

Centers Health Care



POLICY:	EHR - DOWNTIME		POLICY NO:	EHR-5
		Now	Last Date Revised:	8/2019
Dept: Nsg	CLINICAL OPERATIONS	☑ New☑ Revised	Prev. Date Revised:	6/17, 11/17, 5/18
		Reviseu	Creation Date:	3/2014
RELATED I	FORMS:			

POLICY:

This facility follows current guidelines and recommendations for the procedure when there is a downtime of the Electronic Health Record (EHR).

There are 5 Different types of downtime and ways to prevent:

- 1. Loss of internet
- 2. Loss of power
 - a. If downtime is related to a loss of facility power all necessary equipment will be plugged into the emergency outlets.
- 3. Unscheduled PCC maintenance outage
 - a. If outage last greater than 60 minutes notify EHR support for guidance. (see below)
- 4. Scheduled PCC maintenance outage
 - a. Lasts less than 2 hours, usually during the night, facility is notified in advance and can plan their documentation around the interruption.
- 5. Cyber-Security Attack
 - a. Immediately notify HOSC IT support and HER Team from time of noted security breach.

PREVENTATIVE MEASURES

- 1. Quarterly check or more often as needed should be performed to desktops and/or laptops to ensure physical connectivity is maintained.
- 2. Facilities must maintain a backup or second internet source.
- 3. Facilities should have internet source plugged into emergency outlet so that internet is not lost.
- 4. Laptops should be charged nightly to ensure documentation is not delayed due to lack of power.

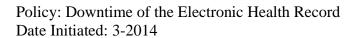
PROCEDURE

When an unscheduled downtime occurs, please contact the following in this order:

- 1. Contact and inform Administrator, DON, Supervisor and Maintenance Director
- 2. Contact IT provider if necessary for system restore
 - a. HOCS number is 718-377-0922 option #2
 - b. Email support at: support@hocsinc.com
- 3. Contact Kodiak 908-687-4101
- 4. Contact the EHR team via email or Hotline
 - a. 917-633-4854 (Mon Fri 9am to 5pm)
 - b. 866-294-0768 All off hours

DOWNTIME DOCUMENTATION

- 1. If there is need to document an administration of medication or treatment during the outage print the appropriate administration record for that specific resident only or document on the blank Administration Record Blank Report during planned outage.
- 2. Do NOT administer medications/treatment etc. without printing the appropriate documentation from the back up.
- 3. If there is a change in a resident's orders during the outage the following process should be followed:
 - a. Add the new order or the change to the blank administration record or printed back up and document on this record until the outage is resolved.
 - b. After the outage, the order or update is entered into EHR and the original is kept with the filed administration records for not less than 30 days.
- 4. When EHR is available again, the licensed nurse that:
 - a. Administered the medication/treatment and/or enteral feeding on the printout enters the medication and treatment administration documentation into PCC as a late entry.
 - b. Received the physician order during the outage enters the order into PCC as a late entry.
 - c. If there is a circumstance where the person that administers the medication or completed the documentation during the outage and cannot enter the documentation into the EHR, call facility DON/designee for further guidance.
 - d. DON/designee will:
 - i. Verify that all administration records were entered into EHR.
 - ii. Keep the paper Administration record after the information has been entered into EHR for a period of not less than 30 days.
 - Administration shall keep a log of all outage periods in which paper documentation was required



Centers Health Care Amended-6/17, 11/17, 5/18, 8/2019



PROGRESS NOTE

DATE	TIME	NARRATIVE	
		 	
		+	
		_	
		 	
		+	
			- 1
		<u> </u>	
_			
RESIDENT	IAME	EM#	

Policy: Downtime of the Electronic Health Record Date Initiated: 3-2014

Centers Health Care Amended-6/17, 11/17, 5/18, 8/2019



Resident N	ame:			Room #: _						Month/	Year:				
ACTIVITY Chart Self Performand Support Given in Lowe		DATE													
BED MOBILITY			resident m	oves to an	d from	lying po	șition, t	urns to	side and	positio	ns body	while in	bed	2 10	
Self-Performance 1. Totally dependent 2. Extensive Assist	Support Provided 1. Two Person Assist 2. One Person Assist	7-3 3-11	4	1/	/		/	/	/	/	/	/	/		4
Limited Assist Supervision Independent	3. Set-up 4. No Set Up 0. Did Not Occur	11-7	//	//	4	/	/	/	/	/	/	/,	/		
O. Did Not Occur	o. Dia Not Occur	/	//		/	/	/	/	/	/	/	/	/		//
TRANSFERS	·	How the	resident m	oves to an	d from	bed, ch	air, whe	elchair,	standin	g					
Self-Performance 1. Totally dependent 2. Extensive Assist	Support Provided 1. Two Person Assist 2. One Person Assist	7-3			/		/					/			
2. Extensive Assist 3. Limited Assist 4. Supervision	3. Set-up 4. No Set Up	3-11									\angle				
5. Independent 0. Did Not Occur	0. Did Not Occur	11-7	//					/			/				
TOILETING			resident u	es the toil	et room	/comm	ode/be	dpan/u	rinal			Street 23			
Self-Performance 1. Totally dependent 2. Extensive Assist	Support Provided 1. Two Person Assist 2. One Person Assist	7-3						/	\angle		/	/			
Limited Assist Supervision	3. Set-up 4. No Set Up	3-11				/	\angle				\angle				
5. Independent 0. Did Not Occur	0. Did Not Occur	11-7	//		/	/		/							4
EATING	ř		resident ea	its/drinks (include	s G-tub	e and TP	'N)	,						
Self-Performance 1. Totally dependent 2. Extensive Assist	Support Provided 1. Two Person Assist 2. One Person Assist	7-3	//	//	\angle	4	/	4	_	4	/	/	\angle		4
3. Limited Assist 4. Supervision 5. Independent	3. Set-up 4. No Set Up 0. Did Not Occur	11-7	//		/	4	//	/	/	/	//	/	/	//	
D. Did Not Occur	5. Did Not Occur	/		/	/	/	/	/	/	/	/		/	/	//



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Resident Name:			Room #:			Month/Year:								
BLADDER		u 11 22												
1. CONTINENT 2. INCONTINENT	T i	7-3												
3. CATHETER		3-11			1-:									
		11-7			6									
URINARY OUTPU	JT			3 3	- 12		2 2							
1. YES 2. NO		7-3												
	nurse if the resident urinary eased or there is changes in	3-11												
color or smell	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	11-7												
BOWEL					4.				2					
1. CONTINENT 2. INCONTINENT	r	7-3		TT	ľ		- 3		2	S:			Si.	G.
		3-11		93 93		7.5	S		8		\$		X.	K.
		11-7					ē:		-					
BOWEL MOVEM	IENT 1-4 TOP BOX 1-3 BOTTOM BOX					4								
1. NONE 2. SMALL	1. FORMED/NORMAL 2. LOOSE/DIARRHEA	7-3												
3. MEDIUM 4. LARGE	3.CONSTIPATED/HARD	3-11												
							š. š			20			0.0	-3
		11-7												

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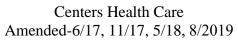
0. Did Not Occur

Centers Health Care Amended-6/17, 11/17, 5/18, 8/2019

Resident N	Name:			− 26 1	Room #	t:					Month	/Year:					
% DIETARY INTAKE																	
Percentage of Meal Ea 0.0 % 1.25% 2.50% 3.75%	eten	7-3 Bkfs. 3-11 Lun		7.													
4, 100%		11-7		35					- 3	- 1	100	98	- 10:	100			
NOURISHMENT																	
Percentage of Meal Ea 0.0%	iten	7-3 Bkfs									50		35	8	235	00	
1. 25% 2. 50% 3. 75%		3-11 Lun															
4. 100%	3	11-7 Dinn				0				2				28	30		
COGNITIVE/MOOD/BE	HAVIOR	CHART	APPLIC	ABLE #	Š				215	- 3	200						
 SAD/WORRIED EXPR 2.CRYING/TEARFULNE 	SS	7-3															
3.DIFFICULTY SLEEPING 4.MEMORY PROBLEMS 5.DIFF. EXPRESSING OF	S	3-11	38	34													
6. YELLS OUT/HITS @S	TAFF	11-7															
BATHING		How re	esident	takes fu	II body	bath/sh	ower an	d trans	fers in/	out of t	ub/show	er				S 2	
Self-Performance 1. Totally dependent	Support Provided 1. Two Person Assist	7-3	/				1			1	//	1/	/		/		
Extensive Assist Limited Assist Supervision	2. One Person Assist 3. Set-up 4. No Set Up	3-11	/									\mathbb{Z}	/	/,	Z	Z,	/,

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Date Initiated: 3-2014





Resident N	ame:		Room #:		. N	/lonth/Year:		
DRESSING		How reside	ent puts on, fastens a	and takes off all iter	ms of clothing, inclu	uding donning/remov	ving a rothesis or Ti	ED hose.
Self-Performance 1. Totally dependent	Support Provided 1. Two Person Assist	7-3				///		
Extensive Assist Limited Assist Supervision	2. One Person Assist 3. Set-up 4. No Set Up	3-11						
5. Independent 0. Did Not Occur	0. Did Not Occur	11-7						//
LOCOMOTION				ocations in his/her	room and adjacent	corridor on same flo	oor. If in wheelchair	r, self-
			once in chair					
Self-Performance 1. Totally dependent	Support Provided 1. Two Person Assist	7-3			1/1			
Extensive Assist Limited Assist Supervision	2. One Person Assist 3. Set-up 4. No Set Up	3-11			\mathcal{M}			
5. Independent 0. Did Not Occur	0. Did Not Occur	11-7						//
PERSONAL HYGIENE		A CONTROL OF THE REAL PROPERTY OF THE PERSON		al hygeine, includir	ng combing hair, br	ushing teeth, shaving	g, applying make up	, washing
	T	And the second second second	and hands		4 4 4		4 4	
Self-Performance 1. Totally dependent 2. Extensive Assist	Support Provided 1. Two Person Assist 2. One Person Assist	7-3						
Limited Assist Supervision	3. Set-up 4. No Set Up	3-11			M			
5. Independent 0. Did Not Occur	0. Did Not Occur	11-7						//
1			D 5000	S		te 90 192 1		
		T		I	T	1		
INITIALS SIGNA	TURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	

(LN: Admission/Readmission Evaluation	n Part 1 - V 8
Client: Initial Admission: Physician:	Effective Date: Admission:	Location: Date of Birth:
LN: Physical Evaluation		
Admission Details		
Most Recent Admission		
2. Reason For Admission Acc	ording To Resident/POA:	
3. Did the resident have major 0. No 1. Yes	surgery during the 100 days prior to adr	mission?
8. Unknown		
4. Recent Surgery Requiring A0. No1. Yes8. Unknown	Active SNF Care	
		cess to have serious mental illness and/or
9. Not A Medicaid Cer Not Assesses	tified Unit	
6. Is active discharge planning 0. No 1. Yes Not assessed/no info	already occurring for the resident to retu	urn to the community?
8. Arrived Via:		
a. Ambulance/Ambuleb. Personal Vehiclec. Transportation Servd. Other		
8-1. Specify other:		
9. Accompanied by: a. Unaccompanied b. Spouse/Significant c. Child d. Parents e. Friend f. Other 9-1. Specify other:	Other	

	6 LN: Admission/Readmission Evaluation Part 1 - V 8
	Client:
	10. Comments:
	11. Allergies
	11. Allergies
	12. Code Status
B.	LOC/ Orientation
	Unrousable/Coma/Persistent Vegetative State
	1. Orientation (check all that apply)
	a. Resident not oriented to person, place, time or situation.
	b. Person
	c. Place d. Time
	e. Situation
	2. Cognition (check all that apply)
	a. Intact
	b. Confused
	c. Short-Term Memory Problem
	d. Long-Term Memory Problem 3. Communication (check all that apply)
	a. Speaks English
	b. Does Not Speak English: Translator Required
	c. Difficulty Understanding Others
	d. Difficulty Being Understood
	e. Non-Oral Communication Device (Communication Board, Sign Language, Computer/Tablet)f. Preferred Language is not English
	3a. If Non-English Speaker:
	Language And Name Of Translator Used During Evaluation
	3b. What is the residents preferred language?
	4. Does the resident need or want an interpreter to communicate with a doctor or health care staff?
	O. No
	① 1. Yes
	9. Unable to determine
	 Not assessed/no information
	5. How often do you need to have someone help you when you read instructions, pamphlets, or other written
	material from your doctor or pharmacy?
	Fo. Hoolth Literacy
	5a. Health Literacy © 0. Never
	1. Rarely2. Sometimes
	2. Joineumes

	6 LN: Admissio	n/Readmission Evaluation Part 1 - V 8
	Client:	
	3. Often	
	4. Always	
	 7. Resident declines to respond 	
	 8. Resident unable to respond 	
	 Not assessed/no information 	
C.	Psychiatric/Behavior(s)	
•	Behavior and/or Psychiatric History	
	1a. Target Behavior History (If Known):	, y
	ra. raiget behavior riistory (ii reliowil).	
	2. (Check all that apply)	
	a. Hallucinations	
	b. Delusions	
	c. Delirium	
	d. None of the above	
	2a. Signs and Symptoms of Delirium Exhibite	
	 a. Inattention - Difficulty focusing attenwas being said 	tion, for example, being easily distractible or having difficulty keeping track of what
	b. Disorganized Thinking - The resider	nt
		ne resident has an altered level of consciousness, as indicated by any of the
	following criteria:	
	■ vigilant - startled easily to any sound	
	■ stuporous - very difficult to arouse ar	n being asked questions, but responded to voice or touch
	3. Comments:	ia keep areasea for the interview
D.	Vital Signs	
Ъ.	•	
	1. Most Recent Weight	
	<u> </u>	
	Scale:	
	Most Recent Blood Pressure	
		te:
	Position:	
	2-1. Refused Blood Pressure	
	Most Recent Temperature	
	Temperature: Da	te:
	Route:	
	3-1. Refused Temperature	
	4. Most Recent Pulse	
	Pulse: Da	te:
	Pulse Type:	
	4-1. Refused Pulse	
	5. Most Recent Respiration	
	Respiration: Da	te:
	5-1. Refused Respiration	
	6. Most Recent O2 sats	

	6 LN: Admission/Readmission Evaluation Part 1 - V 8
	Client:
	O2 sats:(%) Date:
	Method:
	6-1. Refused 02 sats
	7. Most Recent Height
	Height: Date: Date:
	Method:
	7-1. Refused Height
	8. Most Recent Blood Sugar
	Blood Glucose: Date:
	8-1. Refused Blood Glucose
E. (General Appearance/ HEENT
	 Head: WNL (Normal Shape/Size, No Visible Trauma) 1-1. Comments:
	1-1. Confinents.
	2. Eyes
	a. WNL- Nob. Concerns NotedAbnormalities
	Noted
	2-1. Eye Concerns:
	a. Pupils uneven
	b. Pupils unreactive to lightc. Wears Glasses
	d. Blind
	e. Cataracts
	f. Other eye abnormalities noted
	2-1-1. Comments:
	3. Ears
	a. WNL - Nob. Concerns NotedAbnormalities
	Noted
	3-1. Ear Evaluation Concerns:
	a. Hearing Aid(s) Used
	b. Deafc. Large/excessive amounts of ear wax noted
	d. Other ear/auditory abnormalities
	3-1-1. Comments:
	4. Nose Unremarkable
	4-1. Comments:
	5. Throat: No Concerns Noted
	5-1. Comments
	6. Oral
	6. Oral
	a. WNL- No b. Concerns Noted

	6 LN: Admission/Readmission Evaluation Part 1 - V 6
Clie	nt:
6-1. Oral E	Abnormalities b. Concerns Noted Noted Evaluation Concerns:
	a. Oral Fungal Infection b. Dentures/Bridge Work c. No Teeth And No Dentures d. Obvious Dental Caries (Tooth Decay) e. Broken Teeth f. Oral Pain
	g. Other
6-2. Dentu	res/Bridgework if Applicable:
	a. Upper b. Lower Dentures/Bridgewo Dentures/Bridgewo rk rk
6-3. Comn	nents:
F. Respiratory	/ Cardiac
Respirat	ory
1. Respira	tory Status
	a. WNL- No
1-1. Respi	ratory Evaluation Concerns:
	a. Respiratory Pattern Irregular b. Respiratory Infection/Antibiotics Ordered c. Breathing Treatments Per Orders d. Oxygen Per Orders e. Ventilator f. Tracheostomy g. Other
1-1-2. Trad	ch Size/ Cannula Type:
	e for Shortness of Breath (Check all that apply) (Example: Lay the HOB flat to evaluate for SO a. Shortness of breath or trouble breathing when sitting at rest b. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring) c. Shortness of breath or trouble breathing when lying flat (Orthopnea) d. None of the Above
3. Lung So	punds
(a. WNL- No
	Sound Concerns:
	a. Crackles/Rales b. Rhonchi/Rubs c. Wheezes d. Diminishment
	e. Absent
4. Respira	tory Comments:

Client:				
Cardiac				
5. Cardiac Status				
a. WNL- NoAbnormalities	b. Concerns Noted			
Noted				
5-1. Cardiac Concerns:				
a. Pacemakerb. Internal Defibrillat	or			
	ted To Trauma/Surgery)		
d. Other	3.			
5-1-2. Pacemaker/Internal D				
Enter Type and Serial Numb	per If Known			
6. Heart Sounds				
a. WNL- No	b. Concerns Noted			
Abnormalities	b. Concerns Noted			
Noted 6-1. Heart Sound Concerns				
a. Irregular				
b. Distant				
c. Murmur Noted				
d. Mechanical Click				
e. Other				
7. Other Heart Sound Comm	nents:			
Dadal				
Pedal				
8. Pedal Pulses				
	b. Concerns Noted			
8. Pedal Pulses a. WNL- No Abnormalities Noted	b. Concerns Noted			
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality				
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right -	b. Concerns Notedb. Right - Bounding	c. Right - Absent	d. Left -	e. Left - Bounding
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality		c. Right - Absent	d. Left - Weak/Thready	e. Left - Bounding
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right - Weak/Thready f. Left - Absent		c. Right - Absent		e. Left - Bounding
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right - Weak/Thready f. Left - Absent 9. Capillary Refill a. WNL- No		c. Right - Absent		e. Left - Bounding
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right - Weak/Thready f. Left - Absent 9. Capillary Refill a. WNL- No Abnormalities	b. Right - Bounding	c. Right - Absent		e. Left - Bounding
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right - Weak/Thready f. Left - Absent 9. Capillary Refill a. WNL- No Abnormalities Noted	b. Right - Bounding b. Concerns Noted	c. Right - Absent		e. Left - Bounding
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right - Weak/Thready f. Left - Absent 9. Capillary Refill a. WNL- No Abnormalities Noted	b. Right - Bounding b. Concerns Noted	c. Right - Absent		e. Left - Bounding e. Left: Abnormal
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right - Weak/Thready f. Left - Absent 9. Capillary Refill a. WNL- No Abnormalities Noted 9-1. Capillary Refill Concern a. Right: Sluggish (< Or = 5 Seconds)	b. Right - Bounding b. Concerns Noted s:		Weak/Thready	
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right - Weak/Thready f. Left - Absent 9. Capillary Refill a. WNL- No Abnormalities Noted 9-1. Capillary Refill Concern a. Right: Sluggish (< Or = 5 Seconds) f. Left: N/A	b. Right - Bounding b. Concerns Noted s: b. Right: Abnormal	c. Right: N/A	Weak/Thready d. Left: Sluggish (<	e. Left: Abnormal
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right - Weak/Thready f. Left - Absent 9. Capillary Refill a. WNL- No Abnormalities Noted 9-1. Capillary Refill Concern a. Right: Sluggish (< Or = 5 Seconds)	b. Right - Bounding b. Concerns Noted s: b. Right: Abnormal	c. Right: N/A	Weak/Thready d. Left: Sluggish (<	e. Left: Abnormal
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right - Weak/Thready f. Left - Absent 9. Capillary Refill a. WNL- No Abnormalities Noted 9-1. Capillary Refill Concern a. Right: Sluggish (< Or = 5 Seconds) f. Left: N/A (Amputee)	b. Right - Bounding b. Concerns Noted s: b. Right: Abnormal	c. Right: N/A	Weak/Thready d. Left: Sluggish (<	e. Left: Abnormal
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right - Weak/Thready f. Left - Absent 9. Capillary Refill a. WNL- No Abnormalities Noted 9-1. Capillary Refill Concern a. Right: Sluggish (< Or = 5 Seconds) f. Left: N/A (Amputee) Radial 10. Radial Pulses a. WNL- No	b. Right - Bounding b. Concerns Noted s: b. Right: Abnormal	c. Right: N/A	Weak/Thready d. Left: Sluggish (<	e. Left: Abnormal
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right - Weak/Thready f. Left - Absent 9. Capillary Refill a. WNL- No Abnormalities Noted 9-1. Capillary Refill Concern a. Right: Sluggish (< Or = 5 Seconds) f. Left: N/A (Amputee) Radial 10. Radial Pulses a. WNL- No Abnormalities	 b. Right - Bounding b. Concerns Noted s: b. Right: Abnormal (>5 Seconds) 	c. Right: N/A	Weak/Thready d. Left: Sluggish (<	e. Left: Abnormal
8. Pedal Pulses a. WNL- No Abnormalities Noted 8-1. Pedal Pulse Concerns: Quality a. Right - Weak/Thready f. Left - Absent 9. Capillary Refill a. WNL- No Abnormalities Noted 9-1. Capillary Refill Concern a. Right: Sluggish (< Or = 5 Seconds) f. Left: N/A (Amputee) Radial 10. Radial Pulses a. WNL- No	 b. Right - Bounding b. Concerns Noted b. Right: Abnormal (>5 Seconds) b. Concerns Noted 	c. Right: N/A	Weak/Thready d. Left: Sluggish (<	e. Left: Abnormal

