翻身记录卡

生活区域 房号 床号 老人姓名 性别 年龄 护理等级 入住日期

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 时间 | 卧床 | 坐 | 排泄 | 护理员签名 |
| 左侧 | 右侧 | 平卧 | 床上坐 | 椅上坐 | 大便 | 小便 | 干爽 |
| 00:00 |  |  |  |  |  |  |  |  |  |
| 01:00 |  |  |  |  |  |  |  |  |  |
| 02:00 |  |  |  |  |  |  |  |  |  |
| 03:00 |  |  |  |  |  |  |  |  |  |
| 04:00 |  |  |  |  |  |  |  |  |  |
| 05:00 |  |  |  |  |  |  |  |  |  |
| 06:00 |  |  |  |  |  |  |  |  |  |
| 07:00 |  |  |  |  |  |  |  |  |  |
| 08:00 |  |  |  |  |  |  |  |  |  |
| 09:00 |  |  |  |  |  |  |  |  |  |
| 10:00 |  |  |  |  |  |  |  |  |  |
| 11:00 |  |  |  |  |  |  |  |  |  |
| 12:00 |  |  |  |  |  |  |  |  |  |
| 13:00 |  |  |  |  |  |  |  |  |  |
| 14:00 |  |  |  |  |  |  |  |  |  |
| 15:00 |  |  |  |  |  |  |  |  |  |
| 16:00 |  |  |  |  |  |  |  |  |  |
| 17:00 |  |  |  |  |  |  |  |  |  |
| 18:00 |  |  |  |  |  |  |  |  |  |
| 19:00 |  |  |  |  |  |  |  |  |  |
| 20:00 |  |  |  |  |  |  |  |  |  |
| 21:00 |  |  |  |  |  |  |  |  |  |
| 22:00 |  |  |  |  |  |  |  |  |  |
| 23:00 |  |  |  |  |  |  |  |  |  |

**注：**

1. 老人每一卧床姿势不能持续超过2小时；协助老人翻身后，请与相应方格内打“√”并签名。
2. 每次转换卧位前检查老人大小便情况，并及时更换尿布，查看皮肤有无发红或破损。