**PLAISIR**
PLAnification Informatisée des Soins Infirmiers Requis
Formulaire de Relevé des Actions Nursing (FRAN)

**EROS**
Équipe de Recherche Opérationnelle en Santé

## A. IDENTIFICATION

Region _____

Sub-region _____

Program _____

Unit _____

Identification # _____

Evaluator _____

MEDICARE NUMBER

Observation date: ___ ___ ___
YR MTH DAY

Observation made for _____ day(s)/7

Sex: ☐ 1. Fem. ☐ 2. Male

Date of admission: ___ ___ ___
YR MTH DAY

## B. REHABILITATION THERAPY (services received)

Indicate the number of minutes for each therapy received **per week** and the number of days per week each therapy was received.

| | Number of minutes/week | Number of days/week |
|---|---|---|
| Physical | | |
| Occupational | | |
| Speech | | |

## C. NURSING REHABILITATION/ SERVICES RECEIVED

1. ☐ no 2. ☐ yes

If yes, **indicate the number of days/week**

1. Training in eating/swallowing ☐
2. Training in toileting activities ☐
3. Training in dressing/grooming ☐
4. Training in locomotion/mobility ☐
5. Training in transfer ☐

## D. SPECIFIC TREATMENTS RECEIVED

1. ☐ no 2. ☐ yes

Indicate if the treatment is received within the institution (IN) or in another facility (OUT).

| | 1. IN | 2. OUT |
|---|---|---|
| 1. Chemotherapy | ☐ | ☐ |
| 2. Radiation treatment | ☐ | ☐ |
| 3. Inhalation therapy | ☐ | ☐ |
| 4. Dialysis | ☐ | ☐ |
| 5. Transfusions | ☐ | ☐ |
| 6. Parenteral feeding | ☐ | ☐ |
| 7. Stasis ulcer | ☐ | |
| 8. Pressure ulcers (stage 1 or 2) | ☐ | |
| 9. Pressure ulcers (stage 3 or 4) | ☐ | |
| 10. Foot care | Nsg ☐ | Pod. ☐ |

## E. MEDICAL ROUNDS

**Usual number of doctor's visits received** _____/month

## F. DIAGNOSIS/HEALTH CONDITIONS

(circle)

3310. Alzheimer's disease
7843. Aphasia
7159. Arthrosis
4140. ASHD
3669. Cataracts
3439. Cerebral palsy
4289. Congestive heart failure
4969. COPD
4389. CVA with sequela
2765. Dehydration
2900. Dementia
3119. Depression
2500. Diabetes
3459 Epilepsy
7806. Fever
7801. Hallucinations
3429. Hemiplegia
4019. Hypertension
4590. Internal bleeding
3409. Multiple sclerosis
3109. Organic brain syndrome
7330. Osteoporosis
3320. Parkinson's disease
4869. Pneumonia
3440. Quadriplegia
0389. Septicemia
5990. Urinary tract infection
7870. Vomiting
7832. Weight-loss

**Others:**

___ ___ ___ ___
___ ___ ___ ___
___ ___ ___ ___

## G. MOBILITY

1. **Fully** mobile (go to I)
2. **Variable restriction** of mobility
3. **Impaired** mobility (slowness)
4. **Reduced** mobility
5. **Neighbourhood** restriction
6. **Dwelling** restriction
7. **Floor** restriction
8. **Room** restriction
9. **Total** restriction of mobility

## H. DETERMINING FACTOR(S) FOR REDUCTION OR LOSS OF MOBILITY

**Inherent to the client**

1. Blindness
2. Obesity
3. Loss of balance
4. Weakness, frailty
5. Psychological problems
6. Psychiatric problems
7. Coronary insufficiency
8. Respiratory problems
9. Convalescence
10. Amputation
11. Musculoskeletal deficiency
12. Terminal illness
13. Others: _____

**Inherent to the institution**

14. Regulations
15. Architectural limitation(s)
16. Others: _____

## I. DECREASE OR LOSS OF THE ABILITY TO USE ONE OR MORE LIMBS OR PARTS OF THE BODY

☐ Yes - complete the chart ☐ No - go to J.1

| Type | Limitation | | | Immobility | | | Amputation | | |
|---|---|---|---|---|---|---|---|---|---|
| Location | L | R | L & R | L | R | L & R | L | R | L & R |
| Hand(s) | 01 | 02 | 03 | 01 | 02 | 03 | 01 | 02 | 03 |
| Arm(s) | 04 | 05 | 06 | 04 | 05 | 06 | 04 | 05 | 06 |
| Hip(s) | 07 | 08 | 09 | 07 | 08 | 09 | 07 | 08 | 09 |
| Leg(s) | 10 | 11 | 12 | 10 | 11 | 12 | 10 | 11 | 12 |
| Foot(feet) | 13 | 14 | 15 | 13 | 14 | 15 | 13 | 14 | 15 |
| Side of body | 16 | 17 | | 16 | 17 | | | | |
| Cervical area | 18 | | | 18 | | | | | |
| Spine | 19 | | | 19 | | | | | |
| Generalized | 20 | | | 20 | | | | | |