	6 LN: Admission/Readmission Evaluati	on Part 1 - V 8	
Client:			
a. Right - Weak/Thready f. Left - Absent 11. Cardiac Comments:	b. Right - Bounding c. Right - Absent	d. Left - Weak/Thready	e. Left - Bounding
Bladder/GU Bowel/GI			
Bladder			
1. Urinary Physical Evalua	tion		
a. WNL- No Abnormalities Noted 1-1. Urinary Evaluation Co a. Urostomy/Nephi b. Indwelling Cathe c. Dysuria (Pain O d. Micturia (Freque e. Dribbling f. Incontinence g. Distended Bladd h. Other 1-2. Ostomy Size and Type 1-3. Urinary Catheter Type	rostomy eter/Suprapubic Catheter in Urination) ency) der		
Bowel			
2. Bowel Physical Evaluation			
a. WNL- NoAbnormalitiesNoted2-1. Bowel Evaluation Con	b. Concerns Noted Corns:		
a. Bowel Sounds A b. Abdominal diste c. Abdominal pain/ d. Tender upon Pa e. Colostomy/Ileos f. Incontinent of Bo	Absent/Abnormal ntion cramping lpation tomy/Jejunostomy		
2-2. Colostomy/ileostomy/s	Jejunostomy (Specify Type and Size):		
2-3. Specify other:			
Menstrual Status			
3. Menstrual Status			
A. Post-Menopaus B. Resident is male			

		6 LN: Admission/Re	eadı	nission Evaluatio	on Part 1 - V 8	
	Client:					
	C. Resident has acti					
	3-1. Last Menstrual Period If	Not Post Menopaus	sal			
Н.	Musculoskeletal					
	Upper Extremities:					
	1a. Right Upper Extremity					
	a. Range Of Motion WNL	b. Contractures or restricted ROM				
	1b. Left Upper Extremity a. Range Of Motion	b. Contractures or				
	WNL 1c. Grasps Equal	restricted ROM				
	a. Yes	D. No	0	c. Not Applicable		
	1d. Upper Extremity Comme	ents:				
	Lower Extremities:					
	2a. Left Lower Extremity					
	a. Range Of Motion WNL	restricted ROM				
	2b. Left Lower Extremity We	-	0	NI - M/-1-bi	A Not A - Post	
	a. Full WeightBearing	b. Partial/Toe Tip Weight Bearing		c. Non-Weight Bearing	d. Not Applicable	
	2c. Right Lower Extremity	_				
	a. Range Of Motion WNL2d. Right Lower Extremity W	restricted ROM	3			
	a. Full Weight	b. Partial/Toe Tip	0	c. Non-Weight	d. Not Applicable	
	Bearing 20 Lower Extremity Commo	Weight Bearing		Bearing		
	2e. Lower Extremity Comme	ents.				
I.	Skin Condition					
	General Observations					
	Skin Color/Turgor/Temper	ature				
	1a. Color	ataio				
	a. Skin Color Normal For	b. Pale	0	c. Gray/Ashen	d. Cyanotic	e. Red
	Resident f. Jaundice	g. Unable to be				
		determined due to refusal of skin evaluation				
	1b. Turgor					
	a. Normal	b. Tenting	0	c. Unable to be determined due to refusal of skin evaluation		
	1c. Temperature					
	a. Warm (Normal) f. Moist	b. Hot g. Diaphoretic	0	c. Cool h. Unable to be determined due to	d. Cold	e. Dry
				refusal of skin		

	6 LN: Admission/Readmission Evaluation Part 1 - V 8
Client:	
f. Moist	g. Diaphoretic evaluation
Edema	
2a. Right Lower Extremity	<i>i</i> Edema
a) No Edema	
b) Trace (Non-Pit	
c) 1+ (Mild Pitting	
	Pitting:Indentation Subsides Rapidly)
	ng:Indentation Remains , Leg Visibly Edematous)
	Pitting:Indentation Lasts A Long
Time, Leg Very E	
= -	ermine due to refusal of skin evaluation
h) N/A	
2b. Left Lower Extremity E	Edema
a) No Edema	
b) Trace (Non-Pit	
c) 1+ (Mild Pitting	"
	Pitting: Indentation Subsides Rapidly)
	ng:Indentation Remains For A Short Time
	Pitting:Indentation Lasts A Long Time)
h) N/A	ermine due to refusal of skin evaluation
2c. Other areas of edema	
Document Location of Ede	
Doddinon Lood ton or La	onia ana Zaonia coale
Nitro I NI O DNI: Oltic	
Skin2. LN & RN: Skin	
A. Skin Condition	
Skin Condition	
1. Skin Condition <b< "="" td="</td><td>"></b<>	
a. Skin is intact	
b. Skin impairmer	nt(s) noted
C. Resident refuse	ed skin evaluation
2. Type of Skin Alteration	
a. Pressure Injury	
b. Vascular Woun	nd
c. Diabetic Ulcer	
d. Skin Tear	
e. Abrasion	
f. Rash	d
g. Surgical Wound h. Blister (Non-Pr	
i. IV/Implanted Po	
j. Bruises/Scars	
k. Other skin alter	rations
2a. Other (specify)	
	nds not including bruises or scars:

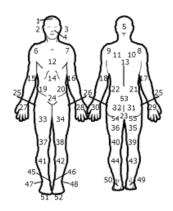
Client:

										Mor
One Wo und	Two	Thr	Fou	Five	Siv	Sev	Eig	Nin	Ten	е
One	1//0	ee	r	11/0	W/o	en	ht	е	1011	Tha
Wo	und	Wo	Wo	und	und	Wo	Wo	Wo	und	n 10
und	unu	und	und	unu	unu	und	und	und	unu	Wo
	5	S	S	5	5	S	S	S	5	und
										S

B. Bruises and Scars

Bruises and Scars

Site of Bruises and Scars



- Suspected Deep Purple or maroon localized area of discolored intact skin or blood-filled

 Tissue Injury blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.
 - Stage I Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.
 - Stage II Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.
 - Stage III Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
 - Stage IV Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.
 - Unstageable Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.
 - N/A Not Available

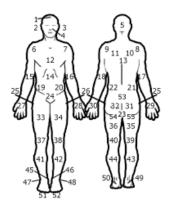
Units of measure : centimeters

Site	Туре	Length	Width	Depth	Stage	
		<u>'</u>			1	

	6 L	N: Admission/F	Readmission	Evaluation	on Part 1	- V 8		
	Client:							
		·			'	·		
	2. Additional Comments:							
C.	Wound One							
	Wound One Assessment							
	1. Wound 1 site							
	1. Would I site							
	1 -	0	Suspected Tissue In	ury - blister shear	due to dama The area ma	ge of underlyi ay be precede	of discolored intact skin or blood-filled ing soft tissue from pressure and/or d by tissue that is painful, firm, mushy, pared to adjacent tissue.	
	25-24	\ [‡] ر	Sta				edness of a localized area usually over	
	$\begin{pmatrix} 6 & 7 \\ N & 12 \end{pmatrix} = \begin{pmatrix} 9 \\ 12 \end{pmatrix}$	1 10 8					ented skin may not have visible m the surrounding area.	
	15) (14) (6) (19)	, , ,	Sta				presenting as a shallow open ulcer with bugh. May also present as an intact or	
		53 12 31 29	Stor	open/	ruptured seru	m-filled blister	r.	
	8m (33 / 34) (33 m) (3	423 ₅₅ (1)8 6 (35)	Stag	tendo	n or muscle a	re not expose	taneous fat may be visible but bone, ed. Slough may be present but does not May include undermining and tunneling	
	37 38 38	0 39	Stag	e IV - Full th	ickness tissu	e loss with ex	posed bone, tendon or muscle. Slough	
	45 42 46	4) (43)			r may be pres mining and tu		parts of the wound bed. Often include	
	47-11-51	49	Unstage				h the base of the ulcer is covered by or brown) and/or eschar (tan, brown or	
	3. 3.				in the wound		or storm, and or occura (tall, storm of	
						entimete	aro.	
	Site	Туре	Oii	Length		Depth	Stage	
	Cito	1,750		Longar	VVIGUI	Борит		
	1a Undermining/Tunneling							
	1a. Undermining/Tunneling							
	a. Undermining							
	a. Underminingb. Tunneling							
	a. Underminingb. Tunneling1b. Describe Undermining							
	a. Underminingb. Tunneling							
	a. Undermining b. Tunneling 1b. Describe Undermining 1c. Describe tunneling							
	a. Undermining b. Tunneling 1b. Describe Undermining 1c. Describe tunneling 2. Exudate type							
	a. Undermining b. Tunneling 1b. Describe Undermining 1c. Describe tunneling 2. Exudate type a) None							
	a. Undermining b. Tunneling 1b. Describe Undermining 1c. Describe tunneling 2. Exudate type							
	a. Undermining b. Tunneling 1b. Describe Undermining 1c. Describe tunneling 2. Exudate type a) None b) Serous							
	a. Undermining b. Tunneling 1b. Describe Undermining 1c. Describe tunneling 2. Exudate type a) None b) Serous c) Serosanguineous							
	a. Undermining b. Tunneling 1b. Describe Undermining 1c. Describe tunneling 2. Exudate type a) None b) Serous c) Serosanguineous d) Purulent 2a. Exudate Amount a) None							
	a. Undermining b. Tunneling 1b. Describe Undermining 1c. Describe tunneling 2. Exudate type a) None b) Serous c) Serosanguineous d) Purulent 2a. Exudate Amount a) None b) Scant							
	a. Undermining b. Tunneling 1b. Describe Undermining 1c. Describe tunneling 2. Exudate type a) None b) Serous c) Serosanguineous d) Purulent 2a. Exudate Amount a) None b) Scant c) Small							
	a. Undermining b. Tunneling 1b. Describe Undermining 1c. Describe tunneling 2. Exudate type a) None b) Serous c) Serosanguineous d) Purulent 2a. Exudate Amount a) None b) Scant c) Small d) Moderate							
	a. Undermining b. Tunneling 1b. Describe Undermining 1c. Describe tunneling 2. Exudate type a) None b) Serous c) Serosanguineous d) Purulent 2a. Exudate Amount a) None b) Scant c) Small							

Client:				
a) None				
b) Slight				
c) Moderate				
d) Foul				
1. Wound Bed				
a. Unable toVisualize	b. Wound Close or SDTI	ed		
la. % Epithelial Tissue (new	skin growing in s	superficial ulcer. it can	be light pink and shi	ny, even in persons with
darkly pigmented ski				
4b. % Granulation Tissue (P	ink or red tissue	with shiny, moist, grar	nular appearance)	
Ic. % Slough (Yellow or whit	te tissue that adh	eres to the ulcer hed i	in strings or thick clu	mne or is mucinous)
10. 70 Clough (1 Chow of Will	to tissue triat dari	The control of the co	in strings of triok old	1103, 01 13 11140111043)
			sue that adheres firm	ly to the wound bed or
ulcer edges, may be softer o			sue that adheres firm	ly to the wound bed or
5. Surrounding Tissue a. Normal for Resident			d. White/Gray	ly to the wound bed or e. Dark Red/Purple
5. Surrounding Tissue a. Normal for Resident f. Black/Brown	or harder than sur	rounding skin)	d. White/Gray	
5. Surrounding Tissue a. Normal for Resident f. Black/Brown S. Surrounding Tissue Woun	b. Pink	rounding skin)	d. White/Gray	
5. Surrounding Tissue a. Normal for Resident f. Black/Brown 6. Surrounding Tissue Woun a. Normal for resider b. Peripheral Tissue	b. Pink d Edges nt	rounding skin)	d. White/Gray	
5. Surrounding Tissue a. Normal for Resident f. Black/Brown 5. Surrounding Tissue Woun a. Normal for resider b. Peripheral Tissue c. Maceration	b. Pink d Edges t Edema	rounding skin)	d. White/Gray	
5. Surrounding Tissue a. Normal for Resident f. Black/Brown 5. Surrounding Tissue Woun a. Normal for resider b. Peripheral Tissue c. Maceration d. Hardness/Induration	b. Pink d Edges t Edema	rounding skin)	d. White/Gray	
5. Surrounding Tissue a. Normal for Resident f. Black/Brown 6. Surrounding Tissue Woun a. Normal for resider b. Peripheral Tissue c. Maceration d. Hardness/Induration e. Rolled Edges	b. Pink d Edges t Edema	rounding skin)	d. White/Gray	
5. Surrounding Tissue a. Normal for Resident f. Black/Brown 5. Surrounding Tissue Woun a. Normal for resider b. Peripheral Tissue c. Maceration d. Hardness/Indurati e. Rolled Edges 7. Treatment in Pla	b. Pink d Edges t Edema on	rounding skin)	d. White/Gray	
5. Surrounding Tissue a. Normal for Resident f. Black/Brown 5. Surrounding Tissue Woun a. Normal for resider b. Peripheral Tissue c. Maceration d. Hardness/Indurati e. Rolled Edges 7. Treatment in Pla	b. Pink d Edges t Edema on	rounding skin)	d. White/Gray	
Resident f. Black/Brown S. Surrounding Tissue Woun a. Normal for resider b. Peripheral Tissue c. Maceration d. Hardness/Indurati e. Rolled Edges	b. Pink d Edges t Edema on	rounding skin)	d. White/Gray	

Client:



Suspected Deep Purple or maroon localized area of discolored intact skin or blood-filled Tissue Injury - blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy,

boggy, warmer or cooler as compared to adjacent tissue.

Stage I - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

Stage II - Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

Stage III - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

 $\textbf{Stage IV -} \ \ \textbf{Full thickness tissue loss with exposed bone, tendon or muscle. Slough or } \\$ eschar may be present on some parts of the wound bed. Often include undermining and tunneling.

Unstageable - Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

N/A - Not Available

Units of measure: centimeters

	Site	Туре	Length	Width	Depth	Stage	
1a Undo	rmining/Tunneling						
ra. Unde	a. Undermining						
	b. Tunneling						
1h Desci	ribe Undermining						
15. 5030	ibe officernining						
1c. Descr	ribe tunneling						
2. Exudat	• •						
	a) None						
	b) Serous						
	c) Serosanguineous						
	d) Purulent						
2a. Exuda	ate Amount						
	a) None						
	b) Scant						
	c) Small						
	d) Moderate						
	e) Large						
	f) Copious						
3. Wound	l odor description						
	a) None						
	b) Slight						
	c) Moderate						
	d) Foul						
4. Wound	l Bed						
	a. Unable toVisualize	b. Wound Closed or SDTI					
-	ithelial Tissue (new ımented ski	skin growing in superficial	ulcer. it can b	e light pin	k and shi	ny, even in pe	rsons with

4b. % Granulation Tissue (Pink or red tissue with shiny, moist, granular appearance) 4c. % Slough (Yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous) 4d. % Black/Brown-eschar (Necrolic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a Normal for b. Pink Readent b. Peripheral Tissue Wound Edges c. Maceration d. Hardnessinduration d. Hardnessinduration e. Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment 1. Wound Three Wound Three Assessment 1. Wound Site Suspected Deep Pught or murcon localized series of disordered inted skin or blood filled bed to damage of underlying soft issue for marsours analytic sheet. The parts are may be preceded by issue that is painful, firm, mustly sheet. The parts who the standard of the sheet is the sheet is the standard of the sheet is the sheet is the standard of the sheet is the sheet is the sheet in the sheet of the sheet but sheet is the sheet of the sheet but sheet but sheet is the sheet of the sheet but sheet but sheet is the sheet of the sheet but sheet but sheet is the sheet of the sheet but sheet but sheet is the sheet of the sheet but sheet but sheet is the sheet of the sheet but sheet but sheet is the sheet of the sheet but sheet but sheet is the sheet of the sheet but sheet but sheet is the sheet of the sheet but sheet but sheet is the sheet of the sheet but sheet but sheet is the sheet of the sheet but sheet is the shee	Clien	:							
moist, granular appearance) 4c. % Slough (Yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous) 4d. % Black/Brown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a. Normal for									
moist, granular appearance) 4c. % Slough (Yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous) 4d. % Black/Brown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a. Normal for	L—— 4b. % Gran	ulation Tissue (P	ink or red tissue wi	ith shiny.					
## Add. Selack/Brown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a Normal for Resident b Pink Resident c Back/Brown 6. Surrounding Tissue Wound Edges a Normal for resident b Peripheral Tissue Edema c Maceration d Hardness/Induration e Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments ### Wound Three Wound Three Assessment 1. Wound 3 Site ### Suspected Deep Purple or marcon localized area of discolond intent skin or blood-filled for the state of the state		•		,					
## Add. Selack/Brown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a Normal for Resident b Pink Resident c Back/Brown 6. Surrounding Tissue Wound Edges a Normal for resident b Peripheral Tissue Edema c Maceration d Hardness/Induration e Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments ### Wound Three Wound Three Assessment 1. Wound 3 Site ### Suspected Deep Purple or marcon localized area of discolond intent skin or blood-filled for the state of the state									
## Add. Selack/Brown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a Normal for Resident b Pink Resident c Back/Brown 6. Surrounding Tissue Wound Edges a Normal for resident b Peripheral Tissue Edema c Maceration d Hardness/Induration e Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments ### Wound Three Wound Three Assessment 1. Wound 3 Site ### Suspected Deep Purple or marcon localized area of discolond intent skin or blood-filled for the state of the state	4c. % Slou	gh (Yellow or whi	te tissue that adhe	res to the ulce	bed in	strings or	thick clui	mps, or is mucinous)	
Ucer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a. Normal for b. Pink Resident b. Pink Resident b. Preipheral Tissue Gedma c. Maceration d. Hardness/Induration e. Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments Wound Three Wound Three Assessment 1. Wound 3 Site Suspected Deep Purple or maroon localized area of discolored intact skin or blood-filled files are in the preceded by issue that is pichtif, firm, musbly sheet after the preceded by issue that is pichtif, firm, musbly sheet after the preceded by the preceded by the sustent as a intactor open viruptured section from you for the preceded by th								,	
Ucer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a. Normal for b. Pink Resident b. Pink Resident b. Preipheral Tissue Gedma c. Maceration d. Hardness/Induration e. Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments Wound Three Wound Three Assessment 1. Wound 3 Site Suspected Deep Purple or maroon localized area of discolored intact skin or blood-filled files are in the preceded by issue that is pichtif, firm, musbly sheet after the preceded by issue that is pichtif, firm, musbly sheet after the preceded by the preceded by the sustent as a intactor open viruptured section from you for the preceded by th	4d. % Black	/Brown-eschar (Necrotic tissue-blad	ck. brown, or ta	n tissu	e that adh	eres firm	lv to the wound bed or	
a. Normal for		,						.,	
a. Normal for									
Resident f. Black/Brown 6. Surrounding Tissue Wound Edges a. Normal for resident b. Peripheral Tissue Edema c. Maceration d. Hardness/Induration e. Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments Wound Three Wound Three Wound Three Wound Site Suspected Deep Purple or marroon localized area of discolored infact skin or blood-filled trissue injury - blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by issue that is painful, firm, mushy loggy, warmer or cooler as compensed to adjacent issue. Stage II - Infact skin with non-blanchable redness of a localized area usually over a bony prominence. Durally gimenate or between the subject of the presenting as a shallow open ulcer with open further or stage in the present of	5. Surround	ling Tissue						_	
6. Surrounding Tissue Wound Edges a. Normal for resident b. Peripheral Tissue Edema c. Maceration d. Hardness/Induration e. Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments Wound Three Wound Three Wound Three Wound Site Suspected Deep Purple or marroon localized area of discolored infact skin or blood-filled Tissue Injury bilister due to damage of underlying soft issue from pressure and/or shoar. The area may be preceded by fassie that is painful, firm, mustyle short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that is painful, firm, pushing short in the area may be preceded by fassie that be painful, firm, pushing short in the area may be preceded by fassie that the painful firm, pushing short in the area may be preceded by fassie that be painful, firm, pushing short in the area of discolored infact skin or blood-filled Tissue Injury billings are an affect of control or marked for the area of discolored infact skin or blood-filled that are a firm in the area may be preceded by fassie that the painful firm, pushing short in the a		Resident	b. Pink	c. Bright F	ed		-	e. Dark Red/Purple	
a. Normal for resident b. Peripheral Tissue Edema c. Maceration d. Hardness/Induration e. Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments Wound Three Wound Three Wound Three Assessment 1. Wound 3 Site Suspected Deep Purple or maroon localized area of discolored intact skin or blood-filled shear in a rear may be preceded by tissue from pressure and/or shear. The area may be preceded by tissue from pressure and/or shear. The area may be preceded by tissue from pressure and/or shear. The area may be preceded by tissue from pressure and/or shear. The area may be preceded by tissue from pressure and/or shear. The area may be preceded by tissue from pressure and/or shear. The area may be preceded by tissue from pressure and/or shear. The area may be preceded by tissue from pressure and/or shear. The area may be preceded by tissue from the surrounding area. Stage II - Partial thickness loss of dermis presenting as a shallow open lucer with a red pink wound bed. Mittour-filled blister. Stage III - Full thickness itssue loss. Subcutaneous fat may be visible but does no obscure the depth of issue second bed. Often include undermining and turnering. Stage II - Partial thickness itssue loss in which the base of the ulcer is covered by should be undermining and turnering. Stage III - Full thickness itssue loss in which the base of the ulcer is covered by should be undermining and turnering. Unstageable - Units of measure: centimeters Site Type Length Width Depth Stage 1a. Undermining/Tunneling			nd Edges						
c. Maceration d. Hardness/Induration e. Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments Wound Three Wound Three Wound Site Suspected Deep Purple or maroon localized area of discolored intact skin or blood-filled Tissue Injury - blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mustry boggy, warmer or cooler anomared to adjacent tissue. Stage I I - Partial thickness tissue cost and blister. Stage II - Partial thickness tissue loss. Subcutaneous fat may be visible but bone, are plink wound bed, without slough. May also present as an intact or open/ruptured seum-filled bilister. Stage II - Full thickness tissue loss. Subcutaneous fat may be visible but bone, are plink wound bed, without slough. May also present as an anitact or open/ruptured seum-filled bilister. Stage IV - Full thickness tissue loss. Subcutaneous fat may be present to does no obscure the depth of tissue loss. May record bone, tendon or muscle are not control or muscle are not endon or muscle. Slough sechar may be present to thickness tissue loss in which the base of the ulcor is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. NA - Not Avariable Units of measure : centimeters Site Type Length Width Depth Stage		•	-						
d. Hardness/Induration e. Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments Wound Three Wound Three Wound 3 Site Suspected Deep Purple or maron localized area of discolored intact skin or blood-filled blader due to damage of underlying ago thissue from pressure and/or state in local state of the proceeded by lissue that is painful, firm, musty beggy, warmer or cooler as compared to adjacent tissue. Stage I - Partial thickness loss loss of dermis presenting as a shallow open ulcer with a red prink wound bed, without slough. May also present as an intact or open/ruptured serum-filled bilster. Stage II - Partial thickness loss loss of dermis presenting as a shallow open ulcer with a red prink wound bed, without slough. May also present as an intact or open/ruptured serum-filled bilster. Stage II - Full thickness tissue loss. Subcutamencus fat may be visible but bone, the fund or muscle are not exposed. Slough may be present but does no obscure the depth of tissue loss. Brigh visible of the wound bed. When the base of the ulcer is covered by loss that the base of the ulcer is covered by slough typicount, and year, green or brown) and/or eschar (tan, brown or black) in the wound bed. N/A - Not Available Units of measure: centimeters Site Type Length Width Depth Stage	_	•	Edema						
e. Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments Wound Three Wound Three Wound 3 Site Suspected Deep Purple or maroon localized area of discolored intact skin or blood-filled black. The area may be preceded by about the la painful, firm, mustly, bloggy, warmer or cooler as compared to algored tissue. Stage I - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly gingmented skin may not have visible blanching; its color may differ from the surrounding area. Stage II - Partial thickness issue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does no obscure the depth of itssue loss. May include undermining and tunneling. Unstageable - Full thickness itssue loss with exposed bone, tendon or muscle. Slough each may be present undermining and tunneling. Unstageable - Full thickness itssue loss in which the base of the ulcar is covered by shough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. N/A - Not Available Units of measure: centimeters Site Type Length Width Depth Stage			on						
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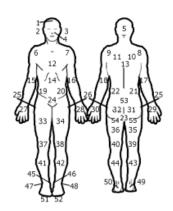
	Client:
1b. Des	cribe Undermining
1c. Des	cribe tunneling
2. Exuc	ate type
	a) None
	b) Serous
	c) Serosanguineous
	d) Purulent
2a. Exı	date Amount
	a) None
	b) Scant
	c) Small
	d) Moderate
	e) Large
.	f) Copious
3. Wou	nd odor description
	a) None
	b) Slight
	c) Moderate d) Foul
4. Wou	·
	a. Unable to b. Wound Closed Visualize or SDTI
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Client:

