### PLAN OF CARE KARDEX

**Month/Year**

#### HEARING
- [ ] Adequate
- [ ] Hard of hearing
- [ ] Wears hearing aids R L
- [ ] Face resident when speaking

#### SPEAKS
- [ ] English
- [ ] Other (specify)________________
- [ ] Writing messages
- [ ] Utilizes sign language
- [ ] Braille
- [ ] Signs/gestures/sounds
- [ ] Communication board
- [ ] No communication skills

#### ALERTS
- [ ] Code status
- [ ] Allergies

#### VISION
- [ ] Adequate
- [ ] Impaired
- [ ] Wears glasses
- [ ] Wears contacts
- [ ] Blind

#### AMBULATION
- [ ] Independent
- [ ] Assist of 1
- [ ] Assist of 2
- [ ] Wheeled walker
- [ ] Walker
- [ ] Wheelchair
- [ ] Adaptive equipment
- [ ] Other (specify)________________

#### BATHING
- [ ] A.M.
- [ ] P.M.
- [ ] Shower
- [ ] Bathhtub
- [ ] Whirlpool
- [ ] Bed Bath
- [ ] Independent
- [ ] Supervision
- [ ] Assist of 1
- [ ] Assist of 2
- [ ] Independent
- [ ] Assist of 1
- [ ] Assist of 2

#### BED MOBILITY
- [ ] Independent
- [ ] Assist of 1
- [ ] Assist of 2
- [ ] Turn q
- [ ] Trapeze bar
- [ ] Adaptive equipment

#### RESTRAINTS
- [ ] Specify:

#### PERSONAL HYGIENE
- [ ] Brush teeth
- [ ] Comb hair
- [ ] Perineum care
- [ ] Shaving
- [ ] Make-up application
- [ ] Independent
- [ ] Assist of 1
- [ ] Assist of 2

#### DRESSING
- [ ] Independent
- [ ] Assist of 1
- [ ] Assist of 2

#### EATING
- [ ] Independent
- [ ] Supervision (cueing)
- [ ] Set up
- [ ] Restorative feeding
- [ ] Dependent on staff
- [ ] Feed tube

#### TOILET USE
- [ ] Continent of Bladder
- [ ] Continent of Bowel
- [ ] Uses bathroom
- [ ] Uses bedside toilet
- [ ] Uses bedpan/urinal
- [ ] Independent
- [ ] Supervision
- [ ] Assist of 1
- [ ] Assist of 2
- [ ] Wears incontinent briefs
- [ ] Scheduled toilet plan (specify)

#### RESTORATIVE
- [ ] Incontinent check and change
- [ ] Ostomy care
- [ ] Adaptive equipment

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**Days Evenings Nights**

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**Transcribed by:**
## PLAN OF CARE KARDEX

### Diet

- **% Consumed**
  - $4 = 100\%$
  - $3 = 75\%$
  - $2 = 50\%$
  - $1 = 25\%$

- **Break**
- **Snack**
- **Lunch**
- **Snack**
- **Dinner**
- **Snack**

### Bladder

- **Day**
- **After**
- **Night**

- **C** = Continent
- **I** = Incontinent

### Bowel

- **Day**
- **S/M/L/D**
- **After**
- **Night**
- **S/M/L/D**

- **S** = Small
- **M** = Medium
- **L** = Large
- **D** = Diarrhea

### Bath

- **Nights**
- **Days**
- **Evenings**

- **S** = Shower
- **B** = Bed
- **T** = Tub

### Intake

- **Nights**
- **Days**
- **Evenings**

### Output

- **Nights**
- **Days**
- **Evenings**

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- **NAME**–**Last**
- **First**
- **Middle**
- **Attending Physician**
- **Record No.**
- **Room/Bed**

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*PLAN OF CARE KARDEX*  
*BRiGGS.*