

Arbor Functional Nursing Assessment

Dressing

- Independent
- Requires cueing; Verbal reminder Set out clothing
- Requires intermittent / minimal assistance Resident participates
- Requires assistance with all aspects of dressing Resident does not participate
- Behavior management plan to decrease resistive behavior towards task
- Requires assistance with compression stockings

Notes: _____

Hygiene and Grooming

- Independent
- Requires cueing; Verbal reminder Supervision to verify task completed
- Requires intermittent / minimal assistance Resident participates
- Requires assistance with all aspects of hygiene and grooming Resident does not participate
- Behavior management plan to decrease resistive behavior towards task
- Requires assistance with; Glasses Hearing aids Dentures/Partials

Notes: _____

Bathing

- Independent
- Requires cueing; Verbal reminder Set up Standby assistance
- Requires intermittent / minimal assistance Resident participates
- Requires assistance with all aspects of bathing Resident does not participate
- Behavior management plan to decrease resistive behavior towards task
- Resident uses shower chair

Notes: _____

Toileting

- Independent
- Requires intermittent / occasional assistance Resident participates
- Requires assistance to toilet per toileting schedule Resident does not participate
- Uncontrollable incontinence Bladder Bowel
- Behavior management plan to decrease resistive behavior towards task

Notes: _____

Dining

- Independent
- Requires mealtime reminders Requires escorts to dining room
- Requires intermittent / minimal assistance (supervision, cueing, task demonstration)
- Resident is unable to feed self
- Precautions: _____

Notes: _____

Mobility

- Independent
- Requires cueing or reminders to use adaptive devices
- Walker Cane Wheelchair
- Requires standby assistance Requires assist of 1 with gait belt
- Bed Device PT Bed Cane HALO Other FDA Approved Device

Notes: _____

Transfers

- Independent
- Requires cueing or set up assistance only
- Requires assist of 1 with gait belt Requires assist of 2 with gait belt

Notes: _____

Medications

- Independent or takes no medication
- Requires assistance with medication administration No concerns
- Eye medicine Inhaler Topical/Patch Concerns; see notes
- Insulin - AM Noon PM Bedtime
- Behavior management plan to decrease resistive behavior towards task

Notes: _____

Treatments

- None / Does not apply
- Skin treatments - Routine Occasional / Intermittent
- CPap Filling water Reminders to put on Assistance to put on
- Breathing treatments - Routine Occasional / Intermittent
- Blood glucose monitoring - AM Noon PM Bedtime

Notes: _____

Other / Miscellaneous

Laundry - Independent Requires assistance with laundry, weekly bed linen change

Transportation - Dependent on others to travel, is able to ride in vehicle Unable to travel

Outside providers

Physical Therapy Occupational Therapy Speech Therapy Home Health Care Hospice

Other: _____

Evaluator's Signature: _____ Date: _____

Resident or POA Signature: _____ Date: _____

Evaluator's Signature: _____ Date: _____

Resident or POA Signature: _____ Date: _____

Evaluator's Signature: _____ Date: _____

Resident or POA Signature: _____ Date: _____