F. Wound Four

Wound Four Assessment

Wound 4 Site



Suspected Deep Purple or maroon localized area of discolored intact skin or blood-filled

Tissue Injury - blister due to damage of underlying soft tissue from pressure and/or

shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.

Stage I - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

Stage II - Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

Stage III - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Stage IV - Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.

Unstageable - Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

N/A - Not Available

Units of measure : centimeters

	Site	Туре	Length	Width	Depth	Stage	
1a. Unde	rmining/Tunneling						
	a. Undermining						
	b. Tunneling						

- 1b. Describe Undermining
- 1c. Describe Tunneling
- 2. Exudate type
 - a) None
 - b) Serous
 - c) Serosanguineous
 - d) Purulent
- 2a. Exudate Amount
 - a) None
 - b) Scant
 - c) Small
 - d) Moderate
 - e) Large
 - f) Copious
- 3. Wound odor description
 - a) None
 - b) Slight
 - c) Moderate
 - d) Foul
- 4. Wound Bed

Clear: a Unable to b. Wound Closed Visualize or SDTI			LIN: Admission	/Readmission Evalu	ation Part 1	- V 8	
4a. % Epithelial Tissue (new skin growing in superficial ulcer. it can be light pink and shiny, even in persons with darkly pigmented ski 4b. % Granulation Tissue (Pink or red tissue with shiny, moist, granular appearance) 4c. % Slough (Yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous) 4d. % Black/Brown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a. Normal for personal for a. Normal for b. Pink c. Bright Red d. White/Gray e. Dark Red/Purple Pallor 6. Surrounding Tissue Wound Edges a. Normal for resident b. Peripheral Tissue Edema c. Maceration d. Hardness/Induration e. Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments Wound Five Wound Five Assessment 1. Wound 5 Site Suspected Deep Pargle or marcon localized area of discolered intact skin or blood-filled bisler due to duringe of underlying soft issue from pressure anythin, from mustry, shoppy, warmer or coder as compared to adjacent issue. Stage II - Intel Ambress Issue loss with separating sea. Stage II - Intel Ambress Issue loss with separating sea. Stage II - Particle Michaels bus search as particle with popenhygiate attens filed bisler. Stage Intelligence attens filed bisler. White bid bodies on soft wound bed, without sloogs, May also present as an intake open soft wound bed, without sloogs in whith the base of the ulcor is covered by blook in the sort of the particle of the particle stage on particle from the surrounding sea. NAA - Not Area and bed for the particle of the particle		Client:					
4c. % Slough (Yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous) 4d. % Black/Brown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a. Normal for b. Pink Resident f. Black/Brown 6. Surrounding Tissue Wound Edges a. Normal for resident b. Peripheral Tissue Edema c. Maceration d. Hardness/Induration e. Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments Wound Five Wound Five Assessment 1. Wound 5 Site Suspected Deep Purple or matron localized area of discolored intent abin or blood-filled blefer due to damage of underlying soft issue from pressure and/or shear. The area may be preceded by tissue than in palify, frem, mushy, begy, warmer or copie as compared to a saliceus or permittened as a mitted or opporting print described in the tan intent or opporting print described in some base of a blocalized area usually over a non-shear than a saliceus open ulcer with sopporting the string the preceded by tissue than its patinfy in the string the preceded by the saliceus of dermis precenting than the value listed in an intent or opporting print described in some patinf or the wound bed. Often include string the preceded in string best or the wound bed. Often include underlying the wound bed. The includes shear may be preceded in string best or the wound bed. Often include wound bed. Often include wound bed. Often include underlying and preceded in string best or the wound bed. Often include wound		Visualize 4a. % Epithelial Tissue (new s	or SDTI		ın be light pir	nk and sh	iny, even in persons with
4d. % Black/Brown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a. Normal for b. Pink Resident B. Black/Brown 6. Surrounding Tissue Wound Edges a. Normal for resident b. Peripheral Tissue Edema c. Maceration d. Hardness/Induration e. Rolled Edges 7. Treatment in Place 8. Additional Wound Assessment Comments Wound Five Wound Five Assessment 1. Wound 5 Site Suspected Deep Purple or maroon localized area of discolored intact skin or blood-filled the shart in the shart i		4b. % Granulation Tissue (Pir	nk or red tissue v	with shiny, moist, gra	anular appea	rance)	
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N/A - Not Available Units of measure : centimeters		1. Wound 5 Site	13 12 22 21 25	Tissue Injury - bisl bb Stage I - In a bi Stage II - P a o Stage III - F	lister due to dama hear. The area ma oggy, warmer or c tact skin with non bony prominence lanching; its color 'artial thickness lo- red pink wound b pen/ruptured seru ull thickness tissuendon or muscle a	age of underly ay be precede cooler as com a blanchable r b. Darkly pigm may differ from so of dermis pede, without sim-filled bliste e loss. Subcuare not expose	ring soft tissue from pressure and/or end by tissue that is painful, firm, mushy, pared to adjacent tissue. redness of a localized area usually over tented skin may not have visible on the surrounding area. resenting as a shallow open ulcer with lough. May also present as an intact or or. taneous fat may be visible but bone, end. Slough may be present but does not
Units of measure : centimeters		1. Wound 5 Site 1. Site	13 12 22 21 25	Tissue Injury - bisis bis bis bis bis bis bis bis bis b	lister due to dama hear. The area ma oggy, warmer or catact skin with non bony prominence lanching; its color artial thickness lored pink wound b pen/ruptured seru ull thickness tissuendon or muscle a bscure the depthoull thickness tissuendermining and tuull thickness tissuendermining and tuull thickness tissuelough (yellow, tanjudgy, warmer of the depthoull thickness tissuelough (yellow, tanjudgy, warmer of the dermining and tuull thickness tissuelough (yellow, tanjudgy, warmer of the dermining tand to the dermining and to the dermining and to the dermining and to the dermining tand to the dermining and	age of underly ay be precede to cooler as com an analysis of the cooler as come and the cooler as come and the cooler as come and the cooler as of dermis preceded without slim-filled blister eloss. Subcure not expose of tissue loss with expent on some unneling. Le loss in whice, gray, green	ring soft tissue from pressure and/or end by tissue that is painful, firm, mushy, pared to adjacent tissue. The defense of a localized area usually over lented skin may not have visible that the surrounding area. The service of t
		1. Wound 5 Site 1. Wound 5 Site 1. Wound 5 Site 1. Wound 5 Site 1. 2 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 12 22 21 25	Stage II - Paaologo Stage III - Fate of Stage IV -	lister due to dama hear. The area ma oggy, warmer or catact skin with non bony prominence lanching; its color artial thickness lored pink wound b pen/ruptured seru ull thickness tissuendon or muscle a bscure the depthoull thickness tissues char may be presendermining and tuull thickness tissuellough (yellow, tan, lack) in the wound	age of underly ay be precede to cooler as com an analysis of the cooler as come and the cooler as come and the cooler as come and the cooler as of dermis preceded without slim-filled blister eloss. Subcure not expose of tissue loss with expent on some unneling. Le loss in whice, gray, green	ring soft tissue from pressure and/or end by tissue that is painful, firm, mushy, pared to adjacent tissue. The defense of a localized area usually over lented skin may not have visible that the surrounding area. The service of t
Longin Widin Dopin Olago		1. Wound 5 Site	13 12 22 21 25	Stage II - P a o Stage III - F te o Stage IV - F e u Unstageable - F sl bi	lister due to dama hear. The area ma oggy, warmer or or that the skin with non bony prominence lanching; its color artial thickness lored pink wound b pen/ruptured seru ull thickness tissu schar may be prendermining and to ull thickness tissu lough (yellow, tan. lack) in the wound lot Available	age of underly ay be preceded to be	ring soft tissue from pressure and/or end by tissue that is painful, firm, mushy, pared to adjacent tissue. The end of a localized area usually over lented skin may not have visible with the surrounding area. The enter of the word o

Client:	
1a. Undermining/Tu	nneling
a. Undermi	
b. Tunnelin	
1b. Describe Underr	mining
4a Dagariba Turad	
1c. Describe Tunnel	ing
2. Exudate type	
a) None	
b) Serous	
c) Serosan	guineous
d) Purulent	
2a. Exudate Amoun	t
a) None	
b) Scant	
c) Small	
d) Moderate	e
e) Large	
f) Copious	
3. Wound odor desc	ription
a) None	
b) Slight	
c) Moderate	e
d) Foul	
4. Wound Bed	
a. Unable	e to b. Wound Closed
Visualize	
	sue (new skin growing in superficial ulcer. it can be light pink and shiny, even in persons wit
darkly pigmented sk	
4b. % Granulation T	issue (Pink or red tissue with shiny, moist, granular appearance)
4c. % Slough (Yello	w or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous)
1d % Plack/Proves	and a support of the
	eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or e softer or harder than surrounding skin)
licer edges, may be	, solici oi naluei tilan surrounding skiri)
- Common # 1 7 T'	
5. Surrounding Tiss	
a. Norma Resident	
f. Black/B	
6. Surrounding Tiss	
a. Normal f	
	ral Tissue Edema
c. Macerati	
d. Hardnes	s/Induration

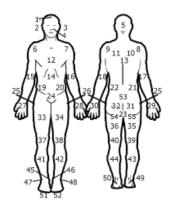
	6 LN	l: Admission/Read	dmission E	valuatio	n Part 1	- V 8		
Clie	ent:							
7.	Treatment in Place							
8. Addition	nal Wound Assessment	Comments						
Wound Six								
Woulld Six								
	Six Assessment							
1.	Wound 6 Site							
			Commente d D	D		!	-£ dild itt	
			Tissue Inju	rv - blister	due to dama	ge of underlyi	of discolored intact ng soft tissue from	pressure and/or
	½(-); (5)	•	snear.	rne area ma	ay be precede	d by tissue that is po pared to adjacent tis	aintui, tirm, musny,
		T (S)	Stage				edness of a localize ented skin may not	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	13 }		blanch	ning; its color	may differ fro	m the surrounding a	irea.
	25 15 19 20 6 26 18 22	21 7	Stage	a red	oink wound b	ed, without slo	resenting as a shall ough. May also pres	
	(211 Y 1128 X 3011 32	53 1 31 129	Stage		-	m-filled blister	·. taneous fat may be	visible but bone
	33 34 4 4 54 36	2355 WY	Olago	tendo	n or muscle a	re not expose	d. Slough may be p	resent but does not nining and tunneling.
	37 38 40	39	Stage	IV - Full th	ickness tissu	e loss with ex	posed bone, tendon	or muscle. Slough o
	45 42 46 44	43)			r may be pres mining and tu		parts of the wound	bed. Often include
	47 48 50	KR 49	Unstageab				h the base of the uld or brown) and/or esc	
	31 32			black)	in the wound		or brown, and or co	onar (tan, brown or
				A - Not Av		entimete	ire	
	Site	Туре		Length		Depth	Stage	
		. , , , ,						
4 - 11 - 1								
	mining/Tunneling							
	a. Underminingb. Tunneling							
	ibe Undermining							
	<u> </u>							
1c Descri	ibe Tunneling							
10. D03011	ibe rameing							
0 5	- 							
2. Exudate	• •							
	a) Noneb) Serous							
	c) Serosanguineous							
	d) Purulent							
2a. Exuda	ite Amount							
	a) None							
	b) Scant							
	c) Small							
	d) Moderate							
	e) Large							
	f) Copious							
	odor description							
	a) None							

Client:	
b) Slight	
c) Moderate	
d) Foul	
I. Wound Bed	
	und Closed
Visualize or SDT	। ving in superficial ulcer. it can be light pink and shiny, even in persons wit
ia. % ⊏ршieliai rissue (пеw skin grow larkly pigmented ski	wing in superficial dicer. It can be light pink and shiriy, even in persons with
pigmented ski	
Lh % Granulation Tissue (Pink or red	tissue with shiny, moist, granular appearance)
F. 76 Grandiation Tissue (Fink of Ted	ussue with shirty, moist, grantilar appearance)
L 0/ 01- 1- 0/11- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
ic. % Slough (Yellow or white tissue the	hat adheres to the ulcer bed in strings or thick clumps, or is mucinous)
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•	ssue-black, brown, or tan tissue that adheres firmly to the wound bed or
•	•
llcer edges, may be softer or harder the	•
sd. % Black/Brown-eschar (Necrotic ti licer edges, may be softer or harder the 5. Surrounding Tissue	•
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Jobs Surrounding Tissue a. Normal for Resident	han surrounding skin)
Jobs Surrounding Tissue a. Normal for Resident f. Black/Brown	han surrounding skin) c
5. Surrounding Tissue a. Normal for b. Pink Resident f. Black/Brown S. Surrounding Tissue Wound Edges	han surrounding skin) c
5. Surrounding Tissue a. Normal for Resident f. Black/Brown S. Surrounding Tissue Wound Edges a. Normal for resident	han surrounding skin) c
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S. Surrounding Tissue a. Normal for Resident f. Black/Brown b. Surrounding Tissue Wound Edges a. Normal for resident b. Peripheral Tissue Edema c. Maceration d. Hardness/Induration e. Rolled Edges Treatment in Place	han surrounding skin) c C. Bright Red d. White/Gray e. Dark Red/Purple Pallor
5. Surrounding Tissue a. Normal for Resident f. Black/Brown 5. Surrounding Tissue Wound Edges a. Normal for resident b. Peripheral Tissue Edema c. Maceration d. Hardness/Induration e. Rolled Edges	han surrounding skin) c C. Bright Red d. White/Gray e. Dark Red/Purple Pallor
S. Surrounding Tissue a. Normal for Resident f. Black/Brown b. Surrounding Tissue Wound Edges a. Normal for resident b. Peripheral Tissue Edema c. Maceration d. Hardness/Induration e. Rolled Edges Treatment in Place	han surrounding skin) c C. Bright Red d. White/Gray e. Dark Red/Purple Pallor

1. Wound 7 Site

Client:

darkly pigmented ski



Suspected Deep Purple or maroon localized area of discolored intact skin or blood-filled

Tissue Injury - blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy,

shear. The area may be preceded by tissue that is painful, firm, mushy boggy, warmer or cooler as compared to adjacent tissue.

