NURSES' SUMMARY: SEVEN DAY LOOK-BACK

Select the appropriate responses, record vital signs and comments. | Last day of look-back_____

VITAL SIGNS: T_____ P_____ R_____ B/P_____ WT_____ HT_____

HEARING, SPEECH AND VISION — Section B

HEARING: Ability to hear (with hearing aid or hearing appliances if normally used)
- ❍ Adequate – no difficulty in normal conversation, social interaction, listening to TV
- ❍ Minimal difficulty – difficulty in some environments (e.g., when person speaks softly or setting is noisy)
- ❍ Moderate difficulty – speaker has to increase volume and speak distinctly
- ❍ Highly impaired – absence of useful hearing

HEARING AID: Hearing aid or other hearing appliance used
- ❍ No
- ❍ Yes: ❍ Rt ❍ Lt ❍ Bilateral
  - ❑ Present but not regularly used

SPEECH CLARITY: Select best description of speech pattern
- ❍ Clear speech – distinct intelligible words
- ❍ Unclear speech – slurred or mumbled words
- ❍ No speech – absence of spoken words

MAKES SELF UNDERSTOOD: Ability to express ideas and wants, consider both verbal and non-verbal expression
- ❍ Understood
- ❍ Usually understood – difficulty communicating some words or finishing thoughts **but** is able if prompted or given time
- ❍ Sometimes understood – ability is limited to making concrete requests
- ❍ Rarely/never understood

ABILITY TO UNDERSTAND OTHERS: Understanding verbal content, however able (with hearing aid or device if used)
- ❍ Understands – clear comprehension
- ❍ Usually understands – misses some part/intent of message **but** comprehends most conversation
- ❍ Sometimes understands – responds adequately to simple, direct communication only
- ❍ Rarely/never understands

VISION: Ability to see in adequate light (with glasses or other visual appliances)
- ❍ Adequate – sees fine detail, including regular print in newspapers/books
- ❍ Impaired – sees large print, but not regular print in newspapers/books
- ❍ Moderately impaired – limited vision; not able to see newspaper headlines but can identify objects
- ❍ Highly impaired – object identification in question, but eyes appear to follow objects
- ❍ Severely impaired – no vision or sees only light, colors or shapes; eyes do not appear to follow objects

CORRECTIVE LENSES: (Contacts, glasses, or magnifying glass used)
- ❍ No ❍ Yes, specify:_____
- ❑ Eye prosthesis: ❍ Rt ❍ Lt

Comments:_____

COGNITIVE PATTERNS — Section C

- ❍ Alert and oriented x 3
- ❍ Disoriented: ❑ Person ❑ Place ❑ Time
- ❍ Comatose: Persistent, vegetative state/no discernible consciousness

SHORT TERM MEMORY:
- ❍ Seems or appears to recall after 5 minutes
- ❍ Memory problem

LONG TERM MEMORY:
- ❍ Seems or appears to recall long past
- ❍ Memory problem

MEMORY/RECALL ABILITY:
- ❑ Current season
- ❑ Location of own room
- ❑ Staff names and faces
- ❑ That he or she is in a nursing home/hospital swing bed
- ❍ None of the above were recalled

COGNITIVE SKILLS FOR DAILY DECISION MAKING:
- ❍ Independent – decisions consistent/reasonable
- ❍ Modified independence – some difficulty in new situations only
- ❍ Modified impaired – decisions poor, cues/supervision required
- ❍ Severely impaired – never/rarely made decisions

DELIRIUM:
- ❑ Inattention – Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty keeping track of what was being said)?
- ❑ Disorganized thinking – Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
- ❑ Altered level of consciousness – Did the resident have altered level of consciousness? (e.g., **vigilant** – startled easily to any sound or touch; **lethargic** – repeatedly dozed off when being asked questions, but responds to voice or touch; **stuporous** – very difficult to arouse and keep aroused for the interview; **comatose** – could not be aroused)
- ❑ Evidence of acute change in mental status from resident's baseline? ❍ No ❍ Yes

