


Documentation Sample Package

This package contains examples of chart templates that are most frequently used on the NCAS Simulation Lab Assessment (SLA) and Oral Assessment (OA) for HCAs.

You may not necessarily see all of these during your SLA/OA. You may also see other resources and documentation forms.

Care Plan

Preferred Name	
Allergies	

Safety Alerts 	<input type="checkbox"/> Fall Precautions	<input type="checkbox"/> Risk of Choking
	Alarm(s): <input type="checkbox"/> Bed Alarm <input type="checkbox"/> Chair Alarm <input type="checkbox"/> Hip Protector Type: Size: <input type="checkbox"/> Non-slip Socks <input type="checkbox"/> Fall Mat(s) <input type="checkbox"/> Low Bed/Knee Height	<input type="checkbox"/> Nothing by Mouth/Tube Feed <input type="checkbox"/> Thickened Fluid <input type="checkbox"/> Pureed Food
<input type="checkbox"/> Risk of Leaving	<input type="checkbox"/> Restraint/Safety	<input type="checkbox"/> Other Risk
Details:	Wheelchair: <input type="checkbox"/> Seat Belt <input type="checkbox"/> Table Side Rails: <input type="checkbox"/> Upper R <input type="checkbox"/> Upper L <input type="checkbox"/> Lower R <input type="checkbox"/> Lower L Frequency of Safety Checks: Repositioning Schedule:	Details:

Health Challenges
•

Medications
•

Spiritual & Cultural Notes
•

Special Interests & Activities						
Mon	Tue	Wed	Thu	Fri	Sat	Sun

Care Plan

Independent	Partial Assist	Full Assist	Category	Details	
			Communication	<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal Preferred Language: English Other Language(s): None	Hearing Aid(s): <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Dentures <input type="checkbox"/> Glasses
			Transfers	<input type="checkbox"/> 1-person <input type="checkbox"/> 2-person Transfer Type: <input type="checkbox"/> Supervision Only <input type="checkbox"/> Standing Transfer <input type="checkbox"/> Transfer Belt <input type="checkbox"/> Transfer Pole	Reviewed By: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> RN / LPN
			Repositioning	Devices: <input type="checkbox"/> Slider Sheet <input type="checkbox"/> Positioning Sling <input type="checkbox"/> Tri-Turner Sling	
			Mobility Aids & Abilities	•	
			Contenance	•	
			Bathing	Type: <input type="checkbox"/> Bath <input type="checkbox"/> Shower	<input type="checkbox"/> Wash Hair
			Dressing & Grooming	•	
			Skin Care	•	
			Oral Care	•	
			Nutrition & Dining	Diet Type: diabetic-friendly Special Utensils: large spoon	Texture: puréed Fluids: clear only
			Sleeping	Wake-Up Time: 07h00 Nap Time(s): 14h00 for approximately 20 min Bed Time: 18h00	
			Respiratory Care	•	

Medication Administration Record (MAR)
printed daily by Pharmacy

Allergies				
This MAR is for				
September 3, 2018				
Scheduled Medications				
Scheduled Time	1000			
Medication	1000			
generic name (Trade Name) 100 mg PO daily Prescriber: Dr. Shay Reordered: 2018/09/03	HCA	Client		

LASTNAME, Firstname
1980/01/15 50F
Personal Health Number: 1234 567 890
Chart Number: XYZ2K49

QUESTION 1

3 minutes

The Oral Assessment question will be written here.