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| --- | --- |
| **RESIDENT:** | **ROOM/UNIT:** |
| **RAP ID** | **LABELLED SNACKS/SUPPLEMENTS** |
| **Type of RAP:****RAP is:** **RAP Triggered d/t:** | Existing Modified NewTriggered Non- Triggered |  |
| **APPETITE & INTAKE** | **OTHER FACTORS** | **MED Hx** |
| **Diet order:** **Interventions:** **Meal Intake:****Snack Intake:****Allergies/Intolerances:** | **Chewing/Swallowing:****Level assistance at meals:****Adaptive devices:****Other:** |  |
| **HYDRATION** | **ANTHROPOMETRICS** |
| **Calculated Fluid Needs:****Fluid Intake x past 3 and 7 days:****Comments:** | **Weight: Height:** **BMI:** **GWR/IBW/ADW (if applicable):****Weight Summary:** |
| **BOWELS** | **FALLS** | **SKIN INTEGRITY** |
|  |  | **Current:** Intact Impaired**Comments:** |
| **MEDICATIONS** | **LABS** |
|  |  |
| **OTHER** | **PLAN OF ACTION** |
|  |  |