

IN MOTION tracking card

circle shift

Nurse's name _____

D8	E1	E2	N8
D8	E1	E2	N8
D8	E1	E2	N8

Nurse's name _____

Nurse's name _____

Date: _____

Patient ID: _____

Room #: _____

Patient Admitted: Day/Evening/Night (circle one)

Patient discharged: Day/Evening/Night (circle one)

Each shift, did you:

	Day		Afternoon		Evening		Night	
	Yes	No	Yes	No	Yes	No	Yes	No
Perform the mobility screen? (check box)								
Get your patient out of bed for a meal or 30-60 minutes in sitting*? (check box)								
Get your patient up to void? (check box)								
Is patient wearing a diaper? (check box)								

- Patient was on physician ordered bedrest
- pre-morbid mobility is bed bound

If no, please provide a reason & identify shift:

* Sitting can include the use of the beds that allow the patient to sit so long as this is the only safe way to achieve this expectation.