

Pocket Check Off					
Clinical	Name:				
Attempt #	1 P/F	2 P/F	3 P/F	Date Passed	Instr. Initial
1. Wash Hands					
2. Oral Care					
3. Shaving					
4. Nail Care					
5. Peri Care					
6. Partial Bath					
7. Shower					
8. Occ. Bed					
9. Dressing					
10. Transfer					
11. Mech. Lift					
12. Ambulate					
13. Feeding					
14. I & O					
15. Side-Lying					
16. PROM					
17. PPE					
18. TPR					
19. BP					
20. Weight					
21. Height					

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