Comments:_____

MOOD — Section D

- ❍ No mood symptoms present
- ❑ Little interest or pleasure in doing things
- ❑ Feeling down, depressed, or hopeless
- ❑ Trouble falling or staying asleep, or sleeping too much
- ❑ Feeling tired or having little energy
- ❑ Poor appetite or overeating
- ❑ Feeling bad about yourself – or that you are a failure or have let yourself or your family down

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NURSES' SUMMARY: SEVEN DAY LOOK-BACK

MOOD (Cont'd.) — Section D

- ❑ Trouble concentrating on things, such as reading the newspaper or watching television
- ❑ Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual
- ❑ Thoughts that you would be better off dead, or of hurting yourself in some way
- ❑ Short-tempered, easily annoyed

Comments:_____

BEHAVIOR — Section E

- ❍ No behavior symptoms exhibited
- ❑ Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
  - ❍ Behavior occurred 1 to 3 days
  - ❍ Behavior occurred 4 to 6 days but less than daily
  - ❍ Behavior occurred daily
- ❑ Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)
  - ❍ Behavior occurred 1 to 3 days
  - ❍ Behavior occurred 4 to 6 days but less than daily
  - ❍ Behavior occurred daily
- ❑ Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)
  - ❍ Behavior occurred 1 to 3 days
  - ❍ Behavior occurred 4 to 6 days but less than daily
  - ❍ Behavior occurred daily
- ❑ Rejection of care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being
  - ❍ Behavior occurred 1 to 3 days
  - ❍ Behavior occurred 4 to 6 days but less than daily
  - ❍ Behavior occurred daily
- ❑ Wandering
  - ❍ Behavior occurred 1 to 3 days
  - ❍ Behavior occurred 4 to 6 days but less than daily
  - ❍ Behavior occurred daily
  - ❑ Wandering placed the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)
  - ❑ Wandering significantly intrudes on the privacy or activities of others
- ❑ Hallucinations (perceptual experiences in the absence of real external sensory stimuli)
- ❑ Delusions (misconceptions or beliefs that are firmly held, contrary to reality)
- ❑ Behavior symptom(s) impact on resident
  - ❑ Puts the resident at significant risk for physical illness or injury
  - ❑ Significantly interferes with resident's care
  - ❑ Significantly interferes with resident's participation in activities or social interactions

BEHAVIOR (Cont'd.) — Section E

- ❑ Behavior symptom(s) impact on others
  - ❑ Puts others at significant risk for physical injury
  - ❑ Significantly intrudes on the privacy or activity of others
  - ❑ Significantly disrupts care or living environment
- ❑ Change in behavior or other symptoms
  - ❍ Same ❍ Improved ❍ Worse
  - ❍ NA – no prior MDS assessment

Comments:_____

FUNCTIONAL STATUS — Section G

ADL ASSISTANCE

CODE 1: SELF-PERFORMANCE

Activity 3 or More Times
0. Independent
1. Supervision
2. Limited Assistance
3. Extensive Assistance
4. Total Dependence for Entire 7 Days

Activity 2 or Less Times
7. Activity Occurred 1 or 2 Times
8. Activity Did Not Occur for Entire 7 Days

CODE 2: SUPPORT PROVIDED
0. No setup or physical help from staff
1. Setup help only
2. One person physical assist
3. Two+ persons physical assist
8. ADL activity itself did not occur during entire period; family and/or non-facility staff provided 100% of the time

	Code 1		Code 2
Bed mobility		Bed mobility	
Transfer		Transfer	
Walk in room		Walk in room	
Walk in corridor		Walk in corridor	
Locomotion on unit		Locomotion on unit	
Locomotion off unit		Locomotion off unit	
Dressing		Dressing	
Eating		Eating	
Toilet use		Toilet use	
Personal hygiene		Personal hygiene	
Bathing		Bathing	

FUNCTIONAL LIMITATION IN RANGE OF MOTION/ CONTRACTURES:

- ❑ Rt ❑ Lt Upper extremity (shoulder, elbow, wrist, hand)
- ❑ Rt ❑ Lt Lower extremity (hip, knee, ankle, foot)

