**日常生活照顾记录表**

**日字号**： Res ；**姓名：** REGNAME ；**性别**：SEX ；**照服员**： Nur

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **日期**  **项目** | | | | WEEK1  **星期一** | WEEK2  **星期二** | WEEK3  **星期三** | WEEK4  **星期四** | WEEK5  **星期五** |
| **餐**  **饮** | 9:00 茶水 | | |  |  |  |  |  |
| 9:00  点心/茶水 | | |  |  |  |  |  |
| 午餐量(盘/碗)餐食形式 | | |  |  |  |  |  |
| 汤量 | | |  |  |  |  |  |
| 14:00 茶水 | | |  |  |  |  |  |
| 15:30  点心/茶水 | | |  |  |  |  |  |
| (12:30-14:00) | | | |  |  |  |  |  |
| **个**  **人**  **清**  **洁** | | (主动/协助) | |  |  |  |  |  |
| (次数/时间) | |  |  |  |  |  |
| 其 他 | |  |  |  |  |  |
| **排**  **泄** | | 大 便 | 量 |  |  |  |  |  |
| 颜色 |  |  |  |  |  |
| 性质 |  |  |  |  |  |
| 小便 | 颜色 |  |  |  |  |  |
| 如厕情况 | |  |  |  |  |  |
| 如厕时间 | |  |  |  |  |  |
| **复健** | | 复健器材 | |  |  |  |  |  |
| **照顾服务员签名** | | | |  |  |  |  |  |
| 联络事项  CONTACTMATTERS  社工人员签名： | | | | | | 家属留言  FAMILYMESSAGE  家属签字： | | |