RESTORATIVE NURSING PROGRAM FLOW RECORD

Month_____ Year_____

DIRECTIONS: Check the box in front of the restorative program(s) provided to the resident. Select the frequency, type, extremity, support and assist provided; enter text where indicated. Record time in minutes in the upper box and staff initials for the program(s) provided in the lower box. Record **R** if resident refused; **W** if withheld.

RESTORATIVE PROGRAMS	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
❑ **ROM - PASSIVE:** Freq: ❑ 1x/day ❑ 2x/day ❑ 3x/day ❑ 4x/day Ext: ❑ Upper Rt ❑ Lower Rt ❑ Upper Lt ❑ Lower Lt Support: ❍ 1 ❍ 2 Assist: ❍ Ltd Assist ❍ Dependent	1ST																															
	2ND																															
	3RD																															
	4TH																															
❑ **ROM - ACTIVE:** Freq: ❑ 1x/day ❑ 2x/day ❑ 3x/day ❑ 4x/day Type: ❑ Active ❑ Active-assisted Ext: ❑ Upper Rt ❑ Lower Rt ❑ Upper Lt ❑ Lower Lt Assist: ❍ Supervision/Cueing ❍ Ltd Assist	1ST																															
	2ND																															
	3RD																															
	4TH																															
❑ **SPLINT/BRACE ASSISTANCE:** Freq: ❑ 1x/day ❑ 2x/day ❑ 3x/day ❑ 4x/day Type of splint/brace:_____ Ext: ❑ Upper Rt ❑ Lower Rt ❑ Upper Lt ❑ Lower Lt Assist: ❍ Verbal/physical guidance/teach ❍ Scheduled program to apply/remove	1ST																															
	2ND																															
	3RD																															
	4TH																															
❑ **BED MOBILITY:** Freq: ❑ 1x/day ❑ 2x/day ❑ 3x/day ❑ 4x/day Type: ❑ Moving to/from lying position ❑ Turning side to side ❑ Positioning in bed Assist: ❍ Supervision/Cueing ❍ Ltd Assist ❍ Ext Assist	1ST																															
	2ND																															
	3RD																															
	4TH																															
❑ **TRANSFER:** Freq: ❑ 1x/day ❑ 2x/day ❑ 3x/day ❑ 4x/day Type: ❑ Bed → chair ❑ Chair → bed ❑ Assistive - sliding board Assist: ❍ Supervision/Cueing ❍ Ltd Assist ❍ Ext Assist	1ST																															
	2ND																															
	3RD																															
	4TH																															

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

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BRIGGS Healthcare®

Form 3719P Rev. 1/2020

RESTORATIVE NURSING PROGRAM FLOW RECORD

RESTORATIVE NURSING PROGRAM FLOW RECORD

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

RESTORATIVE PROGRAMS	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
❑ **WALKING/AMBULATION:** Freq: ❑ 1x/day ❑ 2x/day ❑ 3x/day ❑ 4x/day Assist: ❍ Supervision/Cueing ❍ Ltd Assist ❍ Ext Assist Support: ❍ 1 ❍ 2 Distance:_____ Device: ❑ Cane ❑ Walker ❑ WC ❑ Rolling Walker ❑ Other:_____	1ST																															
	2ND																															
	3RD																															
	4TH																															
❑ **DRESSING/GROOMING:** Freq: ❑ 1x/day ❑ 2x/day ❑ 3x/day ❑ 4x/day Type: ❑ Dressing/Undressing ❑ Bathing ❑ Personal hygiene Support: ❍ 1 ❍ 2 Assist: ❍ Supervision/Cueing ❍ Ltd Assist ❍ Ext Assist	1ST																															
	2ND																															
	3RD																															
	4TH																															
❑ **EATING/SWALLOWING:** Freq: ❑ 1x/day ❑ 2x/day ❑ 3x/day ❑ 4x/day Type: ❑ Eating food/fluids ❑ Swallowing Device(s) used:_____ Assist: ❍ Supervision/Cueing ❍ Ltd Assist ❍ Ext Assist	1ST																															
	2ND																															
	3RD																															
	4TH																															
❑ **AMPUTATION/PROSTHESIS CARE:** Freq: ❑ 1x/day ❑ 2x/day ❑ 3x/day ❑ 4x/day Prosthesis: ❑ Upper Rt ❑ Lower Rt ❑ Upper Lt ❑ Lower Lt ❑ Rt eye ❑ Lt eye Applying/Removing: ❍ Yes ❍ No Hygiene/Care: ❍ Yes ❍ No	1ST																															
	2ND																															
	3RD																															
	4TH																															
❑ **COMMUNICATION:** Freq: ❑ 1x/day ❑ 2x/day ❑ 3x/day ❑ 4x/day Type: ❑ Improving functional skills ❑ Maintaining functional skills Device(s) used:_____	1ST																															
	2ND																															
	3RD																															
	4TH																															

INITIALS	SIGNATURE/TITLE	INITIALS	SIGNATURE/TITLE	INITIALS	SIGNATURE/TITLE