

<input type="checkbox"/> Activity limitations/expectations	<input type="checkbox"/> Medications	<input type="checkbox"/> Safety, medication
<input type="checkbox"/> Advance directives	<input type="checkbox"/> Nutrition/Diet	<input type="checkbox"/> Safety, pet
<input type="checkbox"/> Allergies	<input type="checkbox"/> Pain management	<input type="checkbox"/> Safety, smoke detectors
<input type="checkbox"/> Bathing/Hygiene	<input type="checkbox"/> Plan of care	<input type="checkbox"/> Safety, water
<input type="checkbox"/> Bottle/Breast feeding	<input type="checkbox"/> Poison storage	<input type="checkbox"/> Saving voids, stools, and diapers
<input type="checkbox"/> Bowel and bladder elimination patterns	<input type="checkbox"/> Postoperative instructions	<input type="checkbox"/> Self responsibility for care
<input type="checkbox"/> Choking/CPR	<input type="checkbox"/> Preoperative instructions	<input type="checkbox"/> Sexuality
<input type="checkbox"/> Community resources	<input type="checkbox"/> Puberty	<input type="checkbox"/> Sexually transmitted disease
<input type="checkbox"/> Contraception	<input type="checkbox"/> Safety, bathtub	<input type="checkbox"/> Siderails
<input type="checkbox"/> Developmental stages/appropriate expectations	<input type="checkbox"/> Safety, bulb syringe	<input type="checkbox"/> Skin care
<input type="checkbox"/> Diagnostic results	<input type="checkbox"/> Safety, car seat/child restraint	<input type="checkbox"/> Smoking cessation
<input type="checkbox"/> Discipline	<input type="checkbox"/> Safety, carbon monoxide detectors	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Disease process	<input type="checkbox"/> Safety, crib	<input type="checkbox"/> Surgery
<input type="checkbox"/> Equipment	<input type="checkbox"/> Safety, fall	<input type="checkbox"/> Thermometer use
<input type="checkbox"/> Exercise	<input type="checkbox"/> Safety, fire	<input type="checkbox"/> Treatments/Procedures/Tests
<input type="checkbox"/> Hygiene	<input type="checkbox"/> Safety, firearms	<input type="checkbox"/> Wound care
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Safety, helmet	<input type="checkbox"/> Other:
<input type="checkbox"/> Invasive line care	<input type="checkbox"/> Safety, latex	
<input type="checkbox"/> Life adjustment	<input type="checkbox"/> Safety, latex balloon	

☐ Yes

☒ No

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