**Use the following template for RAI MDS SECTION V (Resident Assessment Protocol):**

1. **Nature of the problem/condition:**

This is a triggered/non-triggered RAP due to **(specify).**

***Note: If there is a specific problem e.g. wound, diabetes, dysphagia etc it should be referred to in this section***

1. **Describe impact of this problem/need on the resident and your rationale for care plan decision**

 **(Include complications and risk factors and the need for referral to other health professionals):**

RD consulted with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Assessment of the following areas was completed:

**Diet Order/Interventions:**

**Appetite/Food Intake:**

**Level of Assistance: specify** independently OR with limited assistance/extensive assistance/total dependence/supervision/set up help).

**Adaptive Devices:**

**Hydration/Fluid Intake/S&S:**

**Weight:**

**Bowels:**

**Falls:**

**Skin:**

**Labs:**

**Medications:**

**Nutritional Risk Level:**

**Assessment Summary** (include observations, reassessment of current interventions, acceptance and effectiveness):

**Resident Goals:**

**Referrals:**

**Plan of Care** (include any discussions with resident/POA/SDM)**:**

1. **Progress Note:**

Admission assessment / Quarterly assessment completed, **copy context of RAP assessment above (or process as per home policy)**. To follow up quarterly and PRN