

Weekly Weaning Timetable

Patient Name:

Date	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
<b>Weaning Plan</b>							
Resting mode and settings							
Wean to...							
Duration							
Time started:							
Time finished:							
Night mode							
Achieved?	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason
Plan for next day							
<b>Rehabilitation</b>							
Time AM PM							
Rehab planned							
Goals set							
Goals achieved	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason