

**Resident Care Conference Procedure – No. 15008(A) – Appendix C**



**RESIDENT CARE CONFERENCE ~ RESIDENT CARE ASSESSMENT**

<b>DATE:</b>	<b>AGE:</b>	<b>CURRENT WT:</b>	<b>LAST YEAR'S WT:</b>
<b>ADMISSION DATE:</b>			
<b>INITIAL CONFERENCE:</b>		<b>ANNUAL CONFERENCE:</b>	<b>AD HOC:</b>
<b>ADVANCE DIRECTIVE: YES</b>		<b>NO</b>	<b>CATEGORY:</b>
<b>MEDICAL HISTORY:</b>			
<i>RESIDENT ASSESSMENT PROTOCOL SUMMARY / TREND ANALYSIS REPORT / OUTCOME ANALYSIS REPORT</i>			
<b>DELIRIUM:</b>		<b>BEHAVIORAL SYMPTOMS:</b>	
<b>COGNITIVE FUNCTIONING:</b>		<b>ACTIVITIES:</b>	
<b>VISUAL FUNCTION:</b>		<b>FALLS:</b>	
<b>COMMUNICATION:</b>		<b>NUTRITIONAL STATUS:</b>	
<b>ADL FUNCTIONAL REHAB. POTENTIAL:</b>		<b>FEEDING TUBES:</b>	
<b>URINARY INCONTINENCE INDWELLING CATHETER:</b>		<b>DEHYDRATION / FLUID MAINTENANCE:</b>	
<b>PSYCHOSOCIAL WELL-BEING:</b>		<b>ORAL / DENTAL CARE:</b>	
<b>PRESSURE ULCERS:</b>		<b>PSYCHOTROPIC DRUG USE:</b>	
<b>MOOD STATE:</b>		<b>PHYSICAL RESTRAINTS:</b>	
<b>MOBILITY:</b>		<b>TLR:</b>	
<b>SKIN / WOUND MANAGEMENT / BRADEN SCALE:</b>		<b>FALL VULNERABILITY PROFILE:</b>	
<b>ANNUAL NURSING SUMMARY:</b>			
<b>RECREATIONAL / SPIRITUAL SERVICES:</b>			
<b>THERAPIES: Signature: _____</b>			

**PHARMACY (MEDICAL ASSESSMENT):**      *Signature:* \_\_\_\_\_

**SOCIAL SERVICES:**

**NUTRITION / DIETARY:**      *Signature:* \_\_\_\_\_

**RESIDENT / FAMILY CONCERNS AND/OR GOALS:**

**CARE PLAN INTERVENTIONS:**

**ATTENDANCE (NAME, DISCIPLINE):**

**MEDICAL SERVICES:**      *Signature:* \_\_\_\_\_