- Stage I Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.
- Stage II Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.
- Stage III Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
- **Stage IV -** Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.
- Unstageable Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.
 - N/A Not Available

Units of measure: centimeters

	Site	Туре	Length	Width	Depth	Stage	
1a. Unde	rmining/Tunneling						
	a. Undermining						
	b. Tunneling						
1b. Desc	ribe Undermining						
1c. Desc	ribe Tunneling						
2. Exuda	te type						
	a) None						
	b) Serous						
	c) Serosanguineous						
	d) Purulent						
2a. Exud	ate Amount						
	a) None						
	b) Scant						
	c) Small						
	d) Moderate						
	e) Large						
	f) Copious						
3. Wound	d odor description						
	a) None						
	b) Slight						
	c) Moderate						
	d) Foul						
4. Wound	d Bed						
	a. Unable to	b. Wound Closed					
4- 0/ -	Visualize	or SDTI			المسماد	la., a.,aa la :	

Client:						
4b. % Granulation Tissue (F	Pink or red tissue	with shiny moist gran	ılar annea	rance)		
Total and the state of the stat	61 164 16646	mar ormry, moret, grant	ана аррос			
4c. % Slough (Yellow or wh	te tiesue that adh	eres to the ulcer had in	etringe o	r thick clu	ımpe or ie mucin	
4c. // Slough (Tellow of Will		letes to the dicer bed if	- stilligs o	I THICK CIT	imps, or is mucin	
L4d. % Black/Brown-eschar (Noorotio tioquo bl	ack brown or top tipe	us that ad	horoo fira	alv to the wound	 bod or
ulcer edges, may be softer			ue mai au	neres iirii	ily to the would	bed of
		· · · · · · · · · · · · · · · · · · ·				
5. Surrounding Tissue						
a. Normal for	b. Pink	c. Bright Red	d. WI	nite/Gray	e. Dark Red	I/Purple
Resident			Pallo	r		
f. Black/Brown	ad Edgas					
Surrounding Tissue Would a. Normal for reside	_					
b. Peripheral Tissue						
c. Maceration						
d. Hardness/Indurat	ion					
e. Rolled Edges						
7. Treatment in Pla						
8. Additional Wound Assess	sment Comments					
Wound Eight						
Wound Eight Assessment						
1. Wound 8 Site						
		blict			a of discolored intact skir ying soft tissue from pre	
10	(F)	shea	r. The area m	ay be preced	ed by tissue that is pain pared to adjacent tissue	ful, firm, mushy,
	ے پڑ	Stage I - Intac	t skin with nor	n-blanchable	redness of a localized a	rea usually over
$\begin{pmatrix} 6 & 7 \\ 12 & 1 \end{pmatrix}$	$\left\{ \begin{bmatrix} 9 & 11 & 10 & 8 \\ 1 & 13 & 1 \end{bmatrix} \right\}$				nented skin may not hav om the surrounding area	
15 /14 16	/a), , (r)				presenting as a shallow lough. May also presen	
	53 25 301 32 31 29	oper	n/ruptured seru	ım-filled bliste	er.	
8W (33) 34) W	(M) 542355 (M) 36 \(\) 35	tend	on or muscle a	are not expos	utaneous fat may be visited. Slough may be pres	ent but does no
37 38	39 40 39				 May include undermini xposed bone, tendon or 	=
41 42 46	(44) (43)		ar may be pre ermining and to		e parts of the wound bed	d. Often include
47-11-48	50) 49				ch the base of the ulcer or brown) and/or escha	
J. J.		blaci	k) in the wound			(10.11)
		N/A - Not / Units of m		oontimet	0.40	
Site	Туре		Width	Depth	Stage	
Oile	Type	Lengui	vvidti	Deptil	Claye	
1a. Undermining/Tunneling						

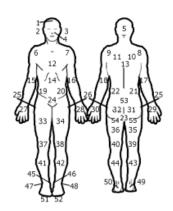
1c. Describe Tunneling 2. Exudate type a) None b) Serous c) Serosanguineous d) Purulent 2a. Exudate Amount a) None b) Scant c) Small d) Moderate e) Large f) Copious 3. Wound odor description a) None b) Slight c) Moderate d) Foul 4. Wound Bed a. Unable to b. Wound Closed Visualize or SDTI 4a. % Epithelial Tissue (new skin growing in superficial ulcer. it can be light pink and shiny, even in persons with darkly pigmented ski 4b. % Granulation Tissue (Pink or red tissue with shiny, moist, granular appearance) 4c. % Slough (Yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous) 4d. % Black/Brown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a. Normal for b. Pink Resident b. Peripheral Tissue Edema c. Maccration d. Hardness/induration b. Peripheral Tissue Edema c. Maccration d. Hardness/induration e. Rolled Edges Treatment in Place 8. Additional Wound Assessment Comments		
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a) None b) Serous c) Serosanguineous d) Purulent 2a. Exudate Amount a) None b) Scant c) Small d) Moderate e) Large f) Copious 3. Wound odor description a) None b) Sight c) Moderate d) Foul 4. Wound Bed a. Unable to Visualize or SDTI 4a. % Epithelial Tissue (new skin growing in superficial ulcer, it can be light pink and shiny, even in persons with darkly pigmented ski 4b. % Granulation Tissue (Pink or red tissue with shiny, moist, granular appearance) 4c. % Slough (Yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous) 4d. % Black/Brown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin) 5. Surrounding Tissue a. Normal for b. Pink Resident f. Black/Brown 6. Surrounding Tissue Wound Edges a. Normal for resident b. Peripheral Tissue Edema c. Maceration d. Hardness/Induration e. Rolled Edges 7. Treatment in Place	1c. Describe T	unneling
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e. Rolled Edges 7. Treatment in Place	4d. % Black/Bulcer edges, m 5. Surrounding a. Re f. I	rown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or nay be softer or harder than surrounding skin) g Tissue Normal for
7. Treatment in Place	4d. % Black/B ulcer edges, m 5. Surrounding a. Re f. I 6. Surrounding a. No	rown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or nay be softer or harder than surrounding skin) g Tissue Normal for
	4d. % Black/B ulcer edges, m 5. Surrounding a. Re f. I 6. Surrounding a. No b. Pe c. Ma d. Ha	rown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or nay be softer or harder than surrounding skin) g Tissue Normal for
8. Additional Wound Assessment Comments	4d. % Black/Bulcer edges, m 5. Surrounding a. Re f. I 6. Surrounding a. No b. Pe c. Ma d. Ha e. Ro	rown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or nay be softer or harder than surrounding skin) g Tissue Normal for
	4d. % Black/B ulcer edges, m 5. Surrounding a. Re f. I 6. Surrounding b. Pe c. Ma d. Ha e. Ro 7.	rown-eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or nay be softer or harder than surrounding skin) g Tissue Normal for

Client:

K. Wound Nine

Wound Nine Assessment

1. Wound 9 Site



Suspected Deep Purple or maroon localized area of discolored intact skin or blood-filled

Tissue Injury - blister due to damage of underlying soft tissue from pressure and/or

issue Injury - blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.

Stage I - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

Stage II - Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

Stage III - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Stage IV - Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.

Unstageable - Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

N/A - Not Available

Units of measure : centimeters

	Site	Туре	Length	Width	Depth	Stage	
1a. Under	rmining/Tunneling						
	a. Undermining						
	b. Tunneling						

- 1b. Describe Undermining
- 1c. Describe Tunneling
- 2. Exudate type
 - a) None
 - b) Serous
 - c) Serosanguineous
 - d) Purulent
- 2a. Exudate Amount
 - a) None
 - b) Scant
 - c) Small
 - d) Moderate
 - e) Large
 - f) Copious
- 3. Wound odor description
 - a) None
 - b) Slight
 - c) Moderate
 - d) Foul
- 4. Wound Bed

	Client:					
	a. Unable to Visualize	b. Wound Clos	sed			
	ն Epithelial Tissue (new y pigmented ski	/ skin growing in	superficial ulcer. it ca	ın be light pi	nk and sh	iny, even in persons with
darki	y pigmented ski					
4b. %	6 Granulation Tissue (F	ink or red tissue	with shiny, moist, gra	anular appea	arance)	
4c. %	Slough (Yellow or whi	te tissue that ad	heres to the ulcer bed	l in strings o	r thick clu	mps, or is mucinous)
	6 Black/Brown-eschar (edges, may be softer o			tissue that a	dheres fir	mly to the wound bed or
5. Su	ırrounding Tissue					
	a. Normal forResidentf. Black/Brown	b. Pink	c. Bright Red	d. Wi Pallo	hite/Gray r	e. Dark Red/Purple
6. Su	rrounding Tissue Wour	_				
	a. Normal for resideb. Peripheral Tissuec. Macerationd. Hardness/Indurat	e Edema				
	e. Rolled Edges	ЮП				
7.	Treatment in Plan	асе				
8. Ad	Iditional Wound Assess	ment Comments	S			
Wound	d Ten					
W _O	ound Ten Assessment					
1.	Wound 10 Site					
	¹ √-33	(5)	Tissue Injury - sl	lister due to dama hear. The area m	age of underly ay be preced	of discolored intact skin or blood-filled ring soft tissue from pressure and/or ed by tissue that is painful, firm, mushy spared to adjacent tissue.
	6 7 N 12 4	911 108	а	bony prominence	e. Darkly pign	redness of a localized area usually oven nented skin may not have visible om the surrounding area.
	25 19 20 2	18 22 21 7 53 25	a		oed, without s	presenting as a shallow open ulcer wit lough. May also present as an intact o er.
	27 33 34 12 34 34 34 34 34 34 34 34 34 34 34 34 34	30 32 31 29 54 23 55 36 35	te	endon or muscle a	are not expos	utaneous fat may be visible but bone, ed. Slough may be present but does n . May include undermining and tunneli
	37/ 38 41) 42 45	40) (39) (44) (43)	e		sent on some	kposed bone, tendon or muscle. Sloug e parts of the wound bed. Often include
	154	50 14 49	Unstageable - F	ull thickness tissu	ue loss in which i, gray, green	ch the base of the ulcer is covered by or brown) and/or eschar (tan, brown o
	47 1 51 52 48	كالغ		lack) in the woun	d bed.	
	47-11-48	צונס	bi N/A - N	lack) in the wound lot Available		
	47 - 13 - 48 - 51 52 48 Site	Type	bi N/A - N Units of	lack) in the wound		e rs Stage

Client:	
1a. Undermining/Tu	nneling
a. Undermi	
b. Tunnelin	
1b. Describe Underr	mining
4a Dagariba Turad	
1c. Describe Tunnel	ing
2. Exudate type	
a) None	
b) Serous	
c) Serosan	guineous
d) Purulent	
2a. Exudate Amoun	t
a) None	
b) Scant	
c) Small	
d) Moderate	e
e) Large	
f) Copious	
3. Wound odor desc	ription
a) None	
b) Slight	
c) Moderate	e
d) Foul	
4. Wound Bed	
a. Unable	e to b. Wound Closed
Visualize	
	sue (new skin growing in superficial ulcer. it can be light pink and shiny, even in persons wit
darkly pigmented sk	.1
4b. % Granulation T	issue (Pink or red tissue with shiny, moist, granular appearance)
4c. % Slough (Yello	w or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous)
1d % Plack/Proves	and a support of the
	eschar (Necrotic tissue-black, brown, or tan tissue that adheres firmly to the wound bed or e softer or harder than surrounding skin)
licer edges, may be	, solici oi naluei tilan surrounding skiri)
- Common # 1 7 T'	
5. Surrounding Tiss	
a. Norma Resident	
f. Black/B	
6. Surrounding Tiss	
a. Normal f	
	ral Tissue Edema
c. Macerati	
d. Hardnes	s/Induration

		6 LN: Admission/Readmission Evaluation Part 1 - V 8
	CI	ient:
	7.	Treatment in Place
	8. Additio	onal Wound Assessment Comments
ADL	LN: Acti	vities Of Daily Living
A.	ADL's	
		Much Assistance Does Resident Require With Bed Mobility?
	1. 1 IOW IV	Independent And Requires No Assistance
		2. Set up help only (Staff provide items needed to complete task- like handing bar of trapeze, raises 1/4 rails, etc.)
	0	3. Supervision - No Setup Help (Staff provide one or many verbal prompts/cues to resident AND/OR observe durring task)
	0	4. Supervision And Setup Help (Staff provide one or many verbal prompts/cues to resident AND/OR observe during task)
	0	task AND give, hand or adjust item needed to complete task like handing bar of trapeze, raises ½ rails, etc.) 5. X1 Staff Limited Assist (Staff physically TOUCH the resident but do not bear wt., EX: guiding hand to rail)
	0	6. X1 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY amount of weight at any time while resident is turning, rolling, sitting, lying or positioning)
	0	7. X2 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY amount of weight at any time while resident is turning, rolling, sitting, lying or positioning)
	0	8. X1 Staff Total Dependence (Resident Does Not Participate In Activity At All)
	0	9. X2 Staff Total Dependence (Resident Does Not Participate In Activity At All)
	2. How N	Much Assist Does The Resident Require To Transfer Safely?
	0	and the second s
	0	2. Set up help only (Staff may give resident transfer board, walker, or other assistive device, lock the wheels on a wheelchair, etc.)
	0	3. Supervision No Set up help (Staff provide one or many verbal prompts/cues to resident AND/OR observe some or all of task)
	0	4. Supervision And Setup Help (Staff provide one or many verbal prompts/cues to resident AND/OR observe some or all of task AND give resident transfer board, walker, or other assistive device, locking the wheels on a wheelchair, etc.)
	0	5. X1 Staff Limited Assist (Staff physically TOUCH the resident but do not bear wt., EX: placing hand on residents back to provide comfort and/or guidance)
	0	6. X1 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY amount of weight at any time Ex: placing hand on residents back and lifting some trunk weight, hook arm under residents are to lift)
	0	7. X2 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY amount of weight at any time Ex: placing hand on residents back and lifting some trunk weight, hook arm under residents are to lift)
	0	8. Sit To Stand Mechanical Lift Required
	0	9. Totally Dependent; X1 Staff (Resident Does Not Participate In Activity At All)
	0	10. Totally Dependent; X2 Staff (Resident Does Not Participate In Activity At All)
	0	11. Total Mechanical Lift (Hoyer) Required - Resident Can Assist With Rolling On/Off Lift Sheet
	0.11. A	12. Total Mechanical Lift (Hoyer) Required - Resident Can Not Assist With Rolling On/Off Lift Sheet
	3. How N	Much Assistance Does Resident Require To Walk In Room?
		Independent And Requires No Supervision Set up help only (Staff may provide walker/ consects).
		2. Set up help only (Staff may provide walker/ cane, etc.)
		3. Supervision - No Setup Help Required (Staff provide one or many verbal prompts/cues to resident AND/OR observe some or all of task)
	0	4. Supervision AND Setup Help (Staff provide one or many verbal prompts/cues to resident AND/OR observe some or all of task AND provide walker/ cane, etc.)
	0	5. X1 Staff Limited Assist (Staff physically TOUCH the resident but do not bear wt., EX: placing hand on residents back to provide comfort and/or guidance, hold residents' hand)
	(6 x1 Staff Extensive Assist (Staff physically LIFT BEAR HOLD or SUPPORT ANY of the resident's weight- Extresident

Client:

- may lean on staff, staff may lift or hold gait belt, staff may walk arm in arm to support trunk or extremity weakness.)
- 7. x2 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY of the resident's weight- Ex: resident may lean on staff, staff may lift or hold gait belt, staff may walk arm in arm to support trunk or extremity weakness.)
- 8. Activity Does Not Occur-Resident CANNOT Walk
- 4. How Much Assistance Does Resident Require To Walk In The Corridor?
 - 1. Independent And Requires No Supervision
 - 2. Set up help only (Staff may provide walker/ cane, etc.)
 - 3. Supervision No Setup Help Required (Staff provide one or many verbal prompts/cues to resident AND/OR observe some or all of task)
 - 4. Supervision AND Setup Help (Staff provide one or many verbal prompts/cues to resident AND/OR observe some or all of task AND provide walker/ cane, etc.)
 - 5. X1 Staff Limited Assist (Staff physically TOUCH the resident but do not bear wt., EX: placing hand on residents back to provide comfort and/or guidance, hold residents' hand)
 - 6. x1 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY of the resident's weight- Ex: resident may lean on staff, staff may lift or hold gait belt, staff may walk arm in arm to support trunk or extremity weakness.)
 - 7. x2 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY of the resident's weight- Ex: resident may lean on staff, staff may lift or hold gait belt, staff may walk arm in arm to support trunk or extremity weakness.)
 - 8. Activity Does Not Occur-Resident CANNOT Walk
- 5. How Much Assist Does Resident Require With Dressing?
 - 1. Independent And Requires No Assistance
 - 2. Set up help only (Staff may retrieve, lay out or hand resident clothing)
 - 3. Supervision No Setup Help (Staff provide one or many verbal prompts/cues to resident AND/OR observe some or all of task)
 - 4. Supervision And Setup Help (Staff provide one or many verbal prompts/cues to resident AND/OR observe some or all of task AND retrieving, laying out or hand resident clothing.)
 - 5. X1 Staff Limited Assist (Staff physically TOUCH the resident but do not bear wt., EX: zipping or buttoning articles of clothing)
 - 6. X1 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY of the resident's weight- Ex: lifting limbs to put on articles of clothing)
 - 7. X2 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY of the resident's weight- Ex: lifting limbs to put on articles of clothing)
 - 8. X1 Staff Total Dependence (Resident Does Not Participate In Activity At All)
 - 9. X2 Staff Total Dependence (Resident Does Not Participate In Activity At All)
- 6. How Much Assist Does Resident Require With Eating?

(Includes tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration and ALL eating and drinking, not limited to meal time)

- 1. Independent
- 2. Set up help only (Staff provides set up assistance by cutting meat, opening containers at meals, giving one food item at a time)
- 3. Supervision No Setup Help (Staff observe all of eating for safety (ex. Aspiration precautions) or provide one or many verbal prompts to resident while eating or drinking)
- 4. Supervision And Setup Help (Staff observe all of eating/drinking for safety (ex. Aspiration precautions) or provide one or many verbal prompts to resident while eating or drinking AND staff provides set up assistance by cutting meat and opening containers at meals, giving one food item at a time)
- 5. Limited Assist (Staff hand resident utensil, cup or push (guide) utensil or cup or finger food towards mouth (only needs to occur for one sip of liquid or one bite of food)
- 6. Extensive Assist Staff physically feed one or more bites of food to resident or hold cup and provide one or more sips of liquid at any time OR lift residents hand to mouth while resident is holding utensil or cup or finger food (only needs to occur for one sip of liquid or one bite of food) or if resident helps with tube feeding)
- 7. Total Dependence (Resident Does Not Assist With Feeding Themselves by any route (oral, IV, TPN, enteral))

- 8. Activity Does Not Occur Resident is NPO or Tube Fed ONLY
- 7. How Much Assistance Does Resident Require With Toileting? Including Transferring On/Off Toilet, Use of bed pan, urinal or pad; Cleansing/Wiping; Managing Clothing, Catheter, and Ostomy devices.
 - 1. Independent And Requires No Assistance
 - ② 2. Set up help only (Staff retrieve, lay out or hand resident clothing, incontinence products, or ostomy devices, etc.)
 - 3. Supervision No Setup Help (Staff provide one or many verbal prompts/cues to resident AND/OR observe some or all of task)
 - 4. Supervision And Setup Help (Staff provide one or many verbal prompts/cues to resident AND/OR observe some or all of task AND retrieve, lay out or hand resident clothing, incontinence products, or ostomy devices, etc.)
 - 5. X1 Staff Limited Assist (Staff physically TOUCH the resident but do not bear wt., EX: zipping or buttoning articles of clothing)
 - 6. X1 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY of the resident's weight- Ex: cleaning perineal area, lifting brief/clothes, supporting weight while getting on/off toilet).taff Palms Up Moving/Guiding Limbs, Staff Wt Bearing)
 - 7. X2 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY of the resident's weight- Ex: cleaning perineal area, lifting brief/clothes, supporting weight while getting on/off toilet).
 - 8. X1 Staff Total Dependence (Resident Does Not Participate In Activity At All EX: Staff manage ostomy or catheter)
 - 9. X2 Staff Total Dependence (Resident Does Not Participate In Activity At All EX: Staff manage ostomy or catheter)
- 8. How Much Assistance Does Resident Require With Personal Hygiene?
 - 1. Independent And Requires No Assistance
 - 2. Set up help only (Staff provide wash cloth, toothbrush, comb, basin of water etc.)
 - 3. Supervision No Setup Help (Staff provide one or many verbal prompts/cues to resident AND/OR observe some or all of task)
 - 4. Supervision And Setup Help (Staff provide one or many verbal prompts/cues to resident AND/OR observe some or all of task AND provide wash cloth, toothbrush, comb, basin of water etc.)
 - 5. X1 Staff Limited Assist (Staff physically TOUCH the resident do not bear wt. Ex: Guiding residents' hand with wash cloth to face)
 - 6. X1 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY of the resident's weight- Ex: Resident brushes own teeth or hair for some of task, staff provides this assistance for some of task, staff support residents arm while resident brushes hair)
 - 7. X2 Staff Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY of the resident's weight- Ex: Resident brushes own teeth or hair for some of task, staff provides this assistance for some of task, staff support residents arm while resident brushes hair)
 - 8. X1 Staff Total Dependence (Resident Does Not Participate In Activity At All)
 - 9. X2 Staff Total Dependence (Resident Does Not Participate In Activity At All)
- 9. How Much Assistance Does Resident Require With Bathing?
 - 1. Independent
 - 2. Setup Help And/OR Supervision (Resident requires oversight or cueing help. Staff provides assistance by providing cleaning products, towels and adjusting water temperature for resident.)
 - 3. X1 Staff Physical Help limited to transfer only
 - 4. X2 Staff Physical Help limited to transfer only
 - 5. X1 Staff Physical Help in part of bathing activity (Does not include washing back or hair)
 - 6. X2 Staff Physical Help in part of bathing activity (Does not include washing back or hair)
 - 7. X1 Staff Totally Dependent (Resident Does Not Participate In Activity At All)
 - 8. X2 Staff Totally Dependent (Resident Does Not Participate In Activity At All)
- 10. How Much Assistance Does Resident Require With Locomotion off Unit? Locomotion includes walking or wheeling from one area to another.
 - 1. Independent

