

# Partners in Healing® Activity Checklist



Patient Name: \_\_\_\_\_ Partner Name(s): \_\_\_\_\_ Date(s): \_\_\_\_\_

| Please write in the <b>date &amp; time</b> you completed the task.<br>(Example: 02/01/2018 8:15 a.m.) |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| Staff Initials  | Core Activities • All Activities are individualized based on patient and partner needs • They are directed by caregiver team |  |  |  |  |  |  |  |  |
|   | Get warm blankets  |  |  |  |  |  |  |  |  |
|   | Get ice chips, water, or snacks  |  |  |  |  |  |  |  |  |
|   | Deep breathe with the Incentive Spirometer every hour (while awake)  |  |  |  |  |  |  |  |  |
|   | Measure amount of meal eaten in percentages (100%, 75%, 50%, 25%, etc.)  |  |  |  |  |  |  |  |  |
|   | Assist with patient hygiene needs  |  |  |  |  |  |  |  |  |
|   | Apply leg squeezers (sequential compression device)  |  |  |  |  |  |  |  |  |
|   | Using proper body mechanics, safely help the patient to chair for meals, walks in the hall, and to/from restroom.            |  |  |  |  |  |  |  |  |
| Staff Initials  | Additional Activities  |  |  |  |  |  |  |  |  |
|   | Cough with pillow every two hours (or as needed)   |  |  |  |  |  |  |  |  |
|   | Measure fluid intake in mL (30mL = 1 ounce)  |  |  |  |  |  |  |  |  |
|   | Measure urine output in mL (30mL = 1 ounce)  |  |  |  |  |  |  |  |  |
|   | Record urine color and character   |  |  |  |  |  |  |  |  |
|   | Record weight  |  |  |  |  |  |  |  |  |
|   | Record blood pressure  |  |  |  |  |  |  |  |  |

| Staff Initials | Learning Activities   |  |  |  |  |  |  |  |  |
|----------------|---|--|--|--|--|--|--|--|--|
|                | Learn about patient's medication  |  |  |  |  |  |  |  |  |
|                | Learn how to assess and care for wound or incision                                      |  |  |  |  |  |  |  |  |
|                | Learn how to apply and change TED hose  |  |  |  |  |  |  |  |  |
|                | Learn how to administer aerosolized respiratory medicine (with a respiratory therapist) |  |  |  |  |  |  |  |  |
|                | Learn to administer injectable medications (with a nurse or a pharmacist)               |  |  |  |  |  |  |  |  |

|  |  |
|--|--|
| <p><b>Partner Responsibilities</b></p> <ul style="list-style-type: none"> <li>• Understand how to prevent falls.</li> <li>• Always wash hands before and after touching the patient, when leaving the patient room, and before entering a food room or blanket room.</li> <li>• Order food for the patient after clarifying daily diet and restrictions with the nurse or dietician.</li> <li>• Always use the call button to summon help, if a problem arises.</li> <li>• Wear gloves as needed.</li> <li>• Call if you need any help with equipment (chest tube, IV pole, catheter, oxygen, etc.)</li> </ul> | <p><b>Nurse Responsibilities</b></p> <ul style="list-style-type: none"> <li>• Review the Activity Checklist with Partners and initial those activities that are appropriate.</li> <li>• Carefully train each Partner to perform the appropriate activities.</li> <li>• Follow up each shift to ensure the activities are being done correctly.</li> <li>• After completion, review and sign the Activity Checklist.</li> <li>• Ask your patient care tech to chart the Activity Checklist information electronically.</li> <li>• Save the signed Activity Checklist for the patient's medical record.</li> </ul> |
|--|--|

**How to measure what the patient drinks:** Juice container = 120 ml • Milk container = 240 ml • Intermountain cup = 360 ml

Partner Name: \_\_\_\_\_

Partner Signature: \_\_\_\_\_

Nurse Name: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Nurse Name: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Nurse Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Added form to Patient Record

Tech Name: \_\_\_\_\_

Time Documented in Patient Chart: \_\_\_\_\_

Partners  
in Healing



Intermountain  
Partners in Healing

*Do Not Discard This Form*

March 27, 2018