

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## AMOUNT OF ASSISTANCE:

Percentage of staff assistance -

0% (No assistance needed) 25% 50% 75% 100%

Not attempted due to:

Patient Refused - R	Medical C
Not Applicable - NA	Safety Co

Condition - M oncerns - S

EATING	Night		Day		Eve		
Requires dentures to eat	Y	Ν	Y	Ν	Y	Ν	
Needs tray supervision / set-up	Y	Ν	Y	Ν	Y	Ν	
Eats regular consistency diet	Y	Ν	Y	Ν	Y	Ν	
Amount of assistance to eat	% of Assist.		% of Assist.		% of Assist.		
% eaten	%		%		%		
GROOMING							
Needs supervision / set-up	Y	Ν	Y	Ν	Y	Ν	
Amt. of assistance w/grooming	% of Assist.		% of Assist.		% of Assist.		
Amt. of assistance w/oral hygiene	% of Assist.		% of Assist.		% of Assist.		
BATHING	1						
Needs supervision / set-up	Y	Ν	Y	Ν	Y	Ν	
Amount of assistance	% of Assist.		% of Assist.		% of Assist.		
DRESSING & UNDRESSING			1				
Needs supervision / set-up	Y	Ν	Y	Ν	Y	Ν	
Amt. of assistance w/ upper body dressing	% of Assist.		% of Assist.		% of Assist.		
Amt. of assistance w/lower body dressing, including footwear	% of Assist.		% of Assist.		% of Assist.		
Amt. of assistance with socks/shoes	% of Assist.		% of Assist.		% of Assist.		
TOILETING	1				1		
Asst. w/ perineal hygiene	Y	Ν	Y	Ν	Y	Ν	
Asst. to pull pants down	Y	Ν	Y	Ν	Y	Ν	
Asst. to pull pants up	Y	Ν	Y	Ν	Y	Ν	

## INPATIENT REHABILITATION MANDATORY QUALITY INDICATOR FLOWSHEET

FYI - Bowel or bladder accident means soiling of clothes or bed linen.

BLADDER ASSISTANCE	Nig	ht		Da	у		Ev	е	
# of wet linens, clothes or bedpan/urinal spills									
Equipment used: bedpan (bp), brief (b), commode(c), condom cath (cc), foley cath (f), medication (rx), ostomy (o), pantiliner (p), straight cath (sc), toilet (t), urinal (u)									
Does pt empty cath / bedpan / urinal by self	Y	,	Ν	`	ſ	Ν	Ņ	Y	Ν
Amt. of assistance with equipment	% of Assis			% of Assis			% of Assis		
BOWEL ASSISTANCE									
# of soiled linens, clothes or bedpan spills									
Equipment used: bedpan(bp), brief(b), bedside commode (bsc), medication (rx), toilet (t)									
Amt. of assistance with equipment	% of Assist.		% of Assist.		% of Assist.				
BEDTRANSFERS									
Amount of Assistance	% of Assist.		% of Assist.		% of Assist.				
# of helpers	0	1	2	0	1	2	0	1	2
TOILET TRANSFERS									
Asst. to toilet/commode	% of Assis			% of Assi			% of Assis		
# of helpers	0	1	2	0	1	2	0	1	2
Uses raised toilet seat (rt), commode (c), grab bars (gb), slide board (sb), gait belt (g)									
SHOWER TRANSFERS									
Amount of Assistance	% of Assis			% of Assi			% of Assis		

## NURSING/ASSISTANT SIGNATURES:

Night \_\_\_\_\_

Day \_\_\_\_\_

Eve \_\_\_\_\_

PT.

MR.#/RM.

DR.

MANDATORY QUALITY **INDICATOR FLOWSHEET** 17537 Rev. 9.16

