

THERAPY & NURSING COMMUNICATION BOARD

Name:		Room Number:																	
PRECAUTIONS		FUNCTIONAL STATUS																	
<input type="checkbox"/> TOTAL HIP PRECAUTIONS <input type="checkbox"/> STERNAL PRECAUTIONS <input type="checkbox"/> SPINAL PRECAUTIONS <input type="checkbox"/> OTHER		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"><u>BED MOBILITY</u></td> <td style="width: 50%; text-align: center; padding: 5px;"><u>TOILETING</u></td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT </td> <td style="padding: 5px;"> <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION AD: <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT </td> </tr> </table>		<u>BED MOBILITY</u>	<u>TOILETING</u>	<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT	<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION AD: <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT												
<u>BED MOBILITY</u>	<u>TOILETING</u>																		
<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT	<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION AD: <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT																		
<table style="width: 100%; border: none;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;"><u>WEIGHT BEARING</u> (Circle Impaired limb)</td> </tr> <tr> <td style="width: 50%; padding: 5px;">LEFT ARM</td> <td style="width: 50%; padding: 5px;">RIGHT ARM</td> </tr> <tr> <td style="width: 50%; padding: 5px;">LEFT LEG</td> <td style="width: 50%; padding: 5px;">RIGHT LEG</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> AS TOLERATED (WBAT) <input type="checkbox"/> NON-WEIGHT BEARING (NWB) <input type="checkbox"/> OTHER: </td> </tr> </table>		<u>WEIGHT BEARING</u> (Circle Impaired limb)		LEFT ARM	RIGHT ARM	LEFT LEG	RIGHT LEG	<input type="checkbox"/> AS TOLERATED (WBAT) <input type="checkbox"/> NON-WEIGHT BEARING (NWB) <input type="checkbox"/> OTHER:		<table style="width: 100%; border: none;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;"><u>DRESSING</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"><u>TRANSFERS</u></td> </tr> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> SLIDE BOARD <input type="checkbox"/> HOYER <input type="checkbox"/> OTHER </td> </tr> </table>		<u>DRESSING</u>		<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT		<u>TRANSFERS</u>		<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT	<input type="checkbox"/> SLIDE BOARD <input type="checkbox"/> HOYER <input type="checkbox"/> OTHER
<u>WEIGHT BEARING</u> (Circle Impaired limb)																			
LEFT ARM	RIGHT ARM																		
LEFT LEG	RIGHT LEG																		
<input type="checkbox"/> AS TOLERATED (WBAT) <input type="checkbox"/> NON-WEIGHT BEARING (NWB) <input type="checkbox"/> OTHER:																			
<u>DRESSING</u>																			
<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT																			
<u>TRANSFERS</u>																			
<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT	<input type="checkbox"/> SLIDE BOARD <input type="checkbox"/> HOYER <input type="checkbox"/> OTHER																		
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"><u>FEEDING</u></td> <td style="width: 50%; text-align: center; padding: 5px;"><u>OTHER DETAILS</u></td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT </td> <td style="padding: 5px;"></td> </tr> </table>		<u>FEEDING</u>	<u>OTHER DETAILS</u>	<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT													
<u>FEEDING</u>	<u>OTHER DETAILS</u>																		
<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISION <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> DEPENDENT																			

Independent = Ind/modl

Supervision = Sup/SBA

Limited = CGA

Extensive = min/mod/max

Dependent = TD+/TD