**I.1 Risk of fall** 1. no ☐ 2. yes ☐

**I.2 If amputation** ☐ 1. with care (dressing) ☐ 2. without care

## J. MECHANICAL DEVICE

1. None
2. Cane
3. Walker
4. Quadcane
5. Handrail(s), furniture
6. Orthesis
7. Prosthesis
8. Wheelchair (without assist.)
9. Wheelchair (with assistance)
10. Motorized wheelchair
11. Geriatric chair
12. Lift
13. Others: _____

## K. PHYSICAL INDEPENDENCE

1. Independent
2. Independent with **mechanical device**
3. Independent with **adaptation/modification** of the environment
4. **Situational** dependence
5. Dependence, **long intervals** ( ≤ once/24 hours)
6. Dependence, **more than once/24 hours** but at **predictable** times
7. Unpredictable dependence, short intervals - **(quasi) permanent availability**
8. Dependent **for most needs**
9. Dependent **for all needs**

## L. OCCUPATION

1. **Customarily** occupied
2. **Intermittently** unoccupied
3. **Curtailed** occupation
4. **Adjusted** occupation
5. **Reduced** occupation (in terms of time frame)
6. **Restricted** occupation (in terms of type)
7. **Confined** occupation (in terms of time frame and type)
8. No occupation
9. Unoccupiable

## M. PROTECTION

☐ No: go to N ☐ Yes: specify

| | R | S | O |
|---|---|---|---|
| 1. Bed rails | ☐ | ☐ | ☐ |
| 2. Geriatric chair table | ☐ | ☐ | ☐ |
| 3. Wheelchair table | ☐ | ☐ | ☐ |
| 4. Vest restraint | ☐ | ☐ | ☐ |
| 5. Wrist restraint(s) | ☐ | ☐ | ☐ |
| 6. Ankle restraint(s) | ☐ | ☐ | ☐ |
| 7. Abdominal band | ☐ | ☐ | ☐ |
| 8. Body restraint, jumpsuit | ☐ | ☐ | ☐ |
| 9. Fireproof apron | ☐ | ☐ | ☐ |
| 10. Psycho-active drugs | ☐ | ☐ | ☐ |
| 11. Half-door | ☐ | ☐ | ☐ |
| 12. Isolation room | ☐ | ☐ | ☐ |
| 13. Locked ward | ☐ | ☐ | ☐ |

## N. OUTSIDE CONTACTS

Number of **contacts per year** (phone calls from and to, visits from and to, letters):

_____/year

## O. SOCIAL INTEGRATION

1. Socially **integrated**
2. **Inhibited** participation (shyness, timidity)
3. **Restricted** participation (type of social activities)
4. **Diminished** participation (primary and secondary involvement only)
5. **Impoverished** relationship (secondary involvement difficult)
6. **Reduced** relationship (primary involvement only)
7. **Disturbed** relationship (primary involvement difficult)
8. **Alienated** (incapable of all involvement)
9. Socially **isolated** (no involvement - isolated)

## P. PSYCHOLOGICAL AND SENSORIAL FUNCTIONS

| | Adequate | Level of deficiency: Slight | Moderate | Severe/Nil |
|---|---|---|---|---|
| Short term memory | ☐ | ☐ | ☐ | ☐ |
| Long term memory | ☐ | ☐ | ☐ | ☐ |
| Thinking (process-content) | ☐ | ☐ | ☐ | ☐ |
| Perception and attention | ☐ | ☐ | ☐ | ☐ |
| Consciousness and wakefulness | ☐ | ☐ | ☐ | ☐ |
| Orientation (time, person, place) | ☐ | ☐ | ☐ | ☐ |
| Decision - making | ☐ | ☐ | ☐ | ☐ |
| Drives | ☐ | ☐ | ☐ | ☐ |
| Volition and motivation | ☐ | ☐ | ☐ | ☐ |
| Emotions, affect, moods | ☐ | ☐ | ☐ | ☐ |
| Behaviors | ☐ | ☐ | ☐ | ☐ |
| Language | ☐ | ☐ | ☐ | ☐ |
| Sight | ☐ | ☐ | ☐ | ☐ |
| Hearing | ☐ | ☐ | ☐ | ☐ |
| Making self understood | ☐ | ☐ | ☐ | ☐ |
| Ability to understand others | ☐ | ☐ | ☐ | ☐ |

## Q. PSYCHOLOGICAL PROBLEMS

Check if problems are corrected (C) or non corrected (NC):

| | C | NC | | C | NC |
|---|---|---|---|---|---|
| 1. Physical abuse | ☐ | ☐ | 8. Expressions of distress | ☐ | ☐ |
| 2. Verbal abuse | ☐ | ☐ | 9. Withdrawal | ☐ | ☐ |
| 3. Disturbs others | ☐ | ☐ | 10. Suicidal thoughts | ☐ | ☐ |
| 4. Agitation | ☐ | ☐ | 11. Frequent thoughts of death | ☐ | ☐ |
| 5. Wandering | ☐ | ☐ | 12. Early awakening with unpleasant mood | ☐ | ☐ |
| 6. Persistent anxiety | ☐ | ☐ | 13. Awake 7 hours or less a day | ☐ | ☐ |
| 7. Sadness | ☐ | ☐ | | | |