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	С	lient:
	0	2. Set up help only (Staff may unlock brakes on the wheelchair, flip foots rests up/down, etc.)
	0	3. Supervision Required (Staff provide one or many verbal prompts/cues to resident)
	0	4. Supervision And/OR Setup (Staff provide one or many verbal prompts/cues to resident AND/OR provides set up assistance unlocking the brakes on the wheelchair or adjusting foot pedals to facilitate foot motion while wheeling or provides walker/ cane, etc.)
	0	5. Limited Assist (Staff physically TOUCH the resident but does not bear wt., EX: placing hand on residents back to provide comfort and/or guidance while walking, placing hand over hand on walker, holding resident hand, etc.)
	0	6. Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY of the residents weight- Ex: Staff push wheelchair for a portion of task, resident may lean on staff, staff may lift or hold gait belt, staff may walk arm in arm to support trunk or extremity weakness)
	0	7. Total Dependent (Resident does not participate in activity at all)
	11. How	Much Assistance Does Resident Require With Locomotion on Unit?
	Locomot	ion includes walking or wheeling from one area to another.
	0	1. Independent
	0	2. Set up help only (Staff may unlock brakes on the wheelchair, flip foots rests up/down, etc.)
	0	3. Supervision Required (Staff provide one or many verbal prompts/cues to resident)
	0	4. Supervision And/OR Setup (Staff provide one or many verbal prompts/cues to resident AND/OR provides set up assistance unlocking the brakes on the wheelchair or adjusting foot pedals to facilitate foot motion while wheeling or provides walker/ cane, etc.)
	0	5. Limited Assist (Staff physically TOUCH the resident but do not bear wt., EX: placing hand on residents back to provide comfort and/or guidance while walking, placing hand over hand on walker, holding residents' hand)
	0	6. Extensive Assist (Staff physically LIFT, BEAR, HOLD or SUPPORT ANY of the residents weight- Ex: Staff push wheelchair for a portion of task, resident may lean on staff, staff may lift or hold gait belt, staff may walk arm in arm to support trunk or extremity weakness)
	0	7. Total Dependent (Resident does not participate in activity at all)
GG.	LN:GG	
Α.	Self Care	
-	Eating:	The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once all is placed before the resident.
	A. ADL F	Performance During Shift:
		06) Independent
		05) Setup or Clean-Up Assistance
		04) Supervision or touching assist
		03) Partial/Moderate Assistance
		02) Substantial/Maximal Assistance
		01) Dependent
		07) Resident Refused
		09) Not Applicable 10) Not attempted due to environmental limitations
		10) Not attempted due to environmental limitations88) Not attempted due to medical/safety concerns
	A1 la th	e resident Tube Fed or NPO?
		E lesident rupe i ed di Ni O :

Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove

dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment

a. Yes

B. ADL Performance During Shift: 06) Independent

05) Setup or Clean-Up Assistance04) Supervision or touching assist

Client:		/Readmission Evaluation Part 1 - V 8	
03) Partial/Moderati			
02) Substantial/Ma	aximal Assistance		
01) Dependent	d		
07) Resident Refus			
09) Not Applicable		re a c	
,	due to environmenta		
Toileting hygiene: The ab	-	concerns ineal Hygiene, adjust clothes before and after voiding or l wiping the opening but not managing equipment	having a bowel
C. ADL Performance Durin	=	wiping the opening but not managing equipment	
06) Independent	ig Oriit.		
· · ·	LIn Assistance		
05) Setup or Clean	•		
04) Supervision or 03) Partial/Modera	=		
,			
02) Substantial/Ma 01) Dependent	anınaı Assisidile		
07) Resident Refus	bea		
07) Resident Refus			
	due to environmenta	limitations	
·	due to medical/safety		
·	-	Concerns	
C1. Care Givers Required:	_		
a. One Person Physical Assist	b. Two PersonPhysicalAssistance	c. Two Person Assistance (1 person hands on,1	
C2. Care Givers Required:		person hands off)	
a. One Person	b. Two Person	C. Two Person	
Physical Assist	Physical Assistance	Assistance (1 person hands on,1	
Shower/hathe: The ability	v to hathe self incl	person hands off) Iding washing, rinsing, and drying self (excludes washing)	of back and hair)
Does not include transfer			or back and nair)
D. ADL Performance Durin	•		
06) Independent	ig Oriiit.		
, ,	un accietance		
05) Setup or clean-	•		
	touching assistance		
03) Partial/modera			
02) Substantial/ma	ialitiai assistance		
01) Dependent	ad		
07) Resident refuse			
09) Not applicable		limitations	
	due to environmenta		
		ion or safety concerns	
D1. Care Givers Required:			
a. One Person Physical Assist	b. Two Person Physical Assistance	c. Two PersonAssistance (1person hands on,1person hands off)	
D2. Care Givers Required:		•	
a One Person Physical Assist	b Two PersonPhysicalAssistance	c Two Person Assistance (1 person hands on,1	

Client:		
a One Person Physical Assist	b Two Person Physical Assistance	person hands off)
Upper body dressing: The	ability to dress and	d undress above the waist; including fasteners, if applicable.
E. ADL Performance During	g Shift:	
06) Independent		
05) Setup or clean-	up assistance	
04) Supervision or t	touching assistance	
03) Partial/moderate	e assistance	
02) Substantial/max	kimal assistance	
01) Dependent		
07) Resident refuse	ed	
09) Not applicable		
10) Not attempted of	due to environmental I	limitations
88) Not attempted of	due to medical condition	on or safety concerns
E1. Care Givers Required:		
a. One Person Physical Assist	b. Two Person Physical Assistance	c. Two Person Assistance (1 person hands on,1 person hands off)
E2. Care Givers Required:		
a. One Person Physical Assist	b. Two Person Physical Assistance	c. Two Person Assistance (1 person hands on,1 person hands off)
Lower body dressing: The	ability to dress and	
Lower body dressing: The F. ADL Performance During	-	d undress below the waist, including fasteners; does not include f
F. ADL Performance During	-	
	g Shift:	
F. ADL Performance During 06) Independent	g Shift: up assistance	
F. ADL Performance During 06) Independent 05) Setup or clean-	g Shift: up assistance touching assistance	
F. ADL Performance During 06) Independent 05) Setup or clean- 04) Supervision or t	g Shift: up assistance touching assistance e assistance	
F. ADL Performance During 06) Independent 05) Setup or clean- 04) Supervision or t 03) Partial/moderate	g Shift: up assistance touching assistance e assistance	
F. ADL Performance During 06) Independent 05) Setup or clean- 04) Supervision or t 03) Partial/moderate 02) Substantial/max	g Shift: up assistance touching assistance e assistance kimal assistance	
F. ADL Performance During 06) Independent 05) Setup or clean- 04) Supervision or t 03) Partial/moderate 02) Substantial/max 01) Dependent	g Shift: up assistance touching assistance e assistance kimal assistance	
F. ADL Performance During 06) Independent 05) Setup or clean- 04) Supervision or t 03) Partial/moderate 02) Substantial/max 01) Dependent 07) Resident refuse 09) Not applicable	g Shift: up assistance touching assistance e assistance kimal assistance	d undress below the waist, including fasteners; does not include f
F. ADL Performance During 06) Independent 05) Setup or clean- 04) Supervision or t 03) Partial/moderate 02) Substantial/max 01) Dependent 07) Resident refuse 09) Not applicable 10) Not attempted of	g Shift: up assistance touching assistance e assistance kimal assistance	d undress below the waist, including fasteners; does not include f
F. ADL Performance During 06) Independent 05) Setup or clean- 04) Supervision or t 03) Partial/moderate 02) Substantial/max 01) Dependent 07) Resident refuse 09) Not applicable 10) Not attempted of	g Shift: up assistance touching assistance e assistance kimal assistance ed	d undress below the waist, including fasteners; does not include f
F. ADL Performance During 06) Independent 05) Setup or clean- 04) Supervision or t 03) Partial/moderate 02) Substantial/max 01) Dependent 07) Resident refuse 09) Not applicable 10) Not attempted of	g Shift: up assistance touching assistance e assistance kimal assistance ed	d undress below the waist, including fasteners; does not include fasteners; does not i
F. ADL Performance During 06) Independent 05) Setup or clean- 04) Supervision or t 03) Partial/moderate 02) Substantial/max 01) Dependent 07) Resident refuse 09) Not applicable 10) Not attempted of 88) Not attempted of 87) Resident refuse 09 Not applicable 10 Not attempted of 10 Resident refuse 10 Not attempted of 88 Not attempted of 89 Required: 10 a. One Person	g Shift: up assistance touching assistance e assistance kimal assistance ed due to environmental I due to medical condition b. Two Person Physical	d undress below the waist, including fasteners; does not include fasteners; does not i
F. ADL Performance During 06) Independent 05) Setup or clean- 04) Supervision or t 03) Partial/moderate 02) Substantial/max 01) Dependent 07) Resident refuse 09) Not applicable 10) Not attempted of 88) Not attempted of F1. Care Givers Required: a. One Person Physical Assist	g Shift: up assistance touching assistance e assistance kimal assistance ed due to environmental I due to medical condition b. Two Person Physical	d undress below the waist, including fasteners; does not include full imitations on or safety concerns C. Two Person Assistance (1 person hands on,1 person hands off) C. Two Person Assistance (1 person hands off)
F. ADL Performance During 06) Independent 05) Setup or clean- 04) Supervision or t 03) Partial/moderate 02) Substantial/max 01) Dependent 07) Resident refuse 09) Not applicable 10) Not attempted of 88) Not attempted of 88) Not attempted of F1. Care Givers Required: a. One Person Physical Assist F2. Care Givers Required: a. One Person Physical Assist	g Shift: up assistance touching assistance e assistance kimal assistance ed due to environmental I due to medical condition b. Two Person Physical Assistance b. Two Person Physical Assistance //ear: The ability to p	d undress below the waist, including fasteners; does not include fasteners include fasteners includes for a control of the con
F. ADL Performance During 06) Independent 05) Setup or clean- 04) Supervision or t 03) Partial/moderate 02) Substantial/max 01) Dependent 07) Resident refuse 09) Not applicable 10) Not attempted of 88) Not attempted of 88) Not attempted of 89) Not applicable 10) Not applicable 10) Not applicable 10) Not attempted of 88) Not attempted of 88) Not attempted of 88) To reference of the second	g Shift: up assistance touching assistance e assistance kimal assistance ed due to environmental I due to medical condition b. Two Person Physical Assistance b. Two Person Physical Assistance vear: The ability to person proprocessor of the service of the	d undress below the waist, including fasteners; does not include fasteners include fasteners includes for a control of the con

05) Setup or clean-up assistance

	6 LN: Admission/Readmission Evalua	ition Part 1 - V 8
	Client:	
	04) Supervision or touching assistance	
	03) Partial/moderate assistance	
	02) Substantial/maximal assistance	
	01) Dependent	
	07) Resident refused	
	09) Not applicable	
	10) Not attempted due to environmental limitations	
	88) Not attempted due to medical condition or safety concerns	
	G1. Care Givers Required:	
	a. One Person Physical Assist Physical Assistance Assistance person hands or person hands of	
	G2. Care Givers Required:	
	 a. One Person b. Two Person c. Two Person Assistance (1 Assistance person hands or person hands of 	
	Personal Hygiene: The abiltiy to combing hair, shave face, apply	ing makeup, and wash/dry face and hands (excludes
	baths, showers, and oral hygiene).	
	H. ADL Performance During Shift:	
	06) Independent	
	05) Setup or clean-up assistance	
	04) Supervision or touching assistance	
	03) Partial/moderate assistance	
	02) Substantial/maximal assistance	
	01) Dependent	
	07) Resident refused	
	09) Not applicable	
	10) Not attempted due to environmental limitations	
	88) Not attempted due to medical condition or safety concerns	
	H1. Care Givers Required:	
	 a. One Person b. Two Person c. Two Person Physical Assist Physical Assistance person hands of 	
	H2. Care Givers Required:	
	a. One Person b. Two Person c. Two Person Physical Assist Physical Assistance (1 Assistance person hands or person hands of	
В.	B. Mobility	
	Roll left and right: The ability to roll from lying on back to left and	right side, and return to lying on back on the bed.
	A. ADL Performance During Shift:	
	06) Independent	
	05) Setup or Clean-Up Assistance	
	04) Supervision or touching assist	
	03) Partial/Moderate Assistance	
	02) Substantial/Maximal Assistance	
	01) Dependent	
	07) Resident Refused	

	6 LN: Admission/l	Readmission Evaluation Part 1 - V 8	
Client:			
09) Not Applicable			
10) Not attempted of	due to environmental l	limitations	
88) Not attempted of	due to medical/safety	concerns	
A1. Care Givers Required:			
a. One PersonCare GiversRequired: Assist	b. Two PersonPhysicalAssistance	c. Two Person Assistance (1 person hands on,1	
A2. Care Givers Required:		person hands off)	
a. One Person Physical Assist	b. Two Person Physical Assistance	c. Two Person Assistance (1 person hands on,1 person hands off)	
Sit to lying: The ability to i	move from sitting or	n side of bed to lying flat on the bed.	
B. ADL Performance During	g Shift:		
06) Independent			
05) Setup or Clean-	-Up Assistance		
04) Supervision or t	touching assist		
03) Partial/Moderat			
02) Substantial/Max	ximal Assistance		
01) Dependent			
07) Resident Refus	ed		
09) Not Applicable		er verve	
	due to environmental l		
	due to medical/safety	concerns	
B1. Care Givers Required:			
a. One PersonCare GiversRequired: Assist	b. Two PersonPhysicalAssistance	c. Two PersonAssistance (1person hands on,1person hands off)	
B2. Care Givers Required:		porcon hands on)	
a. One Person Physical Assist Lying to sitting on side of	b. Two Person	 c. Two Person Assistance (1 person hands on,1 person hands off) nove from lying on the back to sitting on the side of the side o	ne bed with feet flat
on the floor and with no b		novo nom lying on the back to clashing on the class of the	io bod with look hat
C. ADL Performance During			
06) Independent			
05) Setup or Clean-	-Up Assistance		
04) Supervision or t	•		
03) Partial/Moderat	_		
02) Substantial/Max			
01) Dependent			
07) Resident Refus	ed		
09) Not Applicable			
10) Not attempted of	due to environmental l	limitations	
88) Not attempted of	due to medical/safety	concerns	
C1. Care Givers Required:			
a. One PersonCare GiversRequired: Assist	b. Two PersonPhysicalAssistance	c. Two PersonAssistance (1 person hands on,1	
		person hands off)	

Client:			
C2. Care Givers Required:			
a. One Person Physical Assist	b. Two Person Physical Assistance	c. Two PersonAssistance (1person hands on,1person hands off)	
Sit to stand: The ability to	come to a standing	position from sitting in a chair. wheelchair. or on t	the side of the be
D. ADI D. C	01:0		
D. ADL Performance During	j Shift:		
06) Independent	I In Appietance		
05) Setup or Clean-	•		
04) Supervision or to	_		
03) Partial/Moderate			
02) Substantial/Max	Imai Assistance		
01) Dependent			
07) Resident Refuse	30		
09) Not Applicable		and the time and	
•	lue to environmental		
	lue to medical/safety	concerns	
D1. Care Givers Required:			
a. One PersonPhysical Assist	b. Two PersonPhysical	c. Two Person d. Sit To Stand Assistance (1 Mechanical Lift	
Filysical Assist	Assistance	person hands on,1 Required	
		person hands off)	
D2. Care Givers Required:			
a. One Person	b. Two Person	C. Two Person C. Sit To Stand	
Physical Assist	Physical Assistance	Assistance (1 Mechanical Lift	
	Assistance	person hands on,1 Required person hands off)	
Chair/bed-to -Chair transfe	er: The ability to tra	nsfer to and from a bed to a chair (or wheelchair)	
E. ADL Performance During	յ Shift։		
06) Independent			
05) Setup or Clean-	Up Assistance		
04) Supervision or to	•		
03) Partial/Moderate	e Assistance		
02) Substantial/Max			
01) Dependent			
07) Resident Refuse	ed		
09) Not Applicable			
	lue to environmental	mitations	
	lue to medical/safety		
E1. Care Givers Required:			
	b. Two Person	C. Two Person C. Two Person C. e. S	Sit To Stand
a One Person	Physical	Assistance (1 Mechanical Lift Me person hands on,1 Re	chanical Lift quired
a. One Person Physical Assist	Assistance	l	
	Assistance	person hands off)	
Physical Assist	Assistance	person nands oπ)	
Physical Assist E2. Care Givers Required: a. One Person	b. Two Person	C. Two Person d. Two Person e. S	Sit To Stand
Physical Assist E2. Care Givers Required:		C. Two Person d. Two Person e. S Assistance (1 Mechanical Lift Me	Sit To Stand schanical Lift quired

Client: F. ADL Performance During Shift: 06) Independent 05) Setup or Clean-Up Assistance 04) Supervision or touching assist 03) Partial/Moderate Assistance 02) Substantial/Maximal Assistance 01) Dependent 07) Resident Refused 09) Not Applicable 10) Not attempted due to environmental limitations 88) Not attempted due to medical/safety concerns F1. Care Givers Required: a. One Person e. Sit To Stand b. Two Person C. Two Person d. Two Person Assistance (1 Physical Assist Physical Mechanical Lift Mechanical Lift Assistance person hands on,1 Required person hands off) F2. Care Givers Required: a. One Person b. Two Person c. Two Person d. Two Person e. Sit To Stand Physical Assist Physical Assistance (1 Mechanical Lift Mechanical Lift person hands on,1 Assistance Required person hands off) Shower/Tub Transfer: The ability to get into and out of the tub or shower. Do not include washing, rinsing, drying, or any other bathing G. ADL Performance During Shift: 06) Independent 05) Setup or Clean-Up Assistance 04) Supervision or touching assist 03) Partial/Moderate Assistance 02) Substantial/Maximal Assistance 01) Dependent 07) Resident Refused 09) Not Applicable 10) Not attempted due to environmental limitations 88) Not attempted due to medical/safety concerns G1. Care Givers Required: a. One Person b. Two Person C. Two Person d. Two Person e. Sit To Stand Physical Assist Physical Assistance (1 Mechanical Lift Mechanical Lift Assistance person hands on,1 Required person hands off) G2. Care Givers Required: a. One Person b. Two Person C. Two Person d. Two Person e. Sit To Stand Physical Assist Physical Mechanical Lift Mechanical Lift Assistance (1 Assistance Required person hands on,1 person hands off) Walking 10 Ft: Once standing, ability to walk 10 feet in corridor or similar space. Resident may take a brief standing rest break- if they sit activity is not completed. A helper cannot complete a walking activity for a resident

H. ADL Performance During Shift: 06) Independent

6 LN: Admission/Readmission Evaluation Part 1 - V 8

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6 LN: Admission/Readmission Evaluation Part 1 - V 8

Client:

- 05) Setup or clean-up assistance
- 04) Supervision or touching assistance
- 03) Partial/moderate assistance
- 02) Substantial/maximal assistance
- 07) Resident refused
- 09) Not applicable
- 10) Not attempted due to environmental limitations
- 88) Not attempted due to medical condition or safety concerns

H1. Care Givers Required:

a. One Person
 Physical Assist

b. Two PersonPhysicalAssistance

c. Two Person
Assistance (1
person hands on,1
person hands off)

Walking 50 Ft with 2 turns: Once standing, ability to walk 50 feet in corridor or similar space and do a 1/2 turn in one direction or 2 quarter turns. Turn to sit in chair, turn into a doorway, turn to face a helper Resident may take a brief standing rest break- if they sit activity is not completed. A helper cannot complete a walking activity for a resident

- I. ADL Performance During Shift:
 - 06) Independent
 - 05) Setup or clean-up assistance
 - 04) Supervision or touching assistance
 - 03) Partial/moderate assistance
 - 02) Substantial/maximal assistance
 - 07) Resident refused
 - 09) Not applicable
 - 10) Not attempted due to environmental limitations
 - 88) Not attempted due to medical condition or safety concerns

Walk 150 feet: Once standing, ability to walk 150 feet in corridor or similar space. Resident may take a brief standing rest break- if they sit- activity is not completed. A helper cannot complete a walking activity for a resident

- J. ADL Performance During Shift:
 - 06) Independent
 - 05) Setup or clean-up assistance
 - 04) Supervision or touching assistance
 - 03) Partial/moderate assistance
 - 02) Substantial/maximal assistance
 - 07) Resident refused
 - 09) Not applicable
 - 10) Not attempted due to environmental limitations
 - 88) Not attempted due to medical condition or safety concerns

Wheel 50 feet with two turns: The ability to wheel 50 feet in corridor or similar space and do a 1/2 turn in one direction or 2 quarter turns. Turn to sit at table, turn into a doorway, turn to face a helper. A helper CAN assist with completion of this activity

- K. ADL Performance During Shift:
 - 06) Independent
 - 05) Setup or clean-up assistance
 - 04) Supervision or touching assistance
 - 03) Partial/moderate assistance
 - 02) Substantial/maximal assistance
 - 01) Dependent

	6 LN: Admission/Readmission Evaluation Part 1 - V 8
	Client:
	07) Resident refused 09) Not applicable
	10) Not attempted due to environmental limitations
	88) Not attempted due to medical condition or safety concerns
	K1. Care Givers Required:
	 a. One Person b. Two Person c. Two Person Physical Assist Physical Assistance (1 person hands on,1 person hands off)
	K2. Care Givers Required:
	 a. One Person b. Two Person c. Two Person Physical Assist Physical Assistance (1 Assistance person hands on,1 person hands off)
	Wheel 150 feet: Ability to wheel 150 feet in corridor or similar space. A helper CAN assist with completion of this activity
	L. ADL Performance During Shift:
	06) Independent
	05) Setup or clean-up assistance
	04) Supervision or touching assistance
	03) Partial/moderate assistance
	02) Substantial/maximal assistance
	01) Dependent
	07) Resident refused
	09) Not applicable
	10) Not attempted due to environmental limitations88) Not attempted due to medical condition or safety concerns
Pain.	LN: Pain
A.	Pain Presence
	1. Presence of Pain
	a. Resident Is Unable To Discuss Pain
	 b. Resident with no complaints of current or historical pain, no s/s of pain noted
	c. Resident has c/o of pain
	1-1. Indicators of Pain or Possible Pain
	a. Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning)
	b. Vocal complaints of pain (e.g., that hurts, ouch, stop)
	c. Facial expressions (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)
	d. Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)
	e. None of these signs observed or documented
	2. Pain Location and Description Instructions: Description should include the characteristics of the pain, including
	the intensity, pain rating, type (e.g., burning, stabbing, tingling, aching), patterns of pain (e.g., constant or intermittent), location, radiation of pain, and frequency, timing, and duration of pain

