

# HRST MONTHLY DATA TRACKER

NAME \_\_\_\_\_ ID# \_\_\_\_\_ SOURCE \_\_\_\_\_ YEAR \_\_\_\_\_

DATA	MONTH/YR >													
<b>A. EATING:</b> * Enter 0-4 rating from below														
<b>B. AMBULATION:</b> *														
<b>C. TRANSFER:</b> *														
<b>D. TOILETING:</b> *														
<b>E. DAYS AFFECTED BY CLINICAL ISSUES:</b> #days / month														
<b>F. SELF-ABUSE :</b> #incidents/month; X if restrictive intervention/severe injuries														
<b>G. AGGRESSION:</b> #incidents/month; ✓ if injuries/property damage; X if restrictive intervention/ severe injuries														
<b>H. PHYSICAL RESTRAINT USE:</b> #incidents/month; ✓ if helmet used for falls; X if injured by proc or uses ≥ 12 hours daily														
<b>I. CHEMICAL RESTRAINT USE:</b> #incidents /month														
<b>J. PSYCHOTROPIC MEDS :</b> ✓ if dose changed														
<b>K. GI OCCURRENCES :</b> #incidents / month (incl. OTC med use) Please review list														
<b>L. SEIZURES:</b> #/ month; ✓if post-ictal > 30 min; X if hospitalized for seizure issues														
<b>M. ANTIPILEPTIC MEDS:</b> ✓ if dose changed; X if ER visit/hospitalized for toxicity														
<b>N. SKIN INTEGRITY:</b> *														
<b>O. BOWEL FUNCTION:</b> *														
<b>P. NUTRITION:</b> *														
Height: _____ IBW range: _____ Monthly weight/BMI:														
✓ if abnormal lab values or issue(s) requiring nutrition status monitoring; X if hospitalized														
<b>Q. REQUIREMENTS FOR LICENSED INTERVENTIONS:</b> X if yes														
<b>R. INJURIES:</b> #incidents per month; ✓ if injury requiring treatment; X if hospitalized														
<b>S. FALLS:</b> #incidents / month; X if fall resulted in fracture or hospitalization														
<b>T. PROFESSIONAL VISITS :</b> # / month; X if unscheduled emergency visits required														
<b>U. ER VISITS :</b> #incidents; ✓ if non-emergency visit; X if hospitalized														
<b>V. HOSPITAL ADMISSIONS:</b> # 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 at least a 3  
 X = item score of 4  
 \* = choose score from description below

