

RESTORATIVE CARE FLOW RECORD

Month: _____ Year: _____

Rehab Diagnosis: _____ Age: _____

Treatment/Plan and Frequency: _____

Goal(s): _____

Precautions: ☐ Falls ☐ Seizures ☐ Vision ☐ Balance ☐ Bleeding ☐ Other: _____

AMBULATION KEY			RANGE OF MOTION (ROM) KEY	
Type of Assistance	Device(s) Used		Type	Extremity
SB - Standby	GB - Gait belt	HW - Hemi-walker	A - Active	UR - Upper right
0 - Minimum	QC - Quad cane	RW - Roller walker	AA - Active, Assistive	LR - Lower right
1 - Moderate: 1 person	C - Cane	W - Walker	P - Passive	UL - Upper left
2 - Maximum: 2 person	- - -	- - -		LL - Lower left

RESTORATIVE DINING KEY		
Type of Assistance	Device(s) Used	
1 - Needs tray set-up	1 - Glass with lid/sippy cup	8 - Heavy weight utensils
2 - Verbal prompting/encouragement	2 - Glass with lid and straw	9 - Foam handle utensils
3 - Needs to be fed by staff	3 - Double handhold on glass/cup	10 - Straw
4 - Tube feeding	4 - Rubber matting under tray	11 - Nose cup
5 - Other: _____	5 - Finger foods	12 - Scoop plate
	6 - Serve in cup/bowl	13 - Other: _____
	7 - Hand grip utensil holder	14 - Other: _____

INSTRUCTIONS: Record the appropriate code for each corresponding date to record restorative care provided. As applicable, write in additional types of treatment provided and check the corresponding dates. Code R or H whenever treatment is REFUSED or HELD and record the date and reason for each occurrence on the reverse. The caregiver must record his/her initials for each date that service is provided. Signatures (to identify these initials) and progress notes are recorded on the reverse.

TREATMENT/DATE		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMBULATION (Use Ambulation Key)	Type																															
	Device(s) used																															
ROM (Use ROM Key)	Type																															
	Extremity																															
RESTORATIVE DINING (Use Restorative Dining Key)	Type																															
	Device(s) used																															
DRESSING (Use Ambulation Assistance Key)	Type																															
	Device(s) used																															
INITIALS ►																																

Name-Last

First

Middle

Attending Physician

Record No.

Room/Bed

Restorative Nursing Documentation Forms

LTCS Books



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The Long-Term Care Restorative Nursing Desk Reference Barbara Acello, 2009-08-18 The Long Term Care Restorative Nursing Desk Reference is a new all inclusive desk reference that describes the clinical aspects of restorative nursing in detail and provides a much needed guide for nurses in a long term care facility This book offers the help you need to create or sustain an effective restorative care program that puts your resident s needs first Restorative Nursing Program for Long Term Care LTCS Books, 2023-04-07 2024 Edition for MDS v1 19 1 Data Collection Assessments Care Plan Coding MDS CAA Modules Skilled Charting Guidelines Factors to Review Evaluations Program Log Regulations Summary Notes Nursing Assistant Care Form Job Description Policy and Procedure Definitions and Criteria Quality Measures Patient Driven Payment Model PDPM Categories Activities of Daily Living ADLs Ambulation Balance Fall Risk Cane Crutches Gait Belt Walker Transfers and Lifts Bed Mobility Turning Repositioning Range of Motion Measurement and Exercises Locomotion Wheelchair Brace Splint Amputation Prosthesis Dressing Personal Hygiene Eating Swallowing Nutritional Status Restorative Dining Chewing Problem Swallowing Problem Urinary Incontinence Toileting Programs Voiding Record Bowel Incontinence Functional Incontinence Stress Incontinence Urge Incontinence Toileting Care Plan Urinary Catheters Communication Speech Impaired Hearing Impaired Hearing Aid Care Medication Self Administration Nasal Spray Inhaler Care Plan Blood Glucose Monitoring Insulin Ostomy Nursing and Therapy Documentation in Long-Term Care Kate Brewer, 2011-03 This resource will help you Align with MDS 3 0 documentation requirements Coordinate documentation between nurses and therapists to improve resident care Gain the perspective of nursing or therapy to appreciate their specific approach to skilled services Reduce your audit risk and strengthen reimbursement claims with comprehensive documentation Prove medical necessity and need for skilled care by practicing accurate documentation Page 4 of cover **MDS Coordinator Book** LTCS Books, 2023-04-07 2024 Edition for MDS v1 19 1 The resources and forms in this book will greatly clarify simplify and expedite the resident assessment and scheduling process Data Collection Scheduling PDPM Skilled Nursing Care Planning 22 Skilled Charting Guidelines 18 Care Area Assessments and Triggers Quality Assurance MDS Coordinator Job Description Submitting Assessments MDS Reports Data Collection Tool MDS Cheat Sheet Nursing Assistant Care Form Weekly Work Calendar Assessment Master Log Monthly Assessment MDS Completion Tracking Form Medicare Services and Utilization Review Medicare UR Census PDPM Patient Driven Payment Model MDS Items Changing Reimbursement Section V Notes Sample CAA Module Summary Notes Sample Quality Measures Preventing Avoidable Declines Skin Breakdown Audit Pain Interview and Assessment Pain Assessment for Cognitively Impaired Incident Audit Falls Psychotropic Medication Audit Surveyor Matrix for Providers and much more The MDS Coordinator holds one of the key positions in a long term care facility and works closely with the entire interdisciplinary team Looking at the broad picture and spectrum of care she ensures and enhances the quality of care The reimbursement of the facility depends on the accuracy and consistency of her

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