

DOKUMENTATION PERSONENBETREUUNG bei

durch

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DATUM | | | | | | | | | | | | | |
| Kochen | | | | | | | | | | | | | |
| Putzen | | | | | | | | | | | | | |
| Blutdruck:3xtgl | | | | | | | | | | | | | |
| Fiebertermessen | | | | | | | | | | | | | |
| Medikamenteneinnahme | | | | | | | | | | | | | |
| Flüssigkeit, Liter | | | | | | | | | | | | | |
| Körperpflege im Bad/WC | | | | | | | | | | | | | |
| Körperpflege im Bett | | | | | | | | | | | | | |
| Duschen/Baden | | | | | | | | | | | | | |
| Im Bett: Auf-/Quersetzen | | | | | | | | | | | | | |
| Im Bett Drehen alle 3 Stunden | | | | | | | | | | | | | |
| Bett > Leibstuhl/WC > Bett | | | | | | | | | | | | | |
| Gehen im Haus, Minuten | | | | | | | | | | | | | |
| Outdoor Fahren/Gehen, Min. | | | | | | | | | | | | | |
| Stuhl | | | | | | | | | | | | | |
| Harn | | | | | | | | | | | | | |
| Wundliegen | | | | | | | | | | | | | |
| Arztvisite | | | | | | | | | | | | | |
| Sonstiges | | | | | | | | | | | | | |
| Sonstiges | | | | | | | | | | | | | |
| Unterschrift (Betreuungskraft) | | | | | | | | | | | | | |

Datum und Unterschrift des Kontrollorgans