|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RD:** | | | | | | | | | | | **Date:** | **Home:** | | | | | | | | | | | | | |
| **Resident** | **Area/Floor** | **Reason For Visit** | | | | | | | **Interventions / Changes / Recommendations** | | | | | **MD Order** | | **MDS/RAPS** | **Nutrition Risk Form** | **Progress Note** | | **Care Plan & Tasks** | **CAN ADD HERE** | **CAN ADD HERE** | **MDL Update** | **NM Initial** |
| **Admission/change in Status** | DRF | **Verbal Referral** | **¼LY/**  **Annual** | **Weight F/U** | **Monthly/**  **HNR Review**  **(Wound/Wt)** |  | | | | |  | |  | |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  | | | | |  | |  | |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  | | | | |  | |  | |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  | | | | |  | |  | |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  | | | | |  | |  | |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  | | | | |  | |  | |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  | | | | |  | |  | |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  | | | | |  | |  | |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  | | | | |  | |  | |  |  |  | |  |  |  |  |
| * **Admission/Change in Status** – indicate which one * **DRF** – Dietary referral form * **Verbal Referral** – verbal referral from staff or family * **1/4ly/Annual** – quarterly/annual assessment completed * **Weight F/U** –weight variance follow up * **Monthly/HNR Review** – high risk, wound, monthly, wt, tube feed | | | | | | | | | | * **MD ORDER** – was an MD order done in eMAR * **MDS/RAPS** – was Section K and the RAP completed? * **RISK FORM** – was the Nutrition Risk Assessment Form competed for the resident? * **CP** – was the care plan updated? * **Progress Note** – was a progress note completed? * **MDL** –was the dietary database updated? * **CM INITIAL** – sign off that the RD information was implemented as ordered. | | | | | | | | | | | | | | | |
| **PROCEDURE FOR USE OF THIS FORM** – RD will record all residents seen and service given on this form for each visit. RD will submit form to the NM at the end of the day for the NM to implement any changes and update the MDL. Form will be retained in a binder in the Dietary office for auditing purposes. Form is to be retained for a period of one year. | | | | | | | | | | | | | | | | | | | | | | | | | |