	Client:		. (5)		
		2 12 15 /14\ 25 19 24 24 33 33 37 33 441 44 45 47 51 51 51 51 51	7 911 108 13 13 13 26 22 21 28 30 32 31 28 30 32 31 34 22 53 34 23 53 40 39 44 43 46 50 1 44 43	25 25	
		Site		Description	
	3. Most Recent Pain I	1			
		Date:			
	Pain Scale:				
•	Pain Impact/What Help			()	
	1. Does Pain Impact a a. Ability to S	-	Check all tr	пат арріу Патарріу	
	b. Appetite	Participate in Activities			
	d. Mobility	articipate in Activities			
	e. None of the	e above			
	2. What Helps Pain?				
	a. Quiet				
	□ b. Dark Roor□ c. Low Stimu				
		ent Distractions (Read	ing A Book, W	/atcjing TV, Etc.)	
		tractions (Group Activ			
		g (Either Specific Posi	tiond Or Repo	sitioning)	
	g. Massage h. Heat/Cold	Application			
	i. Scheduled				
	j. As Needed	l Medications			
	k. Nothing H	elps			
	I. Other				
	2-1. Specify other:				

6 LN: Admission/Readmission Evaluation Part 1 - V 8	
Client:	
a. 0-10 Verbal Pain b. PAINAD (Pain c. Faces Pain Scale Assessment in Scale Advanced	
Dementia Scale) 2. Pain Goals:	
a. No Pain	
b. Tolerable Level Of Pain While At Rest	
c. Tolerable Level Of Pain With Movement	
d. Resident Prefers To Be Awake/Alert And Recognizes That They Will Experience Pain With Movement/Activitye. Other	
2-1. Specify other:	
Fall. LN: Fall Risk	
A. Fall Risk Evaluation	
When Completing Evaluation Ask Resident/Family/Caregiver About Recent History To Gather Needed Data	
When Completing Evaluation Ask Resident/Family/Caregiver About Recent History To Gather Needed Data	
1. History Of Falls Within Last 6 Months	
0. No History	
2. Medication Use	
Medication taken more than 3 x /week, including prn's	
a. Antihistamines	
b. Diuretics c. Hypoglycemic Agents	
d. Antiseizure/Antiepileptics	
e. Antihypertensives	
f. NSAID	
g. Benzodiazepine h. Narcotic	
i. Psychotropic	
j. Anti-Parkinson	
k. Cathartic	
□ I. Sedatives/Hypnotic□ m. If medication and/or dosage has changed in last 5 days	
In The Last 7 Days: Recalls Three Out Of Four Of The Following: Current Season, That He/She Is In A Nursing I	-lome
Location Of Room, Staff names/Faces	,
3. Memory and Recall Ability	
0. Always 0 2. Sometimes 0 4. Never	
4. Vision Pattern	
O. Adequate-able to see in adequate light with glasses on	
Inadequate- impaired vision in adequate light with glasses on	
 4. Severely Impaired- no vision or sees only light, color or shape 	
Continence in Last 14 Days	
5. Continence	
O. Continent: complete control	
Creational Incontinence: bladder 2 x/week, but not daily; bowel once a week	
3. Frequently Incontinent: bladder incontinent daily, but some control present; bowel 2-3 x/week	
4. Total Incontinence: daily episode of bladder incontinence; bowel always incontinent A situated Behavior in Last Soven Days	
Agitated Behavior in Last Seven Days	

6 LN: Admission/Readmission Evaluation Part 1 - V 8	6 LN: Admission/Readmission Evaluation Part 1 - V 8
Client:	Client:
6. Wandering; verbally abusive; physically abusive; socially inappropriate, e.g. is noisy, screams, disrobes, selfabusive, rummages, hoards, etc 0. Behavior not exhibited in last 7 days 2. Behavior occurred less than daily 4. Behavior occurred daily or more If resident cannot walk even when assisted by staff are they: 7. Confined To A Chair 2. Confined to a chair and oriented 3. Confined to a chair and disoriented 0. Not Applicable Orthostatic Hypotension 8. Does the resident have a history of orthostatic hypotension? 4. Yes 0. No Gait Analysis 9. a. Unable to independently come to a standing b. Exhibits loss of balance while standing c. Strays off the straight path of walking d. Requires hands-on assistance to move from place to place e. Uses short discontinuous steps and/or shuffling f. Changes gait pattern when walking through doorways g. Has lurching, swaying, or slapping gait h. Exhibits jerking or instability when making turns i. Uses an assistive device, e.g. cane, walker, etc. j. Wears poorly fitting shoes k. Decrease in muscle coordination	6. Wandering; verbally abusive; physically abusive; socially inappropriate, e.g. is noisy, screams, disrobes, self-abusive, rummages, hoards, etc 0. Behavior not exhibited in last 7 days 2. Behavior occurred less than daily 4. Behavior occurred daily or more If resident cannot walk even when assisted by staff are they: 7. Confined To A Chair 2. Confined to a chair and oriented 3. Confined to a chair and disoriented 0. Not Applicable Orthostatic Hypotension 8. Does the resident have a history of orthostatic hypotension? 4. Yes 0. No Gait Analysis 9. a. Unable to independently come to a standing b. Exhibits loss of balance while standing c. Strays off the straight path of walking d. Requires hands-on assistance to move from place to place e. Uses short discontinuous steps and/or shuffling f. Changes gait pattern when walking through doorways g. Has lurching, swaying, or slapping gait h. Exhibits jerking or instability when making turns i. Uses an assistive device, e.g. cane, walker, etc. j. Wears poorly fitting shoes
B. Interventions	3. Interventions
1. Interventions initiated to decrease risk for falls: a. Floor Mats (next to bed) b. Positioning Device(s) c. Occupational Therapy Evaluation and tx as indicated d. Physical Therapy Evaluation and tx as indicated e. Non-Skid Socks f. Bed in lowest position g. Other 1-1. Please describe other interventions: (These Interventions will not trigger to the care plan and must be manually added)	 a. Floor Mats (next to bed) b. Positioning Device(s) c. Occupational Therapy Evaluation and tx as indicated d. Physical Therapy Evaluation and tx as indicated e. Non-Skid Socks f. Bed in lowest position g. Other 1-1. Please describe other interventions:
Elope. LN: Elopement Evaluation	Elope. LN: Elopement Evaluation
A. Elopement Risk Evaluation	A. Elopement Risk Evaluation
Upon admission and quarterly (at a minimum) thereafter, assess the resident status in seven clinical areas listed below (B-H) by assigning the corresponding score which best describes the resident in the appropriate assessment column. If the resident meets the criteria in section A (1 or 2) the score will be 0 and you do not need to complete sections (B-H). Add the column of numbers to obtain the total score.	Upon admission and quarterly (at a minimum) thereafter, assess the resident status in seven clinical areas listed below (B-H) by assigning the corresponding score which best describes the resident in the appropriate assessment column. If the resident meets the criteria in section A (1 or 2) the score will be 0 and you do not need

A-1. Resident is comatose or in a vegetative state. If yes, no further assessment required.

	6 LN: Admission/Readmission Evaluation Part 1 - V 8
	Client:
	A-2. Is resident totally dependent for mobility? If yes, no further assessment required .
	B. Resident Mobility Status/Condition
	 2. Propels self/some assist
	4. Fully ambulatory
	C. History of Elopement Attempts Status
	O. No Attempt
	10. Prior elopement history or has made one + attempts or currently exit seeking
	D. Out on Pass Compliance Status
	 0. Understands Out-on-Pass protocol/ Not Applicable due to New Admission Status
	4. Homeless prior to admission or Unable to comprehend Out-on-Pass protocol
	10. Prior history of Out-on-Pass violation or previous AMA
	E. Cognitive status
	0. Alert, Oriented x3
	2. Disoriented/no wandering
	4. Wanders aimlessly
	F. Adjustment to Placement Status
	0. No concerns voiced with placement
	2. Exhibits distress due to recent changes in schedule or placement
	4. Insists on maintaining a pre-admission lifestyle/routine (e.g., daily outdoor walks) and does not exhibit safe decision making or willingness/ability to adhere to facility protocols
	10. Voices desire to leave or discontent with placement
	G. Behavior Symptoms
	0. No current behavioral symptoms2. Looking for spouse / loved ones; behavior redirectable
	4. Agitation / Restlessness;/ Substance Abuse History with Substance seeking behavior 4. Agitation / Restlessness;/ Substance Abuse History with Substance seeking behavior 4. Agitation / Restlessness;/ Substance Abuse History with Substance seeking behavior
	 H. Major Psychiatric or Cognitive Impairment Diagnosis (i.e. Alzheimer's disease, Dementia, Paranoia, Bipolar, Schizophrenia, etc) 0. No diagnosis
	 2. Diagnosis on record, but no history exit seeking or elopement attempt
	4. Exhibits Hallucinations / Delusional thinking / Confusion / Paranoia/Unpredictable
B.	Scoring/Interventions
	Low Elopement Risk below 10 Elopement Risk- Score of 10 or greater If the total score is 10 or greater, the resident should be considered to be at High risk for elopement. Prevention protocols should be followed and documented on the care plan. Press save and view the score by clicking on the blue hyperlink to determine risk 1. Elopement Intervention(s) a. Wanderguard b. Identify triggers for wandering. c. Document behaviors. Attempt to identify pattern to target interventions d. Distract resident from wandering by offering pleasant diversions e. AMA Procedure has been explained to the resident/resident representative f. Resident is NOT a candidate for a Wanderguard g. Resident is NOT at risk for elopement
	2. Comments

	6 LN: Admission/Readmission Evaluation Part 1 - V 8
	Client:
Med.	. LN: Medication Reconciliation/Drug Regime Review
1.	Medication/Treatment/Oxygen Review
	A. Do all records match?
	If No, Complete section 2
	a. Yes
	B. Source of Information (Check all that apply)
	a. Patient
	b. Family
	c. Community Physician
	d. Previous LTC Stay
	e. Hospital Discharge Records
	f. Other
	B-1. Specify other:
	C. Comments:
	1 - 9 Order Reconciliation1. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen
	1-1. Outcome from Medication/Treatment Review:
	a) Continue Order
	b) Discontinue Order
	c) Modify Order
	2. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen
	2-1. Outcome from Medication/Treatment Review:
	a) Continue Order
	a) Continue Order
	b) Discontinue Order
	b) Discontinue Order
	b) Discontinue Order c) Modify Order
	b) Discontinue Order c) Modify Order
	b) Discontinue Order c) Modify Order 3. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen
	b) Discontinue Order c) Modify Order 3. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen 3-1. Outcome from Medication/Treatment Review:
	b) Discontinue Order c) Modify Order 3. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen 3-1. Outcome from Medication/Treatment Review: a) Continue Order
	b) Discontinue Order c) Modify Order 3. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen 3-1. Outcome from Medication/Treatment Review: a) Continue Order b) Discontinue Order
	b) Discontinue Order c) Modify Order 3. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen 3-1. Outcome from Medication/Treatment Review: a) Continue Order b) Discontinue Order c) Modify Order
	b) Discontinue Order c) Modify Order 3. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen 3-1. Outcome from Medication/Treatment Review: a) Continue Order b) Discontinue Order c) Modify Order

	6 LN: Admission/Readmission Evaluation Part 1 - V 8
	Client:
	b) Discontinue Order
	c) Modify Order
	5. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen
	5-1. Outcome from Medication/Treatment Review:
	a) Continue Order
	b) Discontinue Order
	c) Modify Order
	6. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen
	6-1. Outcome from Medication/Treatment Review:
	a) Continue Order
	b) Discontinue Order
	c) Modify Order
	7. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen
	7-1. Outcome from Medication/Treatment Review:
	a) Continue Order
	b) Discontinue Order
	c) Modify Order
	8. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen
	8-1. Outcome from Medication/Treatment Review:
	a) Continue Order
	b) Discontinue Order
	c) Modify Order
	9. Medication (Name, Dose, Freq, Route)/Treatment/Oxygen
	9-1. Outcome from Medication/Treatment Review:
	a) Continue Order b) Discontinue Order
	c) Modify Order
3.	Outcome of Medication/ Treatment Review
	A. Did a complete drug regimen review identify potential clinically significant medication issues?
	0. No - No issues found during review
	1. Yes - Issues found during review
	9. NA - Resident is not taking any medications
	Not assessed/no information
	B. Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?
	the admission?
	① 1. Yes
	9. NA - There were no potentially clinically significant medication issues identified since admission or patient is not taking

any medications

		6 LN: Admission	n/Readmission Evaluatio	n Part 1 - V 8	
	Client:				
	 Not assessed/r	no information			
Smol	ke LN: Smoking				
1.	Smoking Evaluation				
	A. Is the resident a currer 1. Yes	nt/active smoker?			
	2. No				
	Cognition				
	B. Does the resident have	e cognitive loss?			
	1. Yes	2. No			
	Vision				
	C. Does the resident have	e a visual deficit?			
	1. Yes	2. No			
	Dexterity				
	D1. Is resident able to sa	fely remove smoking	g materials?		
	1. Yes	2. No			
	D2. Is resident able to sa	•			
	① 1. Yes	② 2. No			
	D3. Is resident able to sa		ette?		
	① 1. Yes	② 2. No			
	D4. Does resident have a	•			
	1. YesD4a. If yes, was rehab re	2. No			
	1. Yes	2. No			
	Safety	2. NO			
	E. Can the resident light t	their own cigarette s	safely?		
	① 1. Yes		, a.o.y .		
	F. Resident need for ada				
	1. Smoking aprol 2. Cigarette hold 3. Cigarette exter 4. One-on-One a 5. Other 6. None of the ab	er nder ssistance			
	F1. Other:				
	G. Does resident need tra	ansport/escort to de: 2. No	signated smoke area?		
Signa	ature			Date	
•					

	6 LN: Admission/Readmission Evaluation Part 2 - V 2						
	Client:	Effective Date:	Location:				
	Initial Admission:	Admission:	Date of Birth:				
	Physician:	Braden Score Score:	Braden Score Category:				
Skin.	LN: Braden						
1.	Sensory Perception						
	Ability to respond meanin	gfully to pressure-related discomfort					
	A.						
	1. Completely Limit	ed: Unresponsive (does not moan, flinch, or	grasp) to painful stimuli, due to diminished level				
	-	sponds only to painful stimuli. Cannot comm airment which limits the ability to feel pain or	nunicate discomfort except by moaning or restlessness OR discomfort over ½ of body.				
	<u> </u>	Responds to verbal commands, but cannot a ory impairment which limits ability to feel pai	always communicate discomfort or the need to be turned. n or discomfort in 1 or 2 extremities.				
	 4. No Impairment: I discomfort. 	Responds to verbal commands. Has no sens	sory deficit which would limit ability to feel or voice pain or				
2.	Moisture						
	Degree to which skin is e	xposed to moisture					
	B.						
	 1. Constantly Moist patient is moved or 		spiration, urine, etc. Dampness is detected every time				
	2. Very Moist: Skin	is often, but not always moist. Linen must be	e changed at least once a shift.				
	3. Occasionally Mo	ist: Skin is occasionally moist, requiring an e	xtra linen change approximately once a day.				
	4. Rarely Moist: Sk	in is usually dry, linen only requires changing	g at routine intervals.				
3.	Activity						
	Degree of physical activity	y					
	C. Activity						
	1. Bedfast: Confine	d to bed.					
	2. Chairfast: Ability wheelchair.	to walk severely limited or non-existent. Car	nnot bear own weight and/or must be assisted into chair or				
	 3. Walks Occasional majority of each sh 	•	ery short distances, with or without assistance. Spends				
	4. Walks Frequently hours	y: Walks outside room at least twice a day a	nd inside room at least once every two hours during waking				
4.	Mobility						
	Ability to change and con	trol body position					
	D.						
	1. Completely Immedia	bile: Does not make even slight changes in	body or extremity position without assistance				
	changes independe	ently	tremity position but unable to make frequent or significant				
		Makes frequent though slight changes in boo					
	4. No Limitation: Ma	akes major and frequent changes in position					
5.	Nutrition						
	Usual food intake pattern						
	E.						
	(meat or dairy prod		an a of any food offered. Eats 2 servings or less of protein take a liquid dietary supplement <u>OR</u> is NPO and/or				

		6 LN: Admission/Readmission Ev	aluation Part 2 - V 2
	С	Client: Braden Score Score:	Braden Score Category:
	0		generally eats only about ½ of any food offered. Protein intake Occasionally will take a dietary supplement. OR receives less
	0	•	servings of protein (meat, dairy products per day. Occasionally offered <u>OR</u> is on a tube feeding or TPN regimen which probably
	0	 Excellent: Eats most of every meal. Never refuses a mean products. Occasionally eats between meals. Does not requ 	al. Usually eats a total of 4 or more servings of meat and dairy ire supplementation.
6.	Friction &	k Shear	
	F.		
	0	 Problem: Requires moderate to maximum assistance in impossible. Frequently slides down in bed or chair, requirin contractures or agitation leads to almost constant friction 	moving. Complete lifting without sliding against sheets is g frequent repositioning with maximum assistance. Spasticity,
	0	· · · · · · · · · · · · · · · · · · ·	ssistance. During a move skin probably slides to some extent relatively good position in chair or bed most of the time but
	0	3. No Apparent Problem: Moves in bed and in chair indepe	ndently and has sufficient muscle strength to lift up
lmm	un LN: Imn	munizations	
Α.	Immuniza	ations	
	Influen	nza Vaccine	
		e information for this vaccine obtained from the docume	ntation or resident/family verbal report?
	0		, ,
	0	b. Resident/family reported	
	1a. Did t	the resident receive the influenza vaccine during this flu	u vaccination season?
	0	a. Yes	
	0	b. Offered and consent received	
	0	c. Offered and declined	
	1a-1. Re	eason for declination:	
	1b. Influe	uenza: (Must be manually entered into immunization tab)
	Γ		,
	Pneum	monia Vaccines	
	2. Is the	e information for this vaccine obtained from the docume	ntation or resident/family verbal report?
	0		, ,
	0	b. Resident/family reported	
	2a. Has	the resident received any Pneumovax 23 Vaccinations	?
	-	enter the dates of the vaccinations received for dose one	
		received a Pneumovax 23 vaccination Review policy for	
	and decl	clines state reason for declination. If a resident is not eligenters as Yes	gible state reason for ineligibility.
		b. Offered and consent received	
		c. Offered and declined	
		d. Not Eligible	
	2a_1 Do	eason for declination/ineligibility:	
	<u> </u>	odoon for doom addition in to light linky.	

