

**Monthly Summary**

**Document Progress Toward Care Plan Goals**

<b>Bathing</b>	
Totally bathed by staff, Assisted/supervised by staff, Independent, Tub, Shower, Bed	
<b>Clothing</b>	
Dressed/undressed by staff; Assisted/supervised by staff; Includes choosing proper clothes, color- coordination; Independent	
<b>Grooming</b>	
Include care of hair, nails, shaving, makeup, & oral care	
<b>Eating, Diet &amp; Appetite</b>	
Tube fed, hand fed by staff, assisted/supervised by staff, independent; supplement. (75-100% Good; 55-74% Fair; 1-54% Poor; 0% Refused.	
<b>Mobility</b>	
Bedfast most of day, Assisted to transfer & number of staff required; Assisted to ambulate & number of staff required; independent; Assistive devices: W/C, Walker, cane, Geri Chair	
<b>Continence</b>	
bathroom Q ? hrs Incontinent of: Bowel & Bladder, Bowel only, Bladder only, Dribbles or soils constantly, Occasional accidents, Totally continent, on B&B training program, Take to	
<b>Behavior, Mental Status</b>	
Frequent staff intervention; Occasional intervention; No behavior problems. (Specify type of behavior) Confused, frequent observation; requires RO; Alert& oriented to time, place	
<b>Appliances</b>	
Hearing device; elastic joint support, TED or Jobst hose, braces or splints. Artificial limb, restraining device, truss, cervical collar, sling, adaptive chair, artificial eye, contact lens, dentures, glasses	

<b>Resident</b>	<b>Room</b>	<b>Admission Number</b>
<b>Physician</b>	<b>Assessment Date</b>	<b>Admission Date</b>

<b>Catheters, Douches, Enemas, Impactions, Ostomy Care</b>	
<b>Pressure Ulcer Care</b>	
Presence of, complicating condition, improvement or regression, preventative measures	
<b>Wound Care</b>	
Presence of, complicating condition, improvement or regression.	
<b>Injections, IV's</b>	
Frequency, less than daily but twice/month, once or more daily.	
<b>Medications</b>	
Compliance with medication administration	
<b>Medication Monitoring</b>	
Vital signs, weights, blood pressure, adverse effects	
<b>Lab Specimens</b>	
Specify if collected by staff or :ab; Urine by cath; sputum; stool; urine for analysis	
<b>Restorative Nursing</b>	
Range of motion, positioning, body alignment, ADL program	
<b>PT/OT/ST</b>	
Program by staff, prescribed by Therapist; Program prescribed/done by Therapist	
<b>Respiratory Therapy</b>	
Oxygen; positive pressure breathing; humidity, aerosol; suctioning; postural drainage, percussion	
<b>Progress Notes</b>	
Progress in care requirements, progress or regression relative to care plan goals	

<b>Date:</b>	<b>Signature:</b>