## R. ORIENTATION (interactions with the environment)

1. **Fully** oriented
2. **Fully compensated** impediment to orientation
3. **Intermittent** disturbance of orientation
4. **Partially compensated** impediment to orientation
5. **Moderate** impediment to orientation
6. **Severe** impediments to orientation
7. Orientation **deprivation**
8. **Disorientation**
9. **Unconscious**, persistent vegetative state

# RESPIRATION

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| 0010 | **HUMIDIFIER** | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| | **RESPIRATORY EXERCISES** | | | |
| 0020 | SPIROMETRY | 1 | M T W T F s S | |
| W | *Circle one* | 1 | M T W T F s S | |
| | **W - constant presence** 1. no 2. yes | 1 | M T W T F s S | |
| | | | | |
| 0030 | COUGHING SESSIONS | 1 | M T W T F s S | |
| W | *Circle one* | 1 | M T W T F s S | |
| | **W - constant presence** 1. no 2. yes | 1 | M T W T F s S | |
| | | | | |
| | **CHEST PHYSIOTHERAPY** | | | 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
| 0040 | CLAPPING | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| 0050 | POSTURAL DRAINAGE | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| 0060 | VIBRO-MASSAGE | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| 0070 | AEROSOL | 1 | M T W T F s S | |
| W | *Circle one* | 1 | M T W T F s S | |
| | **W- constant presence** 1. no 2. yes | 1 | M T W T F s S | |
| | | | | |

# RESPIRATION

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **SUCTIONING OF SECRETIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0080 | - ORAL | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 0090 | - NASAL | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 0100 | - TRACHEAL | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | **OXYGEN** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | $O_2$ by catheter, mask, facial tent | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0110 $\frac{1}{Z}$ | . **Beginning** of treatment B | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 0110 $\frac{1}{X}$ $\frac{2}{Z}$ | . **End** of treatment E | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **TRACHEOSTOMY CARE** | | | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 0120 | - CARE (skin, cannula, dressing, tie) | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 0130 | - INSTILLATION | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 0140 | - CUFF: inflate and deflate | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | OTHERS:_____ | | | | | | | | | | | | | | | | | | | | | | | | | | |

# FEEDING AND HYDRATION

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| | **MEALS** | | | |
| | **W - Individual constant presence** 1. no 2.yes | | | |
| 1040 __/W | BREAKFAST | 1 2 3 | M T W T F s S | |
| | | 1 2 3 | M T W T F s S | |
| 1050 __/W | DINNER | 1 2 3 | M T W T F s S | |
| | | 1 2 3 | M T W T F s S | |
| 1060 __/W | SUPPER | 1 2 3 | M T W T F s S | |
| | | 1 2 3 | M T W T F s S | |
| 1070 __/W | SNACKS | 1 2 3 | M T W T F s S | |
| | | 1 2 3 | M T W T F s S | |
| 1080 | **HYDRATION** | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 1090 | **COMPLETE THE MENU** | 1 3 | M T W T F s S | |
| 1100 | **CONTINUOUS GAVAGE** | | | 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
| | **X = 1 with pump** **X = 2 without pump** | | | |
| | | | | |
| __/X 1/Z | Beginning B | 3 | M T W T F s S | |
| __/X 2/Z | End E | 3 | M T W T F s S | |
| 1110 __/W | INTERMITTENT GAVAGE (drip or with a syringe) | | | |
| | | 3 | M T W T F s S | |
| | **W - Constant presence** 1. no 2. yes | | | |
| | OTHERS: _____ | | | |

# ELIMINATION

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| | **NATURAL ELIMINATION** | | | |
| | Z = Nb. of staff required | | | |
| 2030 — Z | URINAL | 1 2 3 | M T W T F s S | F= ◯ F= ◯ F= ◯ |
| | | 1 2 3 | M T W T F s S | ◯ ◯ ◯ |
| | | 1 2 3 | M T W T F s S | ◯ ◯ ◯ |
| 2040 — Z | BEDPAN | 1 2 3 | M T W T F s S | F= ◯ F= ◯ F= ◯ |
| | | 1 2 3 | M T W T F s S | ◯ ◯ ◯ |
| | | 1 2 3 | M T W T F s S | ◯ ◯ ◯ |
| 2050 — Z — W | BATHROOM OR COMMODE | 1 2 3 | M T W T F s S | F= ◯ F= ◯ F= ◯ |
| | *Circle one:* | 1 2 3 | M T W T F s S | ◯ ◯ ◯ |
| | **W - constant presence** 1. no 2. yes | 1 2 3 | M T W T F s S | ◯ ◯ ◯ |
| | | | | |
| 2060 — Z | URINARY INCONTINENCE CARE (diapers, pads) | 1 2 3 | M T W T F s S | F= ◯ F= ◯ F= ◯ |
| | | 1 2 3 | M T W T F s S | ◯ ◯ ◯ |
| | | 1 2 3 | M T W T F s S | ◯ ◯ ◯ |
| 2070 — Z | FECAL INCONTINENCE CARE | 1 3 | M T W T F s S | F= ◯ F= ◯ F= ◯ |
| | | 1 3 | M T W T F s S | ◯ ◯ ◯ |
| | | 1 3 | M T W T F s S | ◯ ◯ ◯ |
| 2090 | CONDOM CARE | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 2100 | INSERTION OF URETHRAL CATHETER | 1 2 3 | M T W T F s S | |
| | | 1 2 3 | M T W T F s S | |

# ELIMINATION

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| 2110 | CARE OF URINARY CATHETER | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 2120 | DRAINAGE OF COLLECTION BAG | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 2130 | BLADDER IRRIGATION | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 2140 | CONTINUOUS BLADDER IRRIGATION | | | |
| | | | | |
| 1/Z | Beginning B | 1 3 | M T W T F s S | |
| | | | | |
| 2/Z | End E | 1 3 | M T W T F s S | |
| | | | | |
| 2150 | BLADDER INSTILLATION | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| 2160 | RECTAL TUBE INSERTION | 1 3 | M T W T F s S | F= F= F= |
| | | 1 3 | M T W T F s S | |
| 2170 | DISIMPACTION | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| 2180 | RECTAL IRRIGATION | 1 3 | M T W T F s S | |
| | Y = 1 : 0 to 500 cc | | | |
| Y | Y = 2 : 501 cc and more | 1 3 | M T W T F s S | |
| 2190 | RECTAL EXAMINATION | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| 2200 | ANAL STIMULATION | 3 | M T W T F s S | |

# ELIMINATION

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **OSTOMY CARE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2210 | **BAG REPLACEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Circle one:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| nb. 1 | **X:** Type of ostomy | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| __ | 1. Ileal conduit | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 2. Cystostomy | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Ileostomy | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| nb. 2 | 4. Colostomy | | | | | | | | | | | | | | | | | | | | | | | | | | |
| __ | 5. Others: _____ | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2220 | **CARE OF BAG WITHOUT REPLACEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| nb. 1 | *Circle one:* | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| __ | **X:** Type of ostomy | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 1. Ileal conduit | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Cystostomy | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| nb. 2 | 3. Ileostomy | | | | | | | | | | | | | | | | | | | | | | | | | | |
| __ | 4. Colostomy | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 5. Others: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2230 | **COLOSTOMY IRRIGATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **W - Constant presence** | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| __ | until the complete return | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | of irrigation solution | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. no 2. yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OTHERS: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# HYGIENE

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **PERSONAL HYGIENE**<br>**X: Place**<br>1. Sink<br>2. Bed<br>3. Bathtub - shower<br>**W - Constant presence**<br>1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3030 X W | PARTIAL BATH | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 3040 X W | COMPLETE BATH | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 3050 X W | GENITAL HYGIENE<br>(not related to incontinence) | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | **HAIR CARE** | | | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 3090 W | SHAMPOO/RINSE<br>**W - Constant presence**<br>1. No 2. Yes | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 3100 | SHAMPOO/HAIR CUT/ STYLE | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 3110 | SHAMPOO/REMOVAL OF ADHESIONS | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | **BEAUTY CARE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3130 | MANICURE/PEDICURE | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 3140 W | SHAVING OF BEARD<br>**W - Constant presence**<br>1. No 2. Yes | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |

# HYGIENE

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3150 | JEWELRY/MAKE-UP | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 3152 | REMOVAL OF MAKE-UP | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | **ORAL HYGIENE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3160 | GLYCERINE SWABS | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 3170 — W | BRUSHING OF TEETH | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | **W - Constant presence** 1. No 2. Yes | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | **STREET CLOTHING** (complete dressing) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **Client:** **X:** 1. Functional 2. Dysfunctional | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| | **W - Constant presence** 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3180 — X — W | DRESSING | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 3190 — X — W | UNDRESSING | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | OTHERS: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# AMBULATION

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| | **GET UP OR LIE DOWN** | | | |
| | **X: Mechanical aid/Amputation** 1. No 2. Yes | | | |
| | **Z: Nb. of staff required** | | | |
| 4010 — X — Z | GET UP WITH ASSISTANCE | 1 2 3 | M T W T F s S | |
| | *Specify:* | 1 2 3 | M T W T F s S | |
| | X: _____ | 1 2 3 | M T W T F s S | |
| | Z: Nb. of staff required _____ | | | |
| 4015 — X — Z | LIE DOWN WITH ASSIST. | 1 2 3 | M T W T F s S | |
| | *Specify:* | 1 2 3 | M T W T F s S | |
| | X: _____ | 1 2 3 | M T W T F s S | |
| | Z: Nb. of staff required _____ | | | |
| | | | | 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
| 4020 — Z | GET UP WITH LIFT | 3 | M T W T F s S | |
| | Z: Nb. of staff required _____ | 3 | M T W T F s S | |
| 4025 — Z | LIE DOWN WITH LIFT | 3 | M T W T F s S | |
| | Z: Nb. of staff required _____ | 3 | M T W T F s S | |
| 4030 — X — Z | ASSIST. NEEDED TO WALK | 1 2 | M T W T F s S | |
| | X= Mechanic. aid/Amputation 1. No 2. Yes | 1 2 | M T W T F s S | |
| | *Specify:* | 1 2 | M T W T F s S | |
| | X: _____ | | | |
| | Z: Nb. of staff required _____ | | | |
| 4040 | PUSH WHEELCHAIR OR GERIATRIC CHAIR | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |

# AMBULATION

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| 4050 __/Z | **RUBBING AND POSITIONING** | 1 2 3 | M T W T F s S | |
| | | 1 2 3 | M T W T F s S | |
| | **Z: Nb. of staff required: ____** | 1 2 3 | M T W T F s S | |
| | **MUSCULAR EXERCISES** | | | |
| 4060 __/W | PASSIVE AND/OR ACTIVE EXERCISES | 1 2 3 | M T W T F s S | |
| | | 1 2 3 | M T W T F s S | |
| | **W - Constant presence** 1. No 2. Yes | 1 2 3 | M T W T F s S | |
| | | | | 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
| 4070 __ __/X W | STRUCTURED PASSIVE AND/OR ACTIVE EXERCISES | | | |
| | | 1 2 3 | M T W T F s S | |
| | *Circle one:* **X: rehabilitation:** 1. short term 2. long term | 1 2 3 | M T W T F s S | |
| | | 1 2 3 | M T W T F s S | |
| | **W - Constant presence** 1. No 2. Yes | | | |
| | | | | |
| 4080 __/X | **PHYSICAL RESTRAINTS** | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| | **X:** Client's agitation level | 1 3 | M T W T F s S | |
| | *Circle one:* 1. not agitated 2. agitated | | | |
| | OTHERS: _____ | | | |
| | _____ | | | |
| | _____ | | | |

| CODE | NURSING ACTIONS REQUIRED | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 | 08 09 10 11 12 13 14 15 | 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|---|
| 5010 | **INDIVIDUAL SUPPORTIVE COMMUNICATION** | M T W T F s S | % | % | % |
| | | M T W T F s S | | | |
| | | M T W T F s S | | | |
| 5020 __ __ __ X Y Z | **INDIVIDUAL SUPPORTIVE COMMUNICATION (cognitive deficits)** | M T W T F s S | % | % | % |
| | **X** . Cognitive deficits<br>1. Slight<br>2. Slight moderate 4. Severe: active<br>3. Severe moderate 5. Severe: passive | M T W T F s S | | | |
| | | M T W T F s S | | | |
| | **Y** . Collaboration, participation<br>1. Good<br>2. Resistant to certain care activities<br>3. Always resistant<br>4. No participation, no resistance | | | | |
| | **Z** . Stimulation, negociation<br>1. Not required 4. Continuous<br>2. Little 5. Impossible<br>3. Average | | | | |
| 5030 __ __ __ X Y Z | **INDIVIDUAL SUPPORTIVE COMMUNICATION (psychiatric problems)** | M T W T F s S | % | % | % |
| | **X** . Psychiatric problems<br>1. Slight 2. Moderate 3. Severe | M T W T F s S | | | |
| | **Y** . Collaboration, participation | M T W T F s S | | | |
| | **Z** . Stimulation, negociation | | | | |

# COMMUNICATION

| CODE | NURSING ACTIONS REQUIRED | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|
| | **DATA COLLECTION (with client and/or family)** | | |
| | | | |
| 5040 | INTERMITTENT DATA COLLECTION | M T W T F s S | |
| | | M T W T F s S | |
| 5050 | COMPLETE INITIAL DATA COLLECT. | M T W T F s S | |
| 5080 | **TEACHING (client or family)** | | |
| | *Specify:* a) _____ | M T W T F s S | |
| | b) _____ | M T W T F s S | |
| 5090 | **PREVENTIVE INTERACTION** | | CHECK SHIFT(S) WHEN PREVENTIVE INTERACTION HAS TAKEN PLACE |
| $\overline{X}$ | X = 1 Minimal | M T W T F s S | ✓ ✓ ✓ |
| $\overline{X}$ | X = 2 Moderate | M T W T F s S | |
| $\overline{X}$ | X = 3 Intensive | M T W T F s S | |
| | **Problem:** _____ | | |
| | **Objective:** _____ | | |
| | **Actions:** _____ | | |
| 5120 | **PREVENTIVE INTERACTION WITH SIGNIFICANT OTHERS/FAMILY** | | CHECK SHIFT(S) WHEN PREVENTIVE INTERACTION HAS TAKEN PLACE |
| $\overline{X}$ $\overline{Z}$ | X = 1 minimal<br>X = 2 moderate<br>X = 3 intensive | M T W T F s S | ✓ ✓ ✓ |
| | | M T W T F s S | |
| $\overline{X}$ $\overline{Z}$ | Z = 1 phone call<br>Z = 2 within the institution | M T W T F s S | |
| | **Problem:** _____ | | |
| | **Objective:** _____ | | |
| | **Actions:** _____ | | |

