**Resident review preparation MONTHLY/QUARTERLY**

**Resident information**  Cancer  CHF  COPD  Dementia

Other diagnosis:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vitals** | Admission | Date | Date | Date | Date | **Last 90 days** | Admission | Date | Date | Date | Date |
| **Weight** |  |  |  |  |  | **No falls** |  |  |  |  |  |
| **BP** |  |  |  |  |  | **🡫 social activity** | Y N | Y N | Y N | Y N | Y N |
|  |  |  |  |  | **Walking** | I A D | I A D | I A D | I A D | I A D |
| **Pulse** |  |  |  |  |  | **Personal care** | I A D | I A D | I A D | I A D | I A D |
| **Resp** |  |  |  |  |  | **Communication** | I A D | I A D | I A D | I A D | I A D |
| **eGFR** |  |  |  |  |  | **Incontinence** | U F | U F | U F | U F | U F |

KEY: I = independent A = assistance required D = dependent on staff Incontinence: U = urinary F = faecal

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| --- |
| **Review date:** *Resident, family/whānau or staff concerns and PRN medication use* |
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