Check

53. Eye Glasses

54. CASIG

55. Team Engagement

56. Med Ed b4 RN

57. _____

58. _____

59. _____

60. _____

LFTS/MHA2 Assigning Staff _____ Approving RN Signature: _____