BALANCE DURING TRANSITIONS AND WALKING

CODE:
0. Steady at all times
1. Not steady, but able to stabilize without staff assistance
2. Not steady, only able to stabilize with staff assistance
3. Activity did not occur

	Code
Moving from seated to standing position	
Walking (with assistive device if used)	
Turning around and facing the opposite direction while walking	
Moving on and off toilet	
Surface-to-surface transfer (transfer between bed and chair or wheelchair	

MOBILITY DEVICES: (check all normally used)

- ❑ Cane/crutch ❑ Wheelchair (manual or electric)
- ❑ Walker ❑ Limb prosthesis ❍ No mobility devices used

Comments:_____

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NURSES' SUMMARY: SEVEN DAY LOOK-BACK

BLADDER — Section H

BLADDER APPLIANCES:

- ❑ Indwelling catheter (including suprapubic catheter and nephrostomy tube)
  - Dx:_____
  - Type:_____ Date inserted:_____
- ❑ External (condom) catheter
- ❑ Ostomy (including urostomy, ileostomy, and colostomy)
- ❑ Intermittent catheterization
- ❍ None of the above

URINARY TOILETING PROGRAM:

- ❑ Bladder retraining
- ❑ Scheduled toileting
- ❑ Prompted voiding
- ❑ Does not use toilet/commode/urinal
- ❑ Pads/briefs utilized
- ❍ None of the above

URINARY CONTINENCE:

- ❍ Always continent
- ❍ Occasionally incontinent (less than 7 episodes of incontinence)
- ❍ Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)
- ❍ Always incontinent (no episodes of continent voiding)
- ❍ Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for entire 7 days

BLADDER SYMPTOMS:

- ❑ Burning
- ❑ Discharge
- ❑ Retention/distention
- ❑ Nocturia
- ❑ Frequency/urgency
- ❑ Pain with voiding
- ❑ Hematuria
- ❑ Other_____
- ❍ No bladder symptoms

Comments:_____

BOWEL — Section H

BOWEL SOUNDS:

- ❍ Present: ❍ Hyperactive ❍ Hypoactive
- ❍ Absent

Comments:_____

BOWEL CONTINENCE:

- ❍ Always continent
- ❍ Occasionally incontinent (one episode of bowel incontinence)
- ❍ Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
- ❍ Always incontinent (no episodes of continent bowel movements)
- ❍ Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days

BOWEL TOILETING PROGRAM:

Is a toileting program currently being used to manage the resident's bowel continence?

❍ No ❍ Yes

BOWEL (Cont'.d) — Section H

BOWEL PATTERNS:

- ❑ Constipation
- ❑ Hemorrhoids
- ❑ Other_____
- ❑ Diarrhea
- ❑ Fissures/fistulas
- ❍ No bowel pattern problems

Comments:_____

HEART/CIRCULATION — Section I

Regular rhythm/WNL	❍ No	❍ Yes
Radial pulse irregular	❍ No	❍ Yes
Apical pulse irregular	❍ No	❍ Yes

EDEMA:

❑ Dependent	❑ Pitting: +1	❑ Lt	❑ Rt
❑ Pedal: Lt	❑ Pitting: +2	❑ Lt	❑ Rt
❑ Pedal: Rt	❑ Pitting: +3	❑ Lt	❑ Rt
❑ Abnormal peripheral pulses	❑ Pitting: +4	❑ Lt	❑ Rt

- ❑ Vertigo/dizziness
- ❑ Weight increase, specify:_____

RESPIRATORY:

- ❍ Normal, no problems
- ❑ SaO_2 _____% _____% _____%
- ❑ Labored breathing
- ❑ Nebulizer Tx
- ❑ Shallow respirations
- ❑ Suctioning
- ❑ Rales/rhonchi
- ❑ Tracheostomy/care
- ❑ Wheezing
- ❑ Ventilator/care
- ❑ Cough
- ❑ BiPAP/CPAP
- ❑ Orthopnea
- ❑ O_2 @_____ L/minute
  - ❍ PRN ❍ Nasal cannula
  - ❍ Continuous ❍ Mask