Client:	Braden Score Score:	Braden Score Category:
2a2. Pneumovax 23 Do	ose 1: (Must be manually entered into immu	unization tab)
2a3. Pneumovax 23 Do	 ose 2: (Must be manually entered into immu	unization tab)
		•
2b. Has the resident re	 ceived the Prevnar 15 Vaccine?	
If yes, enter the date of	Prevnar 15 vaccination. If the resident has	s not received a Prevnar 15 vaccination Review
policy for eligibility requ	irements. If a resident is eligible and declin	nes vaccination state reason for declination. If a
_	state reason for ineligibility.	
a. Yes		
b. Offered on A		
c. Offered and	declined	
d. Not Eligible		
2b1. Reason for declina	ation/ineligibility:	
2b2. Prevnar 15: (Must	be manually entered into immunization tab	o)
,		•
2c. Has the resident red	 ceived the Prevnar 20 Vaccine?	
		s not received a Prevnar 20 vaccination Review
•		nes vaccination state reason for declination. If a
	state reason for ineligibility.	
a. Yes		
b. Offered on A	admission	
c. Offered and	declined	
d. Not Eligible		
2c1. Reason for declina	ation/ineligibility:	
2c2 Proyear 20: (Must	be manually entered into immunization tab	
ZCZ. FIEVIIAI ZU. (IVIUSI))
	ceived the Prevnar 13 Vaccine?	
a. Yes		
D. No		
2d1. Date of Prevnar 13	3 Vaccine: (Must be manually entered into	immunization tab)
SARS-COV-2 (COVID	0-19) Vaccine(s)	
3. Is the information for	this vaccine obtained from the documenta	tion or resident/family verbal report?
a. Documentat	ion provided	
b. Resident/far	nily reported	
3a. Has the resident re-	ceived any SARS-COV-2 (COVID-19) Vac	cinations? If yes, enter the dates of the
	• • • • • • • • • • • • • • • • • • • •	plicable) of SARS-COV-2 (COVID-19) vaccine.
If the resident has not r	eceived a SARS-COV-2 (COVID-19) vacci	ination Review policy for eligibility requirements.
	and declines state reason for declination. If	a resident is not eligible state reason for
ineligibility.		
a. Yes		

		6 LN: Admission/Readmission Evalua	ation Part 2 - V 2
	Client:	Braden Score Score:	Braden Score Category:
	b. Offered and	consent received	
	c. Offered and	declined	
	d. Not Eligible		
	3a-1. Reason for declin	ation/ineligibility:	
	3a2. SARS-COV-2 (CC	OVID-19) Dose 1: (Must be manually entere	d into immunization tab)
	3a3. SARS-COV-2 (CC	OVID-19) Dose 2: (Must be manually entere	d into immunization tab)
	3a4. SARS-COV-2 (CC	NVID-19) Booster	
	Ja4. JANG-001-2 (00	7715-19) Booster.	
	3a5. SARS-COV-2 (CC	 VVID-19) Booster:	
	3a6. SARS-COV-2 (CC	DVID-19) Booster:	
	Other Vaccines		
		eived any other vaccinations?	
	a. Yes		
	b. No		
	4a. Is the information to a. Documentat	• •	ocumentation or resident/family verbal report?
	b. Resident/far	·	
		and Date of administration: (Must be manua	ally entered into immunization tab)
		(
TB.	RN:Tuberculin Screen	ing	
A.	TB Risk		
	Residents should be	considered to be at increased risk for TB if	they answer "yes" to any of the following statements:
	Residence		
		nent residents (for greater than or equal to	1 month) in a country with a high TB rate (i.e.
		Australia, Canada, New Zealand, United St	,
	a. Yes		
	◎ b. No		
	Immunosuppression		
	Immunosuppression, HIV infection, injection,	•	d with TNF-alpha antagonist (e.g., infliximab,
	•		v for ≥1 month) or other immunosuppressive
	medication		
	a. Yes		
	b. No		
I	Close Contact		

		6 LN: Admission/Readmission Evalu	uation Part 2 - V 2	
	Client:	Braden Score Score:	Braden Score Category:	
B.	3. Close contact to some a. Yes b. No TB History 4. History of TB, LTBI ar a. Yes b. No Symptoms Do you have: 1. Unexplained productive a. Yes b. No 2. Coughing up blood or a. Yes b. No 3. Unexplained chills or a. Yes b. No Night sweats (e.g. pers 4. Night Sweats a. Yes b. No 6. Shortness of breath/co	Braden Score Score: cone with infectious TB disease at any tin d treatment ve cough (e.g. bad cough greater than 3 v	weeks in duration)? ater than one month)? edclothes wet)?	
C.	b. NoBCG Vaccination1. Have you ever receive a. Yesb. No	ed a Bacille Calmette-Guerin (BCG Vacci	nation)?	
Res	tr. RN:Restraint/Siderail A	ssessment		
A.	Potential Restraint Types			
	5. Lap buddy/W 6. Pummel Cusl 7. Trunk Restrair 8. Limb Restrair	nabler Bar eatbelt eelchair/Recliner neel chair Tray nion nt t oop or Perimeter Mattress nange Alarms (Bed/Chair/Clip etc.)		

	6 LN: Admission/Readmission Evalu	uation Part 2 - V 2
Client:	Braden Score Score:	Braden Score Category:
13. Other		
1a. Describe Other P	otential Restraint:	
Side Rail Assessment	and Determination	
Side Rail Assessme	ent and Determination	
1. Why is the side rail		
a. Security		
b. Safety		
c. Resident F	•	
d. Family Re	quest	
e. Other		
1a. Explain other reas	sons for side rail consideration:	
2. Identify condition/s	ymptoms that contribute to the resident's ne	ed to use side rail(s)
a. Weakness	;	
b. Poor trunk		
c. Postural H		
d. Resident I		
e. Leans to r		
g. Leans for		
h. Unable to		
i. History of f	alling out of bed	
j. Fear of roll		
k. History of	sliding out of bed	
2a. If "Other" explain:		
za. II Ottiei explairi.		
Please observe the	resident, will the side rail(s) assist them in:	
Bed Mobility		
3. Turning from side t	o side?	
a. Yes		
O b. No		
4. Holding self to one	side of bed?	
a. Yes		
D. No		
5. Moving up and dov	un in had?	
a. Yes	Milli bea:	
(b. No		
	ing to sitting position?	
a. Yes		
O b. No		
Transfer		
7. Supporting balance	? ?	
a. Yes		

Client:	Braden Score Score:	Braden Score Category:
D. No		
8. Entering bed more sat	fely?	
a. Yes		
O b. No		
9. Exiting bed more safe	ly?	
a. Yes		
D. No		
Other		
10. Provides security for	resident?	
a. Yes		
D. No		
11. Avoiding rolling out of	of bed?	
a. Yes		
D. No		
12. Will the side rail obst	ruct view?	
a. Yes		
O b. No		
13. Will the side rail impe	ede freedom of movement?	
a. Yes		
O b. No		
Level of Consciousnes	s	
14. Does the resident's le	evel of consciousness fluctuate?	
a. Yes	D. No	
14a. Specify cause for flo	uctuation of consciousness:	
Cognition		
-	ive a cognitive impairment?	
a. Yes	b. No	
15a. Specify Cognitive S	tatus and ability to safely use side rails, if	applicable:
Determination		
16. Recommendations:		
a. Side Rail(s) a	re not recommended at this time	
b. Side Rail(s) a	re recommended at this time	
	ation by Rehab Department	
16a. Additional Commen	its:	
17. Side rail(s) recomme		
	ondition documented above	
b. Resident Req	uest	
c. Other		
17a. If "other" please exp	olain [.]	

	6 LN: Admission/Readmission Evaluation Part 2 - V 2					
	Client:	Braden Score Score:		Braden Score Category:		
	18a. 1/4 partial rail/enabler	-				
	a. Left upper	b. Left Lower	c. Right upper	d. Right Lower		
	18b. 1/2 partial enabler					
	a. Left upper	b. Left lower	c. Right upper	d. Right lower		
	18c. 3/4 partial enabler					
	a. Left upper	b. Left lower	c. Right upper	d. Right lower		
	18d. Full side rail					
	a. Right	b. Left				
	Side rail(s) are recomme	naea to use:				
	19.					
	a. Only at night b. At all times, who	en resident is in bed				
	c. When resident is					
	d. Other					
	19a. If "other" please expla	ain:				
	Risks/Benefits and Alterr	natives				
	20. The risks/benefits of sign	de rail use have bee	en discussed with:			
	a. Resident	b. Family/Reside	ent			
	04 Altamaticas to side mail	Representative				
	21. Alternatives to side rail					
	a. Resident	b. Family/Reside Representative	ent			
	22. Decision made as a re-	sult of discussion:				
	All steps below must be	complete for use of	side rail(s)			
	Check only when comple	•	(-)			
	23.					
	a. Consent for side	e rail use				
			cluding symptoms/cond	ition		
	c. Care plan updat					
	24. Comments:	mented				
	24. Comments.					
C.	Restraint Assessment					
	Potential/Actual Restrain	t Assessment				
	1. Psychosocial (Considerations				
	1a. Psychosocial Consider	ations Select all tha	at apply			
	a. Oriented to time	and place				
	b. Disoriented/con					
	c. Glasses are mis					
	d. Dentures/teeth u					
	f. Hunger/Thirst					
	g. Wet or soiled cle	othes/bed linens				
	h. Needs to go to t	he bathroom				
	i. Needs to be repo	ositioned				
	🔲 j. Hot/cold					

Client:	Braden Scor	e Score:	Braden Sc	ore Category:	
k. Unable to understa				are caregory.	
I. Can not compreher	_				
m. Affected by enviro	=				
n. Recent death of lo					
_					
o. Changed rooms re	=				
p. Changed roommat					
q. Change in caregive					
r. Recent change in p					
	personal financial stati	us			
t. Loss of self-control					
	ngs of anger, fear, aba				
	gs of loneliness or iso	olation			
w. Feels threatened b	by staff/residents				
x. Other					
1b. Comments					
2. Medical Conside	rations				
2a. Medical Considerations S	Select all that apply				
	e, addition, deletion in	past month			
b. Possible infection	, ,	r			
c. Possible electrolyte	e imbalance				
d. Possible dehydrati					
	nypotension, seizures				
f. Recent significant v					
g. Other	veignt 1033				
2b. Comments					
ZD. Comments					
3. Physical Conside	erations				
3a. Ambulation:					
a. Gait - Steady	b. Gait - Unsteady	c. Balance - Stable	d. Balance -	e. Leans to a side,	
			Unstable	forward or	
F 1 D	- 10// 1 - 1 - 1			backward	
f. Requires assistance of	g. Wheelchair mobility				
persons or devices	Mobility				
3b. Sitting					
	h Haatable - 11-1-		d Con remin		
a. Stable,maintains upright	b. Unstable, slides down	c. Leans to a side, forward or	d. Can regain balance		
position	UUWII	backward	DaiaHC C		
3c. Transfers:					
a. Stable when	b. Unstable when				
making transfers	making transfers				
3d. Other <b< td=""></b<>					
a. Foot Problems					
b. History of Falls					
c. Other					
3e. Comments					
	edical Issues				
3e. Comments	edical Issues				

6 LN: Admission/Readmission Evaluation Part 2 - V 2							
Client:	Client: Braden Score Score:			ore Category:			
4b. Left Eye							
a. None	b. Poor	C. Fair	d. Good				
4c. Paralysis/Paresis:							
a. Right Arm							
b. Left Arm							
c. Right Hand							
d. Left Hand e. Right Leg							
f. Left Leg							
g. Right Foot							
n. Left Foot							
4d. Muscle Control:							
a. None	b. Poor	C. Fair	d. Good				
5. 🔲 Restraint Alteri	natives						
5a. Programs:							
a. Activities	b. Restorative	c. Exercises for	d. Scheduled	e. Other			
	Nursing	strengthening	toileting				
5b. Devices							
a. Low Bed	b. Mattress near	c. Walker	d. Cane	e. Non-slip Grips			
a. Low bed	bed	C. Walker	u. Cane	e. Non-silp Olips			
f. Wheelchair							
5c. Environment:							
a. Call system in	b. Alarmed Doors	c. Grab Bars	d. Other				
reach 5d. Position Devices:							
a. Cushion	b. Pillows	c. Wedges	d. Other				
5e. Describe Other:	_	_ •	_				
6. Additional Comments:							
o. Additional Comments.							
AIMS. RN:AIMS							
Medication Usage							
_	-4i		itte to a company and a company	unidal affacta accelana			
 Does the resident use an Reglan/Tigan? 	ntipsychotic medication	ons or medications v	vith known extrapyra	imidai effects such as			
a. Yes	D. No						
A. Facial and Oral Movements	5.113						
1. Muscles of Facial Expres		of forehead, eyebro	ws, periorbital area,	cheeks; including			
frowning, blinking, smiling, 0. None	① 1. Minimal	2. Mild	3. Moderate	4. Severe			
U. None	1. Willillia	2. Willu	3. Woderate	4. Severe			
2. Lips and Perioral Area: i	.e. puckering, pouting	g, smacking					
0. None	1. Minimal	2. Mild	3. Moderate	4. Severe			
3. Jaw: i.e. biting, clenching	g, chewing, mouth op	ening, lateral mover	ment				
O. None	1. Minimal	2. Mild	3. Moderate	4. Severe			
4. Tongue: Rate only incre	ases in movement ho	th in and out of mou	ith NOT inability to a	sustain movement			
T. Tongue. Itale only iller	ases in movement bu	and out of filot	iti. Not mability to s	Jastani movement.			

	6 LN: Admission/Readmission Evaluation Part 2 - V 2				
	Client:	Braden S	core Score:	Braden Sc	ore Category:
	0. None	1. Minimal	2. Mild	3. Moderate	4. Severe
В.	Extremity Movements				
	Upper (arms, wrists, han spontaneous) athetoid mov	- ,			· · · ·
	O. None	1. minimal	2. mild	3. moderate	4. severe
	6. Lower (legs, knees, ankloand eversion of foot.	es, toes) Lateral kn	ee movement, foot	tapping, heel dropping	g, foot squirming, inversion
	O. None	1. minimal	2. mild	3. moderate	4. severe
C.	Trunk Movements				
	7. Neck, shoulders, hips, e.	g. rocking, twisting	, squirming, pelvic g	yrations. Include diap	hragmatic movements.
	0. None	1. minimal	2. mild	3. moderate	4. severe
D.	Global Judgements				
	8. Severity of abnormal mo	vements overall.			
	0. None	1. minimal	2. mild	3. moderate	4. severe
	9. Incapacitation due to abr	normal movements.			
	O. None	1. minimal	2. mild	3. moderate	4. severe
	10. Patients Awareness of	Abnormal Moveme	nts:		
	0. No awareness	1. Aware, No	2. Aware, Mild	3. Aware, Modera	ate 0 4. Aware, Severe
		Distress	Distress	Distress	Distress
E.	Dental Status				
	11. Current probler	ns with teeth and/o	r dentures?		
	12. Does patient us	sually wear denture	es?		
Signa	ature			Date	

Team: IDT Baseline Care Plan - V 3								
	Client: Initial Admission: Score: NA	Effective Date: Admission: Category: NA			Da	ate d	ocation: of Birth: ysician:	
A.	Initial Goals							
1-1.	Admitted for: a. Skilled Services b. Long Term Care c. Disease/Illness Management d. Hospice/Respite e. Other Specify other: (S)	2.		a. Return b. Tranisi c. Particip d. Particip e. Display c. Receive g. Other	to Community tion to long term pate in therapy pate in care y progress in ove e Hospice/Respi	erall	well-being	
В.	Disease/Illness Management							
3.	Diagnosis:							
4.	Allergies							
5.	Disease/Illness Management		Diabetion COPD Urinary Catheter		2. Hypertension 6. Pain 10. Unrousable/C oma/Persiste nt Vegetative		3. Post- Surgical Care 7. Hemiplegia 11. Contractures	4. Seizure 8. Gl Problem 12. Quadriplegia
			13. Pneumoni		State 14. O2 Therapy		15. Tube feeding	16. Vomiting
			17. Weigh		18. Cerebral palsy		19. Multiple Sclerosis	20. Parkinson
			21. Alzheimer mentia	/De	22. On Psych Medication		23. Psychiatric	24. Using Anticoagulant
			25. Nutrition	on 🔳	26. Weakness		27. Post CVA	28. Infection
			29. On IV Medication uid	n/FI	30. End of life		31. Dialysis	32. Heart Failure
			33. Substance Abuse Disorder		34. Liver Cirrhosis		35. Tracheostom y	36. Ventilator Dependent
			37. Respirator		38. SOB		39. Ostomy/Colo stomy/Ileosto	40. Urinary Incontinence
			41. Bowel Incontinen	ce	42. Anemia		my 43. Hypothyroidis m	44. Hyperthyroidi sm
			45. Cance		46. other			
29a.	Type of IV Access:			a. Periphe				
				o. Centra c. Mid-Lir				

	Team: IDT Baseline Care Plan - V 3				
	Client:				
		d. Implanted Port			
5-1.	Specify other:				
6.	Skin Conditions:	a. Edema			
		b. Rashes			
		c. Wounds (Surgical/Arterial/Vascular/Diabetic)			
		d. Pressure Injury			
		e. Other			
		f. None			
6-1.	Specify other:				
	Goal: Disease/Illness will be mon	nitored and managed using standards of nursing practice until further instructions	_		
	Interventions: 1) Administer treatments as orde 2) Monitor medications: side effect 3) Provide safety environment, post- 4) Monitor for complications of illumpto il	cts, effectiveness roperly use devices ness f illness. Report changes to Practitioner			
C.	C. ADL 7. Requires assistance with ADL's Goal: All ADL care will be assisted or encouraged for independence until re-evaluated upon comprehensive CP Interventions: 1) Assist with ADL care 2) Encourage self-care/participation Set-up and Monitor 3) Maintain safety precautions 4) Provide supportive devices as needed 5) Toilet/ Check and Change as needed. Monitor for skin issues 6) Encourage and/or Assist with turning and repositioning every 2-4 hrs and as needed or requested				
D.	Diet				
	8. Problem: a. Tube Feeding f. NPO 8-1. Specify other: Goal: Follow dietician's recomme	b. Mechanically			
	Interventions: 1) Monitor for safety and assist w 2) Monitor intake record and weig 3) Provide diet as ordered. 4) Monitor safety (swallowing)	vith meals/food consumption			

	Team: IDT Baseline Care Plan - V 3
	Client:
	5) Provide supportive devices as needed
E.	Therapy
	9. Therapy Services:
	a. Physical b. Occupational c. Speech Therapy d. Respiratory e. None
	Therapy (PT) Therapy (OT) (ST) Therapy (RT)
	Goal: Resident will participate in therapeutic services
	Interventions:
	Therapy Services as ordered Monitor status. Report to Practitioner as needed
	2) Worldon Status. Neport to Fractitioner as needed
F.	Social Services
• •	
	10. Code Status
	11. Problem:
	a. PASRR Level II b. Indicators of c. Behavioral d. Mental Health e. None Depression Issues Diagnosis/History
	Goal: Resident will receive appropriate services based upon resident conditions
	Resident will discharge to community or transition to long term placement Interventions: 1) Additional services will be arranged to meet resident needs 2) Facilitate discharge planning 3) Monitor conditions/behaviors, intervene as needed. Report changes/escalations to Practitioner
G.	Safety
О.	
	12. Problem:
	 a. At Risk for Falls b. At Risk for c. At Risk for d. Resident is a e. None Elopement Pressure Injury current smoker
	f. Other
	12-1. Specify other:
	Goal: Safety will be maintained
	Interventions: 1) Maintain safety precautions
	2) Provide Supportive Devices as needed
	Anticipate and meet resident needs Monitor conditions. Report to Practitioner
	4) Monitor Conditions. Neport to Fractitioner
Н.	Physician Orders/Baseline Summary
	13. Physician Orders:
	a. Physician Orders reviewed with Resident/Resident Representative and a copy of Physician orders were offered and
	given. (ALL orders ie: Medication/Treatment/Ancillary/Labs/Therapy/Diet/etc.)
	b. Resident is Oriented but refuses to participate
	c. Resident has impaired cognition and does not have a resident representative or resident representative is unavailable
	14. Baseline Care Plan:
	a. Baseline Care Plan reviewed with Resident/Resident Representative and a copy was offered and given .

	Team: IDT Baseline Care Plan - V 3				
	Client:				
b. Resident is Oriented but refuses to participate					
c. Resident has impaired cognition and does not have a resident representative or resident representative is unavaila					
Signature	Date				

	UM: Pain Interview (3.0) - V 5			
	Client:	Effective Date:	Location:	
	Admission:	Date of Birth:	Score: NA	
	Category: NA	Physician:		
Ins.	Instructions			
	never understood, skip to see	etion E.	unicate appropriately. If the resident is rarely or Breath (dyspnea). Otherwise, attempt to conduct	
	Should Pain Assessment Interv	view be Conducted?		
	0. No			
	1. Yes			
	 Not assessed			
A.	Pain Presence			
	Ask resident: "Have you had pa	ain or hurting at any time in the last 5 days	s?"	
	0. No			
	1. Yes			
	9. Unable to answer			
	 Not assessed			
B.	Pain Frequency			
	1. Almost constantly2. Frequently3. Occasionally4. Rarely9. Unable to answer	e time have you experienced pain or hurti	ng over the last 5 days?"	
	 Not assessed			
C.	Pain Effect on Function 1. Ask resident: Over the past s	5 days, how much of the time has pain ma	ade it hard for you to sleep at night?	
	1a. Pain Effect on Sleep. 1. Rarely or not at all			
	2. Occasionally			
	3. Frequently			
	4. Almost Constantly			
	8. Unable to answer			
	 Not assessed/no info	rmation		
	2. Ask resident: Over the past sessions due to pain?	5 days, how often have you limited your p	articipation in rehabilitation therapy	
	2a. Pain Interference with Ther 0. Does not apply - I ha 1. Rarely or not at all 2. Occasionally	apy Activities ve not received rehabilitation therapy in the pa	ast 5 days	

	UM: Pain Interview (3.0) - V 5
	Client:
	3. Frequently
	 4. Almost Constantly
	8. Unable to answer
	 Not assessed/no information
	3. Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?
	3a. Pain Interference with Day-to-Day Activities
	1. Rarely or not at all
	2. Occasionally
	3. Frequently
	 4. Almost Constantly
	8. Unable to answer
	 Not assessed/no information
D.	Pain Intensity
	Administer ONLY ONE of the following pain intensity questions (1 or 2). 1. Numeric Rating Scale (00-10)
	2. Verbal Descriptor Scale
	1. Mild
	2. Moderate
	3. Severe
	4. Very severe, horrible
	9. Unable to answer
	 Not assessed
E.	Indicators of Pain or Possible Pain
	Staff Assessment for Pain. Check all that apply.
	1. Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning)
	2. Vocal complaints of pain (e.g., that hurts, ouch, stop)
	3. Facial expressions (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)
	4. Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)
	5. None of these signs observed or documented
F.	Frequency of Indicator of Pain or Possible Pain
	Frequency with which resident complains or shows evidence of pain or possible pain
	1. Indicators of pain (1 to 2 days)
	2. Indicators of pain (3 to 4 days)
	3. Indicators of pain (daily)
	 Not assessed
G.	Pain Management
	1. Been on a scheduled pain medication regimen?
	1a. Describe treatment, any side effects and effectiveness.