# COMMUNICATION

| CODE | NURSING ACTIONS REQUIRED | DAY(S) | NB. OF STAFF REQUIRED (NURSING) | DURATION (MINUTES) | NB. OF PARTICIPANTS | BEGINNING TIME |
|---|---|---|---|---|---|---|
| | **GROUP ACTIVITIES** | | | | | |
| 5130 | RECREATIONAL | | | | | |
| | *Specify (activity):* | | | | | |
| | | M T W T F s S | | | | |
| | | M T W T F s S | | | | |
| | | M T W T F s S | | | | |
| | | M T W T F s S | | | | |
| | | M T W T F s S | | | | |
| 5140 | THERAPEUTIC | | | | | |
| | *Specify (activity, problem, objective):* | | | | | |
| | | M T W T F s S | | | | |
| | | M T W T F s S | | | | |
| | | M T W T F s S | | | | |
| | | M T W T F s S | | | | |
| 5150 | SOCIO-THERAPEUTIC OUTING | | | | | |
| | *Specify (activity, problem, objective):* | | | | | |
| | | M T W T F s S | | | | |
| | | M T W T F s S | | | | |
| | OTHERS: _____ | | | | | |
| | _____ | | | | | |
| | _____ | | | | | |

| PREPARATION AND ADMINISTRATION OF DRUGS | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|
| 6010 **Preparation of self-medication** | | M T W T F s S | |
| X = Nb. of drugs to be prepared | | M T W T F s S | |
| $\overline{X}$ X = _____ | | | |

| NAME, DOSE, QUANTITY | 6020 PO | 6030 NG | 6040 PR | 6050 PV | 6060 GTE | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | 1 2 3 | M T W T F s S | |
| | | | | | | | | 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |

# MEDICATION

| CODE | PREPARATION/ADMINISTRATION OF DRUGS | AIDE MODE | DAY(S) | SCHEDULE 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **DRUGS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6070 | IM (INTRAMUSCULAR) | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* _____ | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6080 | SC (SUBCUTANEOUS) | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* _____ | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6090 | ID (INTRADERMIC) | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* _____ | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **I.V. MEDICATION** | | | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 6100 | IN SOLUTION | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6110 | VIA SOLUSET, BURETROL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6120 | I.V. PUSH | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | **Y** = Quantity | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 1 _ Y | **Y = 1** 1 to 2 cc | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | **Y = 2** 2.1 to 9 cc | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **Y = 3** 9.1 cc and more | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 2 _ Y | *Specify:* _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | OTHERS: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |

# I.V. THERAPY

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| | **INTRAVENOUS THERAPY** | | | |
| 7010 1/X —/Z | I.V. INSERTION *Specify:* I.V. # 1: _____ | 3 | M T W T F s S | |
| 1/X —/Z | **Z:** Nb. of staff required: _____ | 3 | M T W T F s S | |
| 7020 | SURVEILLANCE *Specify:* **Perfusion # 1:** | | | |
| 1/X 1/Z | Beginning of perfusion B | 3 | M T W T F s S | |
| 2/Z | End of perfusion E | 3 | M T W T F s S | |
| 1/X 1/Z | Beginning of perfusion B | 3 | M T W T F s S | |
| 2/Z | End of perfusion E | 3 | M T W T F s S | |
| | | | | 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
| 7030 1/X | CHANGE I.V. SOLUTION | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| 7040 1/X | CHANGE I.V. TUBING | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |

# I.V. THERAPY

| CODE | NURSING ACTIONS REQUIRED | | AIDE MODE | DAY(S) | SCHEDULE 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7020 | SURVEILLANCE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* **Perfusion # 2:** (mini-bag) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1/Z | Beginning of perfusion | B | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| 2/X 2/Z | End of perfusion | E | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| 2/X 1/Z | Beginning of perfusion | B | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| 2/Z | End of perfusion | E | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7030 2/X | CHANGE I.V. SOLUTION | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7040 2/X | CHANGE I.V. TUBING | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | BLOOD AND DERIVATIVES | | | | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 7050 | FIRST TRANSFUSION AND CHANGE OF TRANSFUSION BAG | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| 7060 | SURVEILLANCE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1/Z | Beginning of transfusion | B | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| 2/Z | End of transfusion | E | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| 1/Z | Beginning of transfusion | B | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |
| 2/Z | End of transfusion | E | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | |

# TREATMENT

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| 8020 | AMBULATORY PERITONEAL DIALYSIS | 1 2 3 | M T W T F s S | |
| | | 1 2 3 | M T W T F s S | |
| 8060 | GASTRIC TUBE INSERTION | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 8070 | STRAIGHT DRAINAGE | 3 | M T W T F s S | F= F= F= |
| | TUBE # 1: _____ | 3 | M T W T F s S | |
| | TUBE # 2: _____ | 3 | M T W T F s S | |
| 8080 | UNDER $H_2O$ DRAINAGE | 3 | M T W T F s S | F= F= F= |
| | TUBE: _____ | 3 | M T W T F s S | |
| 8090 | DRAINAGE WITH SUCTION | 3 | M T W T F s S | F= F= F= |
| | TUBE: _____ | 3 | M T W T F s S | |
| 8100 | CLAMP/UNCLAMP | 3 | M T W T F s S | F= F= F= |
| | TUBE: _____ | 3 | M T W T F s S | |
| | IRRIGATION | | | 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
| 8120 | VAGINAL | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 8130 | VULVAR | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| 8140 _ Z | AURICULAR *Circle one:* **Z=1:** 1 ear **Z=2:** 2 ears | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 8150 | GASTRIC | 3 | M T W T F s S | F= F= F= |
| | | 3 | M T W T F s S | |
| | | | | |