Comments:_____

PAIN INTENSITY — Section J

- ❍ **NUMERIC RATING (00-10)** _____ (Enter 99 if unable to answer) OR
- ❍ **VERBAL DESCRIPTOR SCALE**
  - ❍ Mild
  - ❍ Moderate
  - ❍ Severe
  - ❍ Very severe, horrible
  - ❍ Unable to answer

Comments:_____

PAIN MANAGEMENT — Section J

- ❍ No pain
- ❍ Pain within past **5 days**
- ❑ Scheduled pain management regimen
- ❑ Received PRN medications or was offered and declined
- ❑ Received non-medication pain interventions

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NURSES' SUMMARY: SEVEN DAY LOOK-BACK

PAIN MANAGEMENT (Cont'd.) — Section J

INDICATORS OF PAIN OR POSSIBLE PAIN:

- ❑ Non-verbal sounds (crying, whining, gasping, moaning, or groaning)
- ❑ Vocal complaints of pain (that hurts, ouch, stop)
- ❑ Facial expressions (grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)
- ❑ Protective body movements or postures (bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)

FREQUENCY OF PAIN INDICATORS:

- ❍ Indicators of pain/possible pain observed 1 to 2 days
- ❍ Indicators of pain/possible pain observed 3 to 4 days
- ❍ Indicators of pain/possible pain observed daily

Comments:_____

_____

_____

OTHER HEALTH CONDITIONS — Section J

- ❍ None
- ❑ Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)
- ❑ Shortness of breath or trouble breathing when sitting at rest
- ❑ Shortness of breath or trouble breathing when lying flat
- ❑ Current tobacco user
- ❑ Life expectancy of less than 6 months
- ❑ Fever
- ❑ Vomiting
- ❑ Dehydrated
- ❑ Internal bleeding

Comments:_____

_____

_____

FALL HISTORY — Section J

- ❍ No falls
- ❑ Fall any time in the **last month** prior to admit or reentry
- ❑ Fall any time in the **last 2-6 months** prior to admit or reentry
- ❑ Fracture related to fall in the **6 months** prior to admit or reentry
- ❑ Fall **since admit/reentry** or **prior assessment**

Coding:

0. **None**
1. **One**
2. **Two or more**

___ No injury (no evidence of any injury noted or physical assessment by nurse or primary care clinician; no complaints of pain or injury by the resident; no change in resident behavior noted after the fall)

___ Injury – except major (skin tears, lacerations, superficial bruises, hematomas and sprains; any fall-related injury that causes resident to complain of pain)

___ Major injury (bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma)

Comments:_____

_____

_____

SWALLOWING/NUTRITIONAL STATUS — Section K

SWALLOWING DISORDER:

- ❍ No swallowing problems
- ❑ Loss of liquids/solids from mouth when eating or drinking
- ❑ Holding food in mouth/cheeks or residual food in mouth after meals
- ❑ Coughing or choking during meals or when swallowing medications
- ❑ Complaints of difficulty or pain with swallowing

WEIGHT LOSS/GAIN:

- ❍ Weight stable
- ❑ Loss of 5% or more in last month or loss of 10% or more in last 6 months
  - ❍ On physician-prescribed weight-loss regimen
  - ❍ Not on physician-prescribed weight-loss regimen
- ❑ Gain of 5% or more in last month or gain of 10% or more in last 6 months
  - ❍ On physician-prescribed weight-gain regimen
  - ❍ Not on physician-prescribed weight-gain regimen

NUTRITIONAL APPROACHES:

- ❑ Parenteral/IV feeding
  - ❍ While not a resident ❍ While a resident
- ❑ Feeding tube – nasogastric or abdominal (PEG)
  - ❍ While not a resident ❍ While a resident
- ❑ Mechanically altered diet (pureed food, thickened liquids)
- ❑ Therapeutic diet (low salt, diabetic, low cholesterol)
- ❍ No nutritional approaches needed

PERCENT INTAKE/CALORIES BY ARTIFICIAL ROUTE:

