

# RESTORATIVE NURSING MONTHLY PROGRAM SUMMARY

## CURRENTLY ON LEVEL II

### Category Breakdown: Record number participating in each category

Ambulation Program _____	Grooming and Hygiene _____	Transfer Training _____
ROM _____	Restorative Dining _____	Amputation/ Prosthesis Care _____
Splints/Cones/Hand Rolls _____	Bed Mobility Training _____	
Dressing _____	Communication _____	
Specific procedures delegated through formalized therapies _____		

**Total Number in All Categories:** \_\_\_\_\_

## CURRENTLY ON LEVEL III

### Category Breakdown: Record number participating in each category

Ambulation Program _____	Grooming and Hygiene _____	Transfer Training _____
ROM _____	Restorative Dining _____	Amputation/ Prosthesis Care _____
Splints/Cones/Hand Rolls _____	Bed Mobility Training _____	
Dressing _____	Communication _____	
Specific procedures delegated through formalized therapies _____		

**Total Number in All Categories:** \_\_\_\_\_

## ABSORBENT PRODUCTS

### Category Breakdown: Record number participating in each category

Bowel Retraining _____	Bladder Retraining _____
Toileting _____	Adult Briefs _____
	Cost of Absorbent Products _____

## PHASE II CLASSES

Grooming Class \_\_\_\_\_  
(number)

Exercise Class \_\_\_\_\_  
(number)

Make Up Class \_\_\_\_\_  
(number)

Other \_\_\_\_\_  
(number)

## TRANSFER

Level I -> Level II \_\_\_\_\_

Level II -> Level III \_\_\_\_\_

Level III -> Level II \_\_\_\_\_

Level III -> Level I \_\_\_\_\_

Submitted by \_\_\_\_\_ for \_\_\_\_\_  
(signature/title) (month/year)

Submit to DON by 5th of following month