

CNA Report Sheet

CNA Name		Contact info	
Date		Shift	
Patient information			
Name		Room #	
Gender		Age	
Diagnosis			
Allergies			
Special considerations and precautions			
Vital signs			
Temperature	Pulse		Respiratory rate
Blood pressure		Pain level	
Activity and mobility			
Mobility status		Assistance require	
Recent activity			
Hygiene and toileting			
Bathing status		Oral care	
Toileting schedule		Incontinence care	

Nutrition and fluids

Dietary restrictions

Food intake

Fluid intake

IV/tube feeding

Elimination

Bowel movements

Bladder voiding

Issues

Skin integrity

Skin assessment

Pressure ulcer prevention

Wound care

Medication

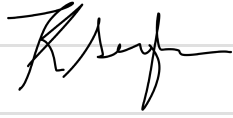
Medication schedule

Recent medication administered

Any medication reactions or changes

Tasks or procedures for the next shift

Additional notes

A handwritten signature in black ink, appearing to be 'R. Singh', is written in the center of the table's middle row.

Name and signature

Date and time