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| 8180 — W | **SOAKING OF THE LIMBS**<br>**W - Constant presence**<br>1. No 2. Yes | 1 2 3 | M T W T F s S | |
| | | 1 2 3 | M T W T F s S | |
| 8190 — W | **SITZ BATH**<br>**W - Constant presence**<br>1. No 2. Yes | 1 2 3 | M T W T F s S | |
| | | 1 2 3 | M T W T F s S | |
| 8200 — Z | **ICE PACK OR HOT WATER BOTTLE** | | | |
| | | 1 3 | M T W T F s S | |
| — Z | **Z = Nb. of pack(s)**<br>Z = _____ | 1 3 | M T W T F s S | |
| | **PROSTHESIS/ORTHESIS/ ELASTIC STOCK-INGS/BANDAGES** | | | |
| | | | | |
| | **HEARING AID** | | | |
| | | | | |
| | *Circle one:*<br>**Z=1:** 1 ear **Z=2:** 2 ears | | | |
| 8260 — Z | INSERT, ADJUST | 1 3 | M T W T F s S | F= F= F= |
| | | 1 3 | M T W T F s S | |
| 8265 — Z | REMOVE | 1 3 | M T W T F s S | F= F= F= |
| | | 1 3 | M T W T F s S | |
| | **EYE SHIELD OR OCULAR PROSTHESIS** | | | 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
| | | | | |
| | *Circle one:*<br>**Z=1:** 1 eye **Z=2:** 2 eyes | | | |
| 8270 — Z | APPLY | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 8275 — Z | REMOVE | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |

# TREATMENT

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ELASTIC STOCKING | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Circle one:* **Z=1**:1 stocking **Z=2**:2 stockings | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8280 Z | APPLY | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 8285 Z | REMOVE | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | BANDAGE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8290 | APPLY | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 8295 | REMOVE | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:*_____ | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | ORTHOPEDIC PROSTHESIS OR ORTHESIS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 8300 | APPLY | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 8305 | REMOVE | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:*_____ | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | MOULDED CERVICAL OR DORSO-LUMBAR CORSET | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8310 | APPLY | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 8315 | REMOVE | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |

# TREATMENT

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ADAPTED WHEELCHAIR | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8320 | ASSEMBLE | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 8325 | DISASSEMBLE | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | Specify: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | WOUND | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8390 | REMOVAL OF SUTURES OR CLIPS | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 8400 | REMOVAL OF PACKING OR DRESSING | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 8410 | INSERTION OF CATHETER IN A WOUND | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 8420 | WOUND IRRIGATION | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* # 1: _____ # 2: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 8430 | CLEANING AND DISINFECTING OF WOUND EXPOSED TO AIR *Specify:* # 1: _____ # 2: _____ # 3: _____ | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 8440 | VULVAR OR SCROTAL DISINFECTION | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 8450 | THERAPEUTIC LAMP | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **DRESSING** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8480 | DRY OR MOIST NON ASEPTIC | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* # 1: _____ | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | # 2: _____ | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | # 3: _____ | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | # 4: _____ | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8490 | ASEPTIC | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* # 1: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | # 2: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | # 3: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | # 4: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 8500 | ASEPTIC - REINFORCE | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | # 1: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | # 2: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 8510 | WOUND DRESSING WITH DISCHARGE | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| __ Z | **Z = Nb. of drains: _____** | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* # 1: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| __ Z | # 2: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| | **DRESSING FOR SKIN REGENERATION** | | | |
| | **X: wound surface** | | | |
| | **1.** ≤ 1.5 cm **2.** > 1.5 cm | | | |
| 8520 | WITH BENOXYL | 3 | M T W T F s S | |
| _ X | *Specify:* | | | |
| | # 1: _____ | 3 | M T W T F s S | |
| _ X | # 2: _____ | 3 | M T W T F s S | |
| 8530 | WITH DEBRISAN | 3 | M T W T F s S | |
| _ X | *Specify:* | | | |
| | # 1: _____ | 3 | M T W T F s S | |
| _ X | # 2: _____ | 3 | M T W T F s S | |
| 8540 | WITH STOMAHESIVE | 3 | M T W T F s S | |
| _ X | *Specify:* | | | |
| | # 1: _____ | 3 | M T W T F s S | |
| _ X | # 2: _____ | 3 | M T W T F s S | |
| 8550 | WITH MOIST cotton BALLS | 3 | M T W T F s S | |
| _ X | *Specify:* | | | |
| | # 1: _____ | 3 | M T W T F s S | |
| _ X | # 2: _____ | 3 | M T W T F s S | |
| 8560 | WITH DUODERM granules | 3 | M T W T F s S | |
| _ X | *Specify:* | | | |
| | # 1: _____ | 3 | M T W T F s S | |
| _ X | # 2: _____ | 3 | M T W T F s S | |
| 8570 | **DEBRIDEMENT OF WOUND WITH FORCEP AND SCISSORS** | 3 | M T W T F s S | |
| _ X | **X: wound surface** | 3 | M T W T F s S | |
| | **1.** ≤ 3 cm **2.** > 3 cm | 3 | M T W T F s S | |
| | *Specify:* | | | |
| | # 1: _____ | | | |
| | | | | 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| 8580 | **APPLICATION OF OINTMENT WITHOUT DRESSING**<br>Z: % of total body surface: _____<br>*Specify:* | | | |
| | | | | |
| | | | | |
| ___ Z | | 1 3 | M T W T F s S | |
| ___ Z | | 1 3 | M T W T F s S | |
| ___ Z | | 1 3 | M T W T F s S | |
| 8590 | **APPLICATION OF OINTMENT WITH DRESSING**<br>Z: % of total body surface: _____<br>*Specify:* | | | |
| ___ Z | | | | |
| | | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| 8630 | **PRECAUTIONARY TECHNIQUES: BARRIER**<br>*Specify (care/reason):* | | | |
| | | 3 | M T W T F s S | F= (○) F= (○) F= (○) |
| | | 3 | M T W T F s S | (○) (○) (○) |
| | | 3 | M T W T F s S | (○) (○) (○) |
| 8640 | **PRECAUTIONARY TECHNIQUES: EXTENDED** | | | 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
| 1 Z | Z = 1 Beginning B | 3 | M T W T F s S | |
| 2 Z | Z = 2 End E | 3 | M T W T F s S | |
| | *Specify (reason):* _____ | | | |
| | **OTHERS (examples):**<br>**Skin graft**<br>**Detachable traction**<br>**Dressing technique:**<br>*Specify:* _____ | | | |
| | | | | |
| | | | | |
| | | | | |

