

## HRST MONTHLY DATA TRACKER

NAME Johnson, Benjamin ID# 123456 SOURCE Staff, residential YEAR 2011-2012  
a medical record

DATA	MONTH/YR >	11/11	12/11	1/12	2/12	3/12	4/12	5/12	6/12	7/12	8/12	9/12	10/12
A. EATING: * Enter 0-4 rating from below		3	3	3	3	3	3	3	3	3	3		
B. AMBULATION: *		2	2	2	2	2	2	2	2	2	2		
C. TRANSFER: *		1	2	2	1	1	1	2	2	1	2		
D. TOILETING: *		3	3	3	3	3	3	3	3	3	3		
E. DAYS AFFECTED BY CLINICAL ISSUES: #days / month		5	4	6	4	7	4	6	5	7	5		
F. SELF-ABUSE: #incidents/month; X if restrictive intervention/severe injuries		111	11	1111 <sub>x</sub>	11	1111	1111	111 <sub>x</sub>	111	11 <sub>x</sub>	11	1	
G. AGGRESSION: #incidents/month; √ if injuries/property damage; X if restrictive intervention/ severe injuries		2	1	1	1	2 <sub>x</sub>	2	3	2	2	1		
H. PHYSICAL RESTRAINT USE: #incidents/month; √ if helmet used for falls; X if injured by proc or uses ≥ 12 hours daily		-	-	1	-	1	-	1	-	1	-		
I. CHEMICAL RESTRAINT USE: #incidents /month		-	-	2	-	3	1	2	-	1	-		
J. PSYCHOTROPIC MEDS: √ if dose changed		-	-	√	-	√	-	√	-	√	-		
K. GI OCCURRENCES: #incidents / month (incl. OTC med use) Please review list		-	-	-	-	-	-	-	-	-	-		
L. SEIZURES: #/ month; √ if post-ictal > 30 min; X if hospitalized for seizure issues		-	-	-	-	-	-	-	-	-	-		
M. ANTIPILEPTIC MEDS: √ if dose changed; X if ER visit/hospitalized for toxicity		-	-	-	-	-	-	-	-	-	-		
N. SKIN INTEGRITY: *		3	3	3	3	3	3	3	3	3	3		
O. BOWEL FUNCTION: *		3	3	3	3	3	3	3	3	3	3		
P. NUTRITION: *		0	0	0	0	0	3	3	4	4	4		
Height: <u>63"</u> IBW range: <u>116-125</u> Monthly weight/BMI:		124	122	123	122	123	119	117	113	112	110		
√ if abnormal lab values or issue(s) requiring nutrition status monitoring; X if hospitalized		-	-	-	-	-	√	√	√	√	√		
Q. REQUIREMENTS FOR LICENSED INTERVENTIONS: X if yes		X	X	X	X	X	X	X	X	X	X		
R. INJURIES: #incidents per month; √ if injury requiring treatment; X if hospitalized		-	√	-	-	√	-	-	-	√	-		
S. FALLS: #incidents / month; X if fall resulted in fracture or hospitalization		0	1	0	0	1	0	0	0	1	0		
T. PROFESSIONAL VISITS: # / month; X if unscheduled emergency visits required		6	5	7	5	5	5	7	6	7	5		
U. ER VISITS: #incidents; √ if non-emergency visit; X if hospitalized		-	-	1	-	-	-	1	-	1	-		
V. HOSPITAL ADMISSIONS: # incidents; √ if acute admission; X if transferred to ICU		-	-	-	-	-	-	-	-	-	-		

**A. Eating:** 0. Independent, no issues

1. Requires intermittent assistance
2. Requires constant assistance, no safety issues
3. Altered textures, safety issues, partially tube fed
4. NPO

**B. Ambulation:** 0. Independent (cane/walker use ok)

1. Ambulatory, requires assistance
2. Predictable WC use, can sit/reposition self
3. WC use, support/positioning assistance needed
4. Unable to sit upright or in good alignment

**C. Transfer:** 0. Independent in all settings

1. Needs supervision
2. 1 person physical assist
3. 2 person physical assist
4. Lifting equip/sp. procedure

**D. Toileting:** 0. Independent for all tasks

1. Minor assistance/adaptations
2. Significant assistance/occ accidents
3. Incontinent/toileting sched/uses diapers/briefs
4. Colostomy/Catheterized in the past year

**N. Skin Integrity:** 0. No issues or hx of breakdown

1. Minor issues w/ skin, no breaks in skin
2. Broken skin this yr/hx of skin breakdown
3. Issue w/ vulnerability, skin break >3 months
4. Hospitalized for skin issue (see list)

**O. Bowel:** 0. No issues/interventions

1. Well controlled w/diet
2. Req fiber sup/stool softener
3. Meds affecting bowel function
4. Obstruction/ileus hosp or hx

**P. Nutrition:** 0. No issues, within IBW

1. Weight slightly +/- IBW
2. Diet prescription
3. Req monitoring (see list)
4. Hospitalized or unstable status (see list)

**SYMBOLS:**

- √ = item score of 3 or special circumstances
- X = item score of 4
- \* = choose score from description below

