

<b>CARE WORKER &amp; NURSE COMMUNICATION SHEET</b>			
DATE:		SHIFT (circle): MORNING – AFTERNOON – NIGHT	
<b>RED SKIN ALERT</b>		<b>REDUCED FOOD &amp; OR FLUID INTAKE</b>	
Resident name	Nurse has reviewed resident ✓	Resident name	Nurse has reviewed resident ✓
<b>EQUIPMENT FAILURE</b> (e.g.: air mattress cells not inflating, mattress or cushion 'bottomed-out')		<b>GENERAL RESIDENT CONCERN</b>	
Resident name	Nurse has reviewed resident ✓	Resident name	Nurse has reviewed resident ✓