

My Typical Status

Name: _____ Date: _____

<u>Area</u>	<u>My Typical Status is</u>	<u>Doesn't Apply</u>
Temperature		
Skin color		
Rash		
Drainage		
Heart rate		
Nose		
Eyes		
Ears		
Fontanel		
Seizure activity		
Verbal skills		
Activity level		
Breathing		
Vent dependent/Trach/C-Pap		
Oxygen		
Motor skills		
Upper body extremities		
Lower body extremities		
Stool		
Urine		
Feeding behaviors and source		
Ostomy sites		
Behavior/attitude		
Sleeping pattern		
Blood sugars		
Here's what my typical day (including activity and awareness of my surroundings) looks like:		