



## **“Resident Name” – Resident Care Guide**

### Mobility:

Ambulating: I am unable to ambulate and use a wheelchair for all mobility.

Transfers: I need the assist of 2 to transfer. Be aware that I may not put any weight on my feet at times.

Positioning: Assist me to reposition every two hours and as needed.

Assistive Devices: wheelchair

My goal(s):

### Therapy Services:

Please perform range of motion to all my extremities twice a day, 7 days a week, to maintain range of motion and promote comfort. It is harder to do range of motion on my left wrist than in the past. My wrist may jerk while performing range.

My goal is:

### Personal Care:

Oral: Brush my teeth twice daily.

AM & PM Care: I am dependent on you for my partial baths.

Dressing: Encourage me to pick out my own clothing if my condition allows. I need extensive assist to dress. I may lift my arms into sleeves and may try to lift my right leg.

Toileting: Take me to the toilet if my condition allows. Do not leave me, as I will fall. I wear full Attends incontinent briefs. Check and change them every two hours and as needed. Observe my skin with care and report any signs of breakdown. Report to nurse any complaints of constipation.

Bathing: I take a tub bath as scheduled. My hair is done weekly in the beauty shop.

My goal is to be well groomed and odor free.

### Skin:

My skin is intact at this time. Encourage me to lie on my side to prevent pressure areas from developing on my coccyx. I wear a brace on my left hand/wrist that is to be worn at night. Observe my hand/wrist for increased swelling and poor circulation and remove the brace if needed.

My goal is for my skin to remain without complication over the next 3 months.

### Safety Notes/Falls:

I take medications that may cause side effects such as dizziness, etc. Observe my sitting position and intervene as needed to keep me safe. Use a TABS monitor to alert staff of attempts to transfer myself or of unsafe position.

My goal is:

### Nutrition:

Diet: I receive a regular, mechanical soft diet with 4 oz. house supplement at 3 p.m. with super cereal in the a.m. I also receive 4 oz. of extra juice with meals.

My goal is to gain 1-2# per month in the next 3 months.

My current weight is .

Habits: I may c/o trouble swallowing (I exhibit no symptoms). Please encourage me to eat what I can.

My husband feeds me as I will allow. I will sit in a wheelchair at meals. My husband is here often at meal time to assist me in any way he can.

## **“Resident Name” – Resident Care Guide**

Nourish: I am consuming 50% or less of my meals.

Hydration: Encourage and offer me drinks between meals.

### Activities:

I can be very withdrawn, fearful and anxious. I receive social and sensory stimulation during the "Come Sit By Me" group. Please bring me to the group at 11:45 a.m. M-F. Staff will use different types of stimuli per the group protocol.

Please bring me to activities of interest/past interest as my cares/schedule allows: sip and chat, "dining room melodies," special dinners/parties and family night (with my husband/daughter(s)). My husband visits daily (we often sit in the lobby during our visits), other family members visit at least weekly.

My goal is:

### Preferences & Habits:

### Pastoral Care:

I am a member of the Roanoke Apostolic Christian Church.

### Discharge Plan:

There are no plans for discharge at this time.