POSITIONING SCHEDULE DAILY DATA SHEET

Revision date:_____
BY:_____

NAME: **MONTH_____** **YEAR_____**

TIME	POSITION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Trainer Initials	Day Shift Staff																															
	Day Hab Staff																															
	Evening Shift Staff																															
	Night Shift Staff																															

CODE: X - POSITION ATTEMPTED √ - POSITIONED PROPERLY 0 - NOT POSITIONED PROPERLY NP - NOT PRESENT

Comments:

Bathing/showering position is:

Toileting or personal care position is:

Oral Care position is:

Medication Position is:

Person is to be elevated at ALL times: Yes / No