- ❍ No artificial routes of intake
- ❑ While a resident (select one % of total calories through parenteral or tube feeding and one average fluid intake)
  - ❍ 25% or less
  - ❍ 26-50%
  - ❍ 51% or more
  - ❍ 500 cc/day or less fluid intake via IV or tube feeding
  - ❍ 501 cc/day or more fluid intake via IV or tube feeding
- ❑ During entire 7 days (select one % of total calories through parenteral or tube feeding and one average fluid intake)
  - ❍ 25% or less
  - ❍ 26-50%
  - ❍ 51% or more
  - ❍ 500 cc/day or less fluid intake via IV or tube feeding
  - ❍ 501 cc/day or more fluid intake via IV or tube feeding

Comments:_____

_____

_____

_____

_____

_____

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NURSES' SUMMARY: SEVEN DAY LOOK-BACK

ORAL/DENTAL STATUS — Section L

❍ All natural teeth present, intact
❑ Dentures
  ❑ Partial ❑ Full upper ❑ Full lower
❑ Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)
❑ Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)
❑ Obvious or likely cavity of natural teeth
❑ No natural teeth or tooth fragment(s) (edentulous)
❑ Loose or broken natural teeth
❑ Inflamed or bleeding gums
❍ Normal mouth tissue (pink and moist)
❑ Mouth or facial pain, discomfort or difficulty with chewing
❍ Unable to examine
Comments:_____
_____
_____

SKIN CONDITIONS — Section M

DETERMINATION OF PRESSURE ULCER/INJURY RISK:
❑ Stage 1 or greater, scar over bony prominence, or a non-removable dressing/device
❑ Formal assessment instrument/tool (e.g., Braden, Norton or other) Date: _____
❑ Clinical assessment Date: _____
❍ No determination of risk assessed

RISK OF PRESSURE ULCERS/INJURIES:
❍ At risk for developing pressure ulcers/injuries
❍ Not at risk for developing pressure ulcers/injuries

UNHEALED PRESSURE INJURY STAGE 1 OR HIGHER:
❍ No ❍ Yes, location_____

CURRENT NUMBER OF UNHEALED PRESSURE ULCER/ INJURY AT EACH STAGE:
___ Number of unhealed Stage 1 pressure ulcers/injuries
___ Number of unhealed Stage 2 pressure ulcers/injuries
  ___ Number of Stage 2 ulcers/injuries present on admit/entry or reentry
___ Number of unhealed Stage 3 pressure ulcers/injuries
  ___ Number of Stage 3 ulcers/injuries present on admit/entry or reentry
___ Number of unhealed Stage 4 pressure ulcers/injuries
  ___ Number of Stage 4 ulcers/injuries present on admit/entry or reentry

CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/ INJURIES AT EACH STAGE (Cont'd.):
❑ Unstageable: non-removable dressing/device
  ___ Number of unstageable pressure ulcers/injuries due to non-removable dressing/device
  ___ Number present on admission/entry or reentry
❑ Unstageable: slough and/or eschar
  ___ Number of unstageable pressure ulcers/injuries due to slough and/or eschar covering the wound bed
  ___ Number present on admission/entry or reentry

SKIN CONDITIONS (Cont'd.) — Section M

❑ Unstageable: deep tissue injury
  ___ Number of unstageable pressure ulcers/injuries with deep tissue injury in evolution
  ___ Number present on admission/entry or reentry
❑ Venous and arterial ulcers
  ___ Number of venous and arterial ulcers present

OTHER ULCERS, WOUNDS AND SKIN PROBLEMS:
❍ No skin problems
❑ Infections of the foot (cellulitis, purulent drainage)
❑ Diabetic foot ulcer(s)
❑ Other open lesion(s) on the foot
❑ Open lesion(s) other than ulcers, rashes, cuts
❑ Surgical wound(s)
❑ Burn(s) (second or third degree)
❑ Skin tear(s)
❑ Moisture Associated Skin Damage – (MASD) (incontinence-associated dermatitis, perspiration, drainage)

