|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RESIDENT:** | | | **ROOM/UNIT:** | |
| **RAP ID** | | | **LABELLED SNACKS/SUPPLEMENTS** | |
| **Type of RAP:**  **RAP is:**  **RAP Triggered d/t:** | Existing Modified New  Triggered 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** | |
|  | | |  | |