

## ADL PLAN OF CARE

<b>Resident</b>	<b>Room</b>	<b>Date</b>
<b>DIAGNOSES, SPECIAL CARE</b>		
<b>SAFETY</b> Fall Risk    Siderails up    Bed Alarm    Chair Alarm    Low Bed Wheelchair seatbelt front rear                      Unable to use call light Comments:		
<b>TRANSFERS</b> Independent    Supervision    Limited    Extensive    Total    One    Two Manual Lift    Mechanical Lift    Hoyer Lift    Stand-up Lift    Pivot    Cane    Walker    Siderails Comments:		
<b>LOCOMOTION</b> Independent    Supervision    Limited    Extensive    Total    One    Two Weight Bearing Full Partial None    Ambulatory    Nonambulatory Propels own wheelchair    Walker    Cane    Splint    Brace Comments:		
<b>BED MOBILITY</b> Independent    Supervision    Limited    Extensive    Total    One    Two Turning Schedule    Siderails    Trapeze Comments:		
<b>TOILETING</b> Independent    Supervision    Limited    Extensive    Total    One    Two Continent Incontinent Catheter    Bedside Commode    Urinal    Bedpan    Attends    Pads Comments:		
<b>BATHING</b> Independent    Supervision    Limited    Extensive    Total    One    Two Tub Shower    Bath Day _____    Shift _____ Comments:		
<b>DRESSING</b> Independent    Supervision    Limited    Extensive    Total    One    Two Laundry by Facility    Family Comments:		
<b>HYGIENE</b> Independent    Supervision    Limited    Extensive    Total    One    Two Dentures Comments:		
<b>EATING</b> Independent    Supervision    Limited    Extensive    Total    One    Two Diet Regular Chopped Puree    Thickened Liquids    Assistive Devices Comments:		
<b>RESTORATIVE</b> Range of Motion    Ambulation    Bed Mobility    Dressing    Hygiene  Comments:		
<b>SENSORY</b> Glasses    Hearing Aid    Right    Left Comments:		
<b>COGNITIVE / BEHAVIOR</b> Short Term Memory Problem    Impaired Decision Making Confused    Occasionally    Frequently    Always    Altered Sensory Perceptions Comments:		