

WHITING FORENSIC HOSPITAL

MEDICAL EQUIPMENT – Whiting Forensic Division

Unit: _____

Date: _____

KEY: **1** CPAP (q 15 mins) **2** Oxygen (O²) **3** Nebulizer **4** G-Tube **5** TPN **6** IV Therapy **7** Other: _____ **8** Other: _____ **9** On 1:1 for Treatment

[illegible]**Staff Initials and Signature:**

Init	Signature

Cleaning Schedule:

Date(s) Completed	Type of Equipment	Patient Name	Init

Date(s) Completed	Type of Equipment	Patient Name	Init

- **File in Nursing Supervisor's Office.**
- **Results will be monitored monthly by Chief of Patient Care/designee.**