

Idaho Nurse Aide Skill Testing Daily Charting Sheet

Be sure to mark all cares that you have performed. Sign, initial, and date where appropriate.

Client Name: _____

Daily Care	Initials	Comments
Dressing/Undressing		
Linen Change-Bed Making		
Body Mechanics		
Anti-Emboloc Stocking Application		
Meal Feeding Assistance % of meal eaten: _____ cc's of intake: _____		
Oral Care/Denture Care		
Bed Bath		
Indwelling Catheter Care		
Perineal Care		
Backrub		
Positioning in bed		
Range of Motion		
Ambulation		
Toileting		
Transfer		
Groom Hair		
Vital Signs B/P: _____ Pulse: _____ Respirations: _____		

Initials

Nurse's Assistant Signature

Title

Date