SKIN AND ULCER/INJURY TREATMENTS:
❍ No skin and/or wound treatments provided
❑ Pressure reducing device for chair
❑ Pressure reducing device for bed
❑ Turning/repositioning program
❑ Nutrition or hydration intervention (to manage skin problems)
❑ Pressure ulcer/injury care
❑ Surgical wound care
❑ Application of nonsurgical dressings (with/without topical medications/other than to feet)
❑ Applications of ointments/medications other than to feet
❑ Application of dressings to feet (with/without topical medications)

SURGICAL WOUND SITE:
❍ No surgical wound
❑ Dressing present
❑ Surgical site intact (staples, sutures)
❑ No signs of infection (redness, warmth, edema, drainage)
Comments:_____
_____
_____

FOOT CARE:
❑ Toenails trimmed ❑ Application of dressings/corn pads
❑ Seen by podiatrist ❑ Special shoes/inserts/orthotics used

MEDICATIONS — Section N

INJECTIONS:
❍ No injections during the past 7 days
___ Number of days received injection of any type
___ Number of days received insulin injection
___ Number of days insulin orders were changed

MEDICATIONS RECEIVED IN PAST 7 DAYS:
(record number of days)
___ Antipsychotic ___ Antidepressant
___ Antianxiety ___ Hypnotic
___ Anticoagulant (warfarin, heparin, low-molecular weight heparin)
___ Antibiotic ___ Diuretic ___ Opioid

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NURSES' SUMMARY: SEVEN DAY LOOK-BACK

ANTIPSYCHOTIC MEDICATION REVIEW — Section N

❍ No antipsychotic medications received
❍ Yes - antipsychotics received on routine basis only
❍ Yes - antipsychotics received on PRN basis only
❍ Yes - antipsychotics received on routine and PRN basis

GRADUAL DOSE REDUCTION (GDR) ATTEMPTED:

❍ No - Physician documented GDR as clinically contraindicated; Date_____
❍ No - GDR has not been documented by physician as clinically contraindicated
❍ Yes - Date of last GDR_____

SPECIAL TREATMENTS, PROCEDURES AND PROGRAMS — Section O

❍ Received no special treatments, procedures and/or programs

❑ Chemotherapy
❑ Radiation
❑ Oxygen therapy
❑ Suctioning
❑ Tracheostomy care
❑ Ventilator or respirator
❑ BiPAP/CPAP
❑ IV medications
❑ Transfusions
❑ Dialysis
❑ Hospice care
❑ Isolation or quarantine for active infectious disease

RESTORATIVE NURSING PROGRAMS (record number of **days** restorative program performed for at least 15 minutes over the past 7 days)

___ Passive range of motion
___ Active range of motion
___ Splint or brace assistance
___ Bed mobility

SPECIAL TREATMENTS, PROCEDURES AND PROGRAMS (Cont'd.) — Section O

___ Transfer
___ Walking
___ Dressing and/or grooming
___ Eating and/or swallowing
___ Amputation/prostheses care
___ Communication
❍ No restorative nursing programs

Comments:_____

RESTRAINTS AND ALARMS — Section P

Coding:
0. **Not used** 1. **Used less than daily** 2. **Used daily**

RESTRAINTS USED IN BED:

___ Bed rail
___ Trunk restraint
___ Limb restraint
___ Other, specify_____

RESTRAINTS USED IN CHAIR OR OUT OF BED:

___ Trunk restraint
___ Limb restraint
___ Chair prevents rising
___ Other, specify_____

❑ Bed alarm ❑ Chair alarm ❑ Floor mat alarm
❑ Motion sensor alarm ❑ Wander/elopement alarm
❑ Other alarm, specify:_____

PARTICIPATION IN SUMMARY

❑ Resident
❑ Family
❑ Staff members
❑ Dialysis staff
❑ Significant other/spouse
❑ Hospice staff
❑ Guardian or legal representative
❑ Clergy
❑ Other, specify:_____

OTHER COMMENTS

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

❑ Additional notes, location_____

Signature/Title:_____ Date:_____

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