# DIAGNOSTIC PROCEDURES

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| | **OBSERVATION** | | | |
| 9010 | BIO-PSYCHO-SOCIAL (at intervals) | 3 | M T W T F s S | F= F= F= |
| | | 3 | M T W T F s S | |
| | *Specify:*_____ | | | NB. OF STAFF REQUIRED (NURSING) / DURATION (MINUTES) / NB. OF CLIENTS / BEGINNING TIME |
| | | | | |
| 9020 | BIO-PSYCHO-SOCIAL (constant) | | | |
| | *Specify:* _____ | 3 | M T W T F s S | |
| | _____ | 3 | M T W T F s S | |
| | _____ | | | |
| | **VITAL SIGNS** | | | 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
| | A) TEMPERATURE | | | |
| 9030 | - oral | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 9040 | - rectal | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 9050 | - axillary | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 9060 | B) RESPIRATION | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |
| | | 3 | M T W T F s S | |

# DIAGNOSTIC PROCEDURES

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9070 | C) PULSE | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 9080 | D) BLOOD PRESSURE | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| X Z | X: Nb. of limb(s) by position: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | Z: Nb. of position(s): _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9090 | NEUROLOGICAL SIGNS | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 9100 | VASCULAR SIGNS | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | MONITOR INTAKE | | | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 9210 | P.O. | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 9220 | BY TUBE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Z | Z: Nb. of tubes: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Specify:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | # 1: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | # 2: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9230 | BY I.V. | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| Z | Z: Nb. of I.V.: _____ | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# DIAGNOSTIC PROCEDURES

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
|---|---|---|---|---|
| | **MONITOR OUTPUT** | | | |
| 9240 | NATURALLY | 1 3 | M T W T F s S | |
| | | 1 3 | M T W T F s S | |
| 9250 | BY TUBES OR BOTTLES | 3 | M T W T F s S | |
| — Z | Z: Nb. of tubes, drains or bottles: _____ | 3 | M T W T F s S | |
| | *Specify:* _____ | 3 | M T W T F s S | |
| | | | | |
| | **WEIGHT/MEASUREMENT** | | | |
| 9260 | WEIGHT | 2 3 | M T W T F s S | |
| — Z | Z: Nb. of staff required:_____ | 2 3 | M T W T F s S | |
| | | | | 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
| 9270 | MEASUREMENT | 3 | M T W T F s S | |
| — Z | Z: Nb. of staff required:_____ | 3 | M T W T F s S | |
| | **COLLECTION OF 24 HOURS** | | | |
| 9280 | SPUTUM | | | |
| 1 Z | Beginning of collection B | 1 3 | M T W T F s S | |
| 2 Z | End of collection E | 1 3 | M T W T F s S | |
| 9290 | URINE | | | |
| 1 Z | Beginning of collection B | 1 3 | M T W T F s S | |
| — X 2 Z | End of collection E | 1 3 | M T W T F s S | |
| | X: 1. without catheter<br>X: 2. with catheter | | | |
| 9300 | URINE FILTERING | 3 | M T W T F s S | F= F= F= |
| | | 3 | M T W T F s S | |

# DIAGNOSTIC PROCEDURES

| CODE | NURSING ACTIONS REQUIRED | AIDE MODE | DAY(S) | SCHEDULE 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **SIMPLE UNIT TEST** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9390 | CLINITEST-ACETEST | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | OTHERS: _____ | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9400 | GLUCOMETER | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 9430 — W | **ASSISTANCE FOR EXAMINATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **W - Constant presence** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Circle one:* 1. No 2. Yes | | | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| | . physical examination | 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | . X Rays | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | others: _____ | 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | 2 3 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| 9440 — W | **ASSISTANCE DURING A MEDICAL INTERVENTION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **W - Constant presence** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *Circle one:* 1. No 2. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | . lumbar puncture | 2 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | . venous dissection | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | . sutures | 2 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | others: _____ | 2 | M T W T F s S | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **OTHERS:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |



DIAGNOSTIC PROCEDURES