

# CNA Report Sheet

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

<b>Nutrition and fluids</b>	
Dietary restrictions	Food intake
Fluid intake	IV/tube feeding
<b>Elimination</b>	
Bowel movements	Bladder voiding
Issues	
<b>Skin integrity</b>	
Skin assessment	
Pressure ulcer prevention	Wound care
<b>Medication</b>	
Medication schedule	
Recent medication administered	
Any medication reactions or changes	
<b>Tasks or procedures for the next shift</b>	

**Additional notes**

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**Name and signature****Date and time**