



DAILY NURSING ACTIVITY CHECKLIST FORM SIRIRAJ HOSPITAL

Ward
H.N.
A.N.

Name Age yrs Diagnosis

Note : Check "✓" When nurse gave nursing care and also check "*" when patient had problems. Please see in NR. DOC. 03

Nursing Care		Date														
		23-7	7-15	15-23	23-7	7-15	15-23	23-7	7-15	15-23	23-7	7-15	15-23	23-7	7-15	15-23
HYGIENE	Bath															
	Mouth Care															
	Shampooing															
	Perineal Care															
	Linen Change															
	Other															
NUTRITION	NPO															
	Oral															
	Feeding															
	Parenteral															
ACTIVITY	Ambulate															
	Exercise															
	Rest															
	Bed Rest															
	Absolute Bed Rest															
ELIMINATION	Condom Care															
	Cath Care															
	Ostomy Care															
	Enema															
SAFETY	Side Rail Up															
	Restraint															
	Other															
PSYCHOSOCIAL SUPPORT	Greeting															
	Touch															
	Information															
	Other															
SPECIAL CARE	IVF. / IV. Cath Care															
	Tube Care															
	Drain Care															
	Wound Care															
	Pain Care															
	Breathing Exercise															
	Turn Position q hrs															
	Other															
Signature																