	UM: Pain Interview (3.0) - V 5				
_	Client:				
2.	Received PRN pain medications?				
2a. D	escribe administration patterns, any side effects and effectiveness.				
3.	Received non-medication intervention for pain?				
3а. С	escribe interventions and effectiveness.				
4. Co	omments:				
Signature	Date				

		LN: Fa	all Risk Evaluation - V	5	
	Client:	Effec	ctive Date:	Location:	
	Admission:	Dat	te of Birth:	Gender:	
	Primary Language:		Score: NA	Category: NA	
	Physician:				
	Allergies: Diagnoses:				
					_
A.	Fall Risk Evalua				
		Evaluation Request			
	•	ecent Falls			
	•	hange in Functional Ability			
	•	ew Admission			
	e) O	hysical Restraint Removal			
	1-1. Specify o				
	2. Date of Adr	nission			
	О а.	Over 3 months			
	3. History of F	alls within last six months			
		No History	4. Multiple Falls		
	4. Medication	Use			
	Medication tal	ken more than 3 x /week, including	g prn's		
	a. Aı	ntihistamines			
		uretics			
		ypoglycemic Agents			
		ntiseizure/Antiepileptics ntihypertensives			
	f. NS				
	_	enzodiazepine			
		arcotic			
	🔳 i. Ps	ychotropic			
		ti-Parkinson			
		athartic			
		datives/Hypnotic medication and/or dosage has chang	ged in last 5 days		
			= -	urrent Season, That He/She Is In A Nursing Hom	ıe
		Room, Staff names/Faces	01 1110 1 0110 Willigt 0	anoni osason, macho, ene ie in / maising nom	٠٠,
		d Recall Ability			
	0.	Always 2. Sometimes	4. Never		
	6. Vision Patte	ern			
	O. Ad	dequate-able to see in adequate light	with glasses on		
	2. In	adequate- impaired vision in adequat	te light with glasses on		
	0 4. Se	everely Impaired- no vision or sees or	nly light, color or shape		
	Continence	in Last 14 Days			
	7. Continence				
	O. C	ontinent: complete control			
	© 2. O	ccasional Incontinence: bladder 2 x/w	veek, but not daily; bowel	l once a week	
	3. Fr	equently Incontinent: bladder incontin	nent daily, but some cont	rol present; bowel 2-3 x/week	
	4. To	otal Incontinence: daily episode of bla	adder incontinence; bowe	el always incontinent	

		LN: Fall Risk Evaluation	· V 5
	Client:	Effective Date:	Score: NA
	Category: NA		
	abusive, rummages, ho 0. Behavior no 2. Behavior och 4. Behavior och 4. Behavior och 9. Confined To A Chair 2. Confined to 3. Confined to 0. Not Applica 10. Does the resident ho 4. Yes Evaluate a resident's 11. Gait Analysis a. Unable to in b. Exhibits loss c. Strays off the d. Requires had e. Uses short off. Changes gain g. Has lurching	abusive; physically abusive; socially inappropards, etc at exhibited in last 7 days curred less than daily curred daily or more Ik even when assisted by staff are they: a chair and oriented a chair and disoriented	opriate, e.g. is noisy, screams, disrobes, self-
	j. Wears poorl	istive device, e.g. cane, walker, etc. y fitting shoes muscle coordination	
В.	Interventions		
	a. Fall Mat(s) i b. Positioning c. Occupationa d. Physical Th e. Non-Skid So f. Bed in lowes g. Other 1-1. Please describe of	Device(s) al Therapy Evaluation and tx as indicated erapy Evaluation and tx as indicated ocks et position	manually added)
Signa	ture		Date

LN: Braden Scale for Predicting Pressure Sore Risk						
Client: Effective Date: Location:						
Admission: Score: NA		Category: NA				
Physician: Type:		Facility:				
Facility Address:	Facility Address:					

1. SENSORY PERCEPTION

Ability to respond meaningfully to pressure-related discomfort

- 1. Completely Limited: Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level
- 2. **Very Limited**: Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness **OR** has a sensory impairment which limits the ability to feel pain or discomfort over ½ of body.
- 3. Slightly Limited: Responds to verbal commands, but cannot always communicate discomfort or the need to be turned.
 OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.
- 4. No Impairment: Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.

2. MOISTURE

Degree to which skin is exposed to moisture

- 1. **Constantly Moist**: Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.
- 2. Very Moist: Skin is often, but not always moist. Linen must be changed at least once a shift.
- 3. Occasionally Moist: Skin is occasionally moist, requiring an extra linen change approximately once a day.
- 4. Rarely Moist: Skin is usually dry, linen only requires changing at routine intervals.

3. ACTIVITY

degree of physical activity

- 1. Bedfast: Confined to bed.
- 2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.
- 3. Walks Occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair
- 4. Walks Frequently: Walks outside room at least twice a day and inside room at least once every two hours during waking hours

4. MOBILITY

ability to change and control body position

- 1. Completely Immobile: Does not make even slight changes in body or extremity position without assistance
- 2. Very Limited: Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.
- 3. Slightly Limited: Makes frequent though slight changes in body or extremity position independently.
- 4. No Limitation: Makes major and frequent changes in position

5. NUTRITION

usual food intake pattern

- 1. Very Poor: Never eats a complete meal. Rarely eats more than a of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and/or maintained on clear liquids or IV?s for more than 5 days.
- 2. Probably Inadequate: Rarely eats a complete meal and generally eats only about ½ of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. OR receives less than optimum amount of liquid diet or tube feeding
- 3. Adequate: Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs

LN: Braden Scale for Predicting Pressure Sore Risk				
Client:	Effective Date:	Location:		
Admission:	Score: NA	Category: NA		
Physician:	Type:	Facility:		
Facility Address:				
4. Excellent: Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dai products. Occasionally eats between meals. Does not require supplementation.				
6. FRICTION & SHEAR				
1. Problem: Requires moderate to maximum assistance in moving. Compossible. Frequently slides down in bed or chair, requiring frequent contractures or agitation leads to almost constant friction				
2. Potential Problem: Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.				
3. No Apparent Pro	blem: Moves in bed and in chair independently and h	nas sufficient muscle strength to lift up		
Signature		Date		

		RN: Side Rail/Restraint Assessmer	nt
	Client: Initial Admission: Score: NA	Effective Date: Admission: Category: NA	Location: Date of Birth: Physician:
A.	Reason for Assessment		
	1. Reason for conducting Asset a. Admission/Readmis b. Quarterly c. Annual d. Significant change in e. Other	sion	
	1a. Describe Other:		
	2. Potential Restraint(s): a. Side Rail or Enabler b. Wheelchair Seatbelt c. Specialty Wheelcha d. Lap buddy/Wheel ch e. Pummel Cushion f. Trunk Restraint g. Limb Restraint h. Concave, Scoop or i. Positional Change A j. Chair Preventing Ris k. Other 2a. Describe Other Potential F	r/Recliner nair Tray Perimeter Mattress farms (Bed/Chair/Clip etc.)	
B.	Side Rail Assessment and Determine Side Rail Assessment Si	etermination onsidered?	
	2. Identify condition/symptoms a. Weakness b. Poor trunk control c. Postural Hypotension d. Resident leans e. Leans to right f. Leans to Left g. Leans forward h. Unable to sit upright i. History of falling out f. Fear of rolling out of k. History of sliding out	of bed bed	ee side rail(s)

a. Yes	Client:	
Bed Mobility 3. Turning from side to side? a. Yes b. No 4. Holding self to one side of bed? a. Yes b. No 5. Moving up and down in bed? a. Yes b. No 6. Pulling up from laying to sitting position? a. Yes b. No Transfer 7. Supporting balance? a. Yes b. No 8. Entering bed more safely? a. Yes b. No 9. Exiting bed more safely? a. Yes b. No Other 10. Provides security for resident? a. Yes b. No 11. Avoiding rolling out of bed? a. Yes b. No 12. Will the side rail impede freedom of movement? a. Yes b. No 13. Will the side rail impede freedom of movement? a. Yes b. No Level of Consciousness 14. Does the resident's level of consciousness fluctuate? a. Yes b. No 14a. Specify cause for fluctuation of consciousness: Cognition 15. Does the resident have a cognitive impairment? a. Yes b. No 15a. Specify Cognitive Status and ability to safely use side rails, if applicable: Side Rail or Enabler Bar 16. Recommendations: a. Side Rails are not recommended at this time b. Side Rails are not recommended at this time c. Entriner evaluation by Rehab Department c. Side Rails are not recommended at this time c. Entriner evaluation by Rehab Department	I. Other	
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6. Pulling up from laying to sitting position? a. Yes b. No Transfer 7. Supporting balance? a. Yes b. No 8. Entering bed more safely? a. Yes b. No 9. Exiting bed more safely? a. Yes b. No Other 10. Provides security for resident? a. Yes b. No 11. Avoiding rolling out of bed? a. Yes b. No 12. Will the side rail obstruct view? a. Yes b. No 13. Will the side rail impede freedom of movement? a. Yes b. No Level of Consciousness 14. Does the resident's level of consciousness fluctuate? a. Yes b. No 14a. Specify cause for fluctuation of consciousness: Cognition 15. Does the resident have a cognitive impairment? a. Yes b. No 15a. Specify Cognitive Status and ability to safely use side rails, if applicable: Side Rail or Enabler Bar 16. Recommendations: a. Side rails are not recommended at this time. b. Side Rails (s) are recommended at this time. c. Further evaluation by Rehab Department	5. Moving up and down i	n bed?
a. Yes	a. Yes	b. No
Transfer 7. Supporting balance? a. Yes b. No 8. Entering bed more safely? a. Yes b. No 9. Exiting bed more safely? a. Yes b. No Other 10. Provides security for resident? a. Yes b. No 11. Avoiding rolling out of bed? a. Yes b. No 12. Will the side rail obstruct view? a. Yes b. No 13. Will the side rail impede freedom of movement? a. Yes b. No Level of Consciousness 14. Does the resident's level of consciousness fluctuate? a. Yes b. No Level of Consciouses 14a. Specify cause for fluctuation of consciousness: Cognition 15. Does the resident have a cognitive impairment? a. Yes b. No 15a. Specify Cognitive Status and ability to safely use side rails, if applicable: Side Rail or Enabler Bar 16. Recommendations: a. Side rails are not recommended at this time. b. Side Rail(s) are recommended at this time. c. Further evaluation by Rehab Department	6. Pulling up from laying	to sitting position?
7. Supporting balance? a. Yes b. No 8. Entering bed more safely? b. No 9. Exiting bed more safely? a. Yes b. No Other 10. Provides security for resident? a. Yes b. No 11. Avoiding rolling out of bed? a. Yes b. No 12. Will the side rail obstruct view? a. Yes b. No 13. Will the side rail impede freedom of movement? a. Yes b. No Level of Consciousness 14. Does the resident's level of consciousness fluctuate? a. Yes b. No Level of Consciousness 14. Specify cause for fluctuation of consciousness: Cognition 15. Does the resident have a cognitive impairment? a. Yes b. No 15a. Specify Cognitive Status and ability to safely use side rails, if applicable: Side Rail or Enabler Bar 16. Recommendations: a. Side rails are not recommended at this time. b. Side Rail(s) are recommended at this time. c. Further evaluation by Rehab Department	a. Yes	O b. No
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8. Entering bed more safely? a. Yes b. No 9. Exiting bed more safely? a. Yes b. No Cther 10. Provides security for resident? a. Yes b. No 11. Avoiding rolling out of bed? a. Yes b. No 12. Will the side rail obstruct view? a. Yes b. No 13. Will the side rail impede freedom of movement? a. Yes b. No 14. Does the resident's level of consciousness fluctuate? a. Yes b. No 14a. Specify cause for fluctuation of consciousness: Cognition 15. Does the resident have a cognitive impairment? a. Yes b. No 15a. Specify Cognitive Status and ability to safely use side rails, if applicable: Side Rail or Enabler Bar 16. Recommendations: a. Side rails are not recommended at this time. b. Side Rail(s) are recommended at this time. c. Further evaluation by Rehab Department	7. Supporting balance?	
a. Yes b. No Other 10. Provides security for resident? a. Yes b. No 11. Avoiding rolling out of bed? a. Yes b. No 12. Will the side rail obstruct view? a. Yes b. No 13. Will the side rail impede freedom of movement? a. Yes b. No Level of Consciousness 14. Does the resident's level of consciousness fluctuate? a. Yes b. No 14a. Specify cause for fluctuation of consciousness: Cognition 15. Does the resident have a cognitive impairment? a. Yes b. No 15a. Specify Cognitive Status and ability to safely use side rails, if applicable: Side Rail or Enabler Bar 16. Recommendations: a. Side rails are not recommended at this time. b. Side Rail(s) are recommended at this time. c. Further evaluation by Rehab Department	a. Yes	O b. No
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10. Provides security for resident? a. Yes b. No 11. Avoiding rolling out of bed? a. Yes b. No 12. Will the side rail obstruct view? a. Yes b. No 13. Will the side rail impede freedom of movement? a. Yes b. No Level of Consciousness 14. Does the resident's level of consciousness fluctuate? a. Yes b. No 14a. Specify cause for fluctuation of consciousness: Cognition 15. Does the resident have a cognitive impairment? a. Yes b. No 15a. Specify Cognitive Status and ability to safely use side rails, if applicable: Side Rail or Enabler Bar 16. Recommendations: a. Side rails are not recommended at this time. b. Side Rail(s) are recommended at this time. b. Side Rail(s) are recommended at this time.	a. Yes	O b. No
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Side Rail or Enabler Bar 16. Recommendations: a. Side rails are not recommended at this time. b. Side Rail(s) are recommended at this time c. Further evaluation by Rehab Department		
16. Recommendations: a. Side rails are not recommended at this time. b. Side Rail(s) are recommended at this time c. Further evaluation by Rehab Department	15a. Specify Cognitive S	tatus and ability to safely use side rails, if applicable:
16. Recommendations: a. Side rails are not recommended at this time. b. Side Rail(s) are recommended at this time c. Further evaluation by Rehab Department		
 a. Side rails are not recommended at this time. b. Side Rail(s) are recommended at this time c. Further evaluation by Rehab Department 	Side Rail or Enabler B	ar
b. Side Rail(s) are recommended at this time c. Further evaluation by Rehab Department	16. Recommendations:	
c. Further evaluation by Rehab Department	a. Side rails are	not recommended at this time.
16a. Additional Comments:		
	16a. Additional Commer	its:

	RN: Side Rail/Restraint Assessment	
	Client:	
	17.	
	a. Symptoms/Condition documented above b. Resident request c. Other: 17a. If "other" please explain:	
	Side Rail(s) Type Recommended:	
	18a. 1/4 partial rail/enabler	
	a. Left Upper b. Left Lower c. Right Upper d. Right Lower	
	18b. 1/2 partial enabler	
	a. Left Upper b. Left Lower c. Right Upper d. Right Lower	
	a. Left Upper	
	18d. Full side rail	
	a. Right Side b. Left Side Side Rail(s) are recommended for use:	
	19.	
	 a. Only at night b. At all times, when the resident is in bed c. When the resident is ill d. Other 	
	19a. If "Other" selected above:	
	Risks/Benefits and Alternatives	
	20. The risks/benefits of side rail use have been discussed with:	
	a. Resident b. Family/Resident Representative	
	21. Alternatives to side rail use have been discussed with:	
	a. Resident b. Family/Resident Representative	
	22. Decision made as a result of discussion:	
	All steps below must be complete for use of side rail(s), check only when complete	
	23.	
	a. Consent for side rail Use b. Physician order for use of side rail, including symptom/condition c. Care Plan updated d. C.N.A. Task Documented 24. Comments:	
_	Detentiol/Actival Destroint Assessment	
C.	Potential/Actual Restraint Assessment	
	Potential/Actual Restraint Assessment	
	1. Psychosocial Considerations	
	1a. Psychosocial Considerations Select all that apply	
	a. Oriented to time and place	
	b. Disoriented/confused	

	RN: Side I	Rail/Restraint Assess	ment		
Client:					
C. Glasses are mis	ssing, broken, dirty				
d. Dentures/teeth	-				
e. Hearing is impa					
f. Hunger/Thirst					
g. Wet or soiled cl	othes/bed linens				
h. Needs to go to					
i. Needs to be rep					
j. Hot/cold					
k. Unable to unde	rstand what is being said	i			
I. Can not compre	hend surroundings				
m. Affected by en	vironmental noises				
n. Recent death o	f loved one				
o. Changed rooms	s recently				
p. Changed room	mates recently				
q. Change in care	giver or staff				
r. Recent change	in personal health status	3			
	in personal financial stat	tus			
t. Loss of self-con					
	elings of anger, fear, ab				
	elings of loneliness or is	olation			
	ed by staff/residents				
x. Other					
Psychosocial Considera	tion				
1b. Comments					
b. Possible infectionc. Possible electrond. Possible dehyd	s Select all that applyinge, addition, deletion in on slyte imbalance ration, hypotension, seizures				
3. Physical Cons	iderations				
3a. Ambulation:					
a. Gait - Steady	b. Gait - Unsteady	c. Balance - Stable	d. Balance - Unstable	e. Leans to a side, forward or backward	
f. Requires assistance of persons or device	g. Wheelchair mobility				
3b. Sitting					
a. Stable, maintains upright position	b. Unstable, slides down	c. Leans to a side, forward or backward	d. Can regain balance		
3c. Transfers:					
a. Stable when	b. Unstable when				
making transfers	making transfers				

	RN: Side F	Rail/Restraint Asses	ssment	
Client:				
3d. Other				
a. Foot Problems				
b. History of Falls				
c. Other				
Physical Consideration:				
3e. Comments:				
4.	Medical Issues			
4a. Right Eye:		_		
a. None	b. Poor	C. Fair	d. Good	
4b. Left Eye				
a. None	b. Poor	C. Fair	d. Good	
4c. Paralysis/Paresis:				
a. Right Arm				
b. Left Arm				
c. Right Hand				
d. Left Hand e. Right Leg				
f. Left Leg				
g. Right Foot				
h. Left Foot				
4d. Muscle Control:				
a. None	b. Poor	C. Fair	d. Good	
5. 🔲 Restraint Altern	atives			
5a. Programs:				
a. Activities	b. Restorative Nursing	c. Exercises for strengthening	d. Scheduled toileting	e. Other
5b. Devices				
a. Low Bed	b. Mattress near	c. Walker	d. Cane	e. Non-slip Grips
	bed		_	
f. Wheelchair				
5c. Environment:	_	_	_	
a. Call system in	b. Alarmed Doors	c. Grab Bars	d. Other	
reach 5d. Position Devices:				
	h Dilleur	Modese	d Other	
a. Cushion 5e. Describe Other:	b. Pillows	c. Wedges	d. Other	
Je. Describe Offier.				
6. Additional Comments:				
6. Additional Comments:			Date	

		LN: Elopement risk evaluation V2	2-V7
	Client: Initial Admission: Physician:	Effective Date: Admission:	Location: Date of Birth:
A.	Elopement Risk Evaluation		
	below (B-H) by assigning the assessment column. If the	ne corresponding score which best describe	or 2) the score will be 0 and you do not need
	A-1. Resident is cor	natose or in a vegetative state. If yes, no fu	urther assessment required.
		lly dependent for mobility? If yes, no further	·
	B. Resident Mobility Status		
	2. Propels self/som		
	4. Fully ambulatory		
	C. History of Elopement At		
	0. No Attempt		
		nt history or has made one + attempts or current	ly exit seeking
	D. Out on Pass Complianc		
	·	rt-on-Pass protocol/ Not Applicable due to New	Admission Status
	_	to admission or Unable to comprehend Out-on-F	
	_	Out-on-Pass violation or previous AMA	·
	E. Cognitive status	·	
	0. Alert, Oriented x	3	
	2. Disoriented/no v		
	4. Wanders aimles	sly	
	F. Adjustment to Placemer		
	_	ced with placement	
	_	due to recent changes in schedule or placemen	nt
	4. Insists on maintaining or willingne	aining a pre-admission lifestyle/routine (e.g., dai	ly outdoor walks) and does not exhibit safe decision
		o leave or discontent with placement	
	G. Behavior Symptoms		
	0. No current beha	• •	
	_	use / loved ones; behavior redirectable	
	4. Agitation / Restlem	essness;/ Substance Abuse History with Substa	nce seeking behavior
	H. Major Psychiatric or Cog Schizophrenia, etc) 0. No diagnosis	gnitive Impairment Diagnosis (i.e. Alzheime	r's disease, Dementia, Paranoia, Bipolar,
	2. Diagnosis on red	cord, but no history exit seeking or elopement at	ttempt
	4. Exhibits Hallucir	nations / Delusional thinking / Confusion / Paran	oia/Unpredictable
В.	Scoring/Interventions		
		f 10 or greater greater, the resident should be considered wed and documented on the care plan.	to be at High risk for elopement. Prevention

LN: Elopement risk evaluation V2 - V 7				
Client:				
 a. Wanderguard b. Identify triggers for wandering. c. Document behaviors. Attempt to identify pattern to target interventions d. Distract resident from wandering by offering pleasant diversions e. AMA Procedure has been explained to the resident/resident representative f. Resident is NOT a candidate for a Wanderguard g. Resident is NOT at risk for elopement 2. Comments: 				
Signature Date				