

RESTORATIVE CARE FLOW RECORD

Month: _____ Year: _____

Rehab Diagnosis: _____ Age: _____

Treatment/Plan and Frequency: _____

Goal(s): _____

Precautions: Falls Seizures Vision Balance Bleeding Other: _____

AMBULATION KEY			RANGE OF MOTION (ROM) KEY	
Type of Assistance	Device(s) Used		Type	Extremity
SB - Standby	GB - Gait belt	HW - Hemi-walker	A - Active	UR - Upper right
0 - Minimum	QC - Quad cane	RW - Roller walker	AA - Active, Assistive	LR - Lower right
1 - Moderate: 1 person	C - Cane	W - Walker	P - Passive	UL - Upper left
2 - Maximum: 2 person	- - -	- - -		LL - Lower left

RESTORATIVE DINING KEY			
Type of Assistance	Device(s) Used		
1 - Needs tray set-up	1 - Glass with lid/tippy cup	8 - Heavy weight utensils	
2 - Verbal prompting/encouragement	2 - Glass with lid and straw	9 - Foam handle utensils	
3 - Needs to be fed by staff	3 - Double handhold on glass/cup	10 - Straw	
4 - Tube feeding	4 - Rubber matting under tray	11 - Nose cup	
5 - Other: _____	5 - Finger foods	12 - Scoop plate	
	6 - Serve in cup/bowl	13 - Other: _____	
	7 - Hand grip utensil holder	14 - Other: _____	

INSTRUCTIONS: Record the appropriate code for each corresponding date to record restorative care provided. As applicable, write in additional types of treatment provided and check the corresponding dates. Code R or H whenever treatment is REFUSED or HELD and record the date and reason for each occurrence on the reverse. The caregiver must record his/her initials for each date that service is provided. Signatures (to identify these initials) and progress notes are recorded on the reverse.

TREATMENT/DATE		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMBULATION <small>(Use Ambulation Key)</small>	Type																															
	Device(s) used																															
ROM <small>(Use ROM Key)</small>	Type																															
	Extremity																															
RESTORATIVE DINING <small>(Use Restorative Dining Key)</small>	Type																															
	Device(s) used																															
DRESSING <small>(Use Ambulation Assistance Key)</small>	Type																															
	Device(s) used																															
INITIALS																																

NAME—Last First Middle Attending Physician Record No. Room/Bed

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**Sue Meiner, Annette Giesler
Lueckenotte**



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Balance ,1999 *Kansas Register* ,1999 Torres and Ehrlich Modern Dental Assisting Doni Bird,Ann Beard Ehrlich,Debbie S. Robinson,2002 Considered THE resource for assistants in the dental office Torres and Ehrlich Modern Dental Assisting encompasses all the clinical and administrative procedures and skills that must be mastered for success The student CD ROM included with the book helps the reader master charting and radiographic mounting *The Massachusetts register* ,1990 **Nursing Home Quality Assurance Project** Wisconsin. Division of Health. Quality Assurance Project,1979 **Medicare and Medicaid Guide** ,1969 **Gerontologic Nursing** Annette Giesler Lueckenotte,2000

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