

**Nightly Summary**

Please document all night time activity. Turn in all reports to the office after three consecutive nightly summaries have been completed.

Caregiver's Name: \_\_\_\_\_

Assignment Date and Time: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Please check all boxes that apply to your client's condition during the night.

Client was confused/disoriented

Client was wandering

Client was agitated

Was client toileted frequently

PRN Medications requested frequently

Client fell during night

Client requesting frequent assistance

Client was in pain

Additional Comments: \_\_\_\_\_

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Please continue this form on the reverse side.

**Nightly Summary**

08:00pm \_\_\_\_\_

08:30pm \_\_\_\_\_

09:00pm \_\_\_\_\_

09:30pm \_\_\_\_\_

10:00pm \_\_\_\_\_

10:30pm \_\_\_\_\_

11:00pm \_\_\_\_\_

11:30pm \_\_\_\_\_

12:00am \_\_\_\_\_

12:30am \_\_\_\_\_

01:00am \_\_\_\_\_

01:30am \_\_\_\_\_

02:00am \_\_\_\_\_

02:30am \_\_\_\_\_

03:00am \_\_\_\_\_

03:30am \_\_\_\_\_

04:00am \_\_\_\_\_

04:30am \_\_\_\_\_

05:00am \_\_\_\_\_

05:30am \_\_\_\_\_

06:00am \_\_\_\_\_