

# CNA Shift Documentation

## CNA SHIFT DOCUMENTATION RECORD Page 1

Resident Initials:  Study ID:

Date:  /  /

CNA ID: <input type="text"/>	Time of Turn	Head up?	Skin Observation	Incontinence/Event Care
	<input type="text"/> Mins <input type="text"/> Mins	New Position after Turn <input type="radio"/> Right <input type="radio"/> Back <input type="radio"/> Yes <input type="radio"/> Red/Dark Areas <input type="radio"/> Open Areas <input type="radio"/> Skin Tears <input type="radio"/> Left <input type="radio"/> Chair <input type="radio"/> No <input type="radio"/> Bounding <input type="radio"/> None	<input type="radio"/> Dry <input type="radio"/> Disposable Brief <input type="radio"/> Wet <input type="radio"/> Wiping <input type="radio"/> Soiled <input type="radio"/> Barrier/Skin Cream	

