

BDO/Heritage
Healthcare Group

RESTORATIVE NURSING SUMMARY

Resident Name: _____

Medical Record #: _____

RESTORATIVE NURSING

Restorative Nursing programs supervised this week per Care Plan:

- Range of motion (passive) Range of motion (active) Splint or brace assistance
- Bladder assessment/retraining Scheduled toileting

Training / skill practice:

- Bed mobility Transfer Walking Dressing or grooming Eating or swallowing
- Amputation / prosