**Resident Care Record**

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Care record** | **Hours** |  |  |  |  |  |
| ***Behavior/ Mood****:* A – Agitated C - Combative  T - Tearful/crying W - Withdrawn  R - Resists care V - Verbal abuse |  |  |  |  |  |  |
| ***Communication needs:*** H - Hearing impaired  N - Non-verbal  S - Slurred speech  D - Different language |  |  |  |  |  |  |
| ***Oral Hygiene*:** Y - Yes N – No Brushed teeth  D – Dentures DF - Full set, upper/lower  DU – upper DL - Lower |  |  |  |  |  |  |
| ***Dining Area:*** R - Residents Room  D - Dining Room  A - Activity/Day Room | **B** |  |  |  |  |  |
| **L** |  |  |  |  |  |
| **D** |  |  |  |  |  |
| ***Nutrition****:* A- All-100% P- Poor-25%  G- Good- 75% R- Refused  F- Fair- 50% DR - Restrictions  NPO – Nothing by mouth  TF- Tube Feeding  TL -Thickened liquids  O - Out of the facility | **B** |  |  |  |  |  |
| **L** |  |  |  |  |  |
| **D** |  |  |  |  |  |
| ***Bath:*** B - Bed bath S – Shower T – Tub  W - Whirlpool R- Refused |  |  |  |  |  |  |
| ***Shave:* Y-** Yes **N-** No |  |  |  |  |  |  |
| ***Hair Care:*** G - General S – Shampoo when bathed  HD – Hairdresser/Barber N - None |  |  |  |  |  |  |
| ***Nail Care:* Y-** Yes **N-** No |  |  |  |  |  |  |
| ***Mobility:***  A – Ambulated T – Turned  R - ROM exercises |  |  |  |  |  |  |
| ***Devices:***  SR - Side rails GC - Geri chair  WC – wheelchair GB - Gait belt  P – Prosthetic G – Glasses  HA – Hearing aide |  |  |  |  |  |  |
| ***Bladder Habits:*** C **–** Continent I – Incontinent  F – Foley S - Self care  B – Bladder training |  |  |  |  |  |  |
| ***Bowel Movement:***  Sm – Small M – Medium  L – Large H – Hard  S – Soft D - Diarrhea |  |  |  |  |  |  |
| ***Other Care:*** |  |  |  |  |  |  |