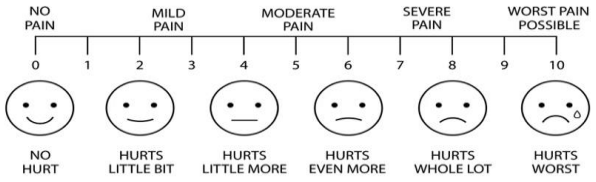
WINNERS WELLNESS SERVICES, INC.
ADULT & PEDIATRICS HEALTH SERVICES

PAIN
☐At rest ☐With Activity ☐N/A-No signs of Discomfort

Pain Level: _____ Duration: _____
Description: Aching Burning Pressure Shooting
☐ Dull ☐ Sharp ☐ Throbbing ☐ Stabbing ☐ Pulling ☐ Observed
Behaviors: Moaning Crying Teeth Grinding Resticss
☐Irritable ☐Verbalized
Intervention: ☐Heat Therapy ☐ Cold Therapy
☐Deep Breathing ☐Diversion Therapy ☐ Therapeutic Touch
☐Massage ☐Medication (see MAR) ☐Music ☐Relaxation
☐Repositioning ☐Other _____
Comments: _____
_____

Pain Rating Scale Mosby



Date: 07/19/20
Client Name: CHRATERIA PIERCE
MR # W000007 Medicaid # *(If applicable)* 724072293

PHYSICIAN NOTIFICATION
☑No New Calls ☑No New Orders ☐MD Notified
☐Supervising Nurse Notified ☐New Orders Received
Spoke With: _____
To Report: _____

CLIENT EDUCATION
Topic: ☑Equipment ☐Therapies ☐Medication ☑Diet/Nutrition
Disease Process Positioning Other: _____
Taught To: ☐Client ☑Caregiver ☐ Family Member
☐Other: _____
Teaching Method: Discussion Demo Handout Video
☐Other: _____
Response: ☐Correct Demo Return ☑Verbalizes Understanding
☐Independent with Procedure ☑ Need for Further Teaching
☐Teaching Not Provided This Shift
Reason: _____

DISCHARGE PLANNING
☑N/A AT This Time / Goals Not Met
☐Refer for Discharge / Goals Met
Consults Needed: _____

TRAVEL
Departure Time: NA
Accompanied By: NA
Safety Measures Used: _____

Return Time: NA
Mode of Transportation: NA
Destination: _____

INTAKE AND OUTPUT RECORDS

INTAKE	FORMULA	FLUSHES	PO	IV/TPN	OTHER	OUTPUT	URINE	STOOL	BLOOD	EMESIS	OTHER	
Time:						**Time:**						
1800	32ML					**1830**	**X1**					
1900						**2100**					60CC	
2000						2330	X1					
2100						0216	X1					
2200		30ML				0530	X1					
2300												
2400												
0100												
0200		30ML										
0300												
0400												
0500						0500						
	32ML	30ML										
TOTALS	6400	3000				**TOTALS**	X4				0	
Grand Intake Total: _____												