



Documentation Sample Package

This package contains examples of chart templates that are most frequently used in the Inspire Simulation Lab Assessment (SLA) for the HCA professional assessment. You may also see other resources and documentation forms.

Care Plan

Preferred name	
Allergies	
Code status	

Safety alerts 	<input type="checkbox"/> Fall precautions Alarm(s): <input type="checkbox"/> Bed alarm <input type="checkbox"/> Chair alarm <input type="checkbox"/> Hip protectors <input type="checkbox"/> Slippers <input type="checkbox"/> Low bed height <input type="checkbox"/> Fall mat(s)	<input type="checkbox"/> Risk of choking <input type="checkbox"/> Nothing by mouth <input type="checkbox"/> Thickened fluid <input type="checkbox"/> Puréed food
	<input type="checkbox"/> Risk of leaving	<input type="checkbox"/> Restraint/safety Wheelchair: <input type="checkbox"/> Seatbelt <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: N/A

Health challenges
<ul style="list-style-type: none"> • •
Medications
<ul style="list-style-type: none"> • Medication name (Brand) dose route frequency • Medication name (Brand) dose route frequency

Independent	Partial assist	Full assist	Category	Details	
			Communication	<input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal Preferred language: English	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"/> Standby assistance <input type="checkbox"/> Transfer belt <input type="checkbox"/> Transfer pole <input type="checkbox"/> Mechanical floor lift <input type="checkbox"/> Ceiling lift	Reviewed by: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> RN / LPN

Care Plan

Independent	Partial assist	Full assist		
			Category	Details
			Repositioning	<input type="checkbox"/> 1-person <input type="checkbox"/> 2-person Devices: <input type="checkbox"/> Slider sheet <input type="checkbox"/> Positioning sling <input type="checkbox"/> Tri-Turner sling
			Mobility Aids and abilities	
			Medication assistance	
			Nutrition	
			Personal care	
			Oral care	
			Sleeping	Wake-up time: Bedtime:

LAST NAME, Client
1990/MM/DD

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Personal Health Number: 00000 000 000
Chart Number: LV00000

Client Delegation of Task (DOT) List

Check DOT Signing Sheet before starting DOT. Confirm DOT has not already been done for your visit time frame.

Location:	
Medications: morning 0800	Medication name (Brand) dose route frequency
Medications: noon 1200	Medication name (Brand) dose route frequency
Medications: supper 1600	Medication name (Brand) dose route frequency
Medications: bedtime 2000	Medication name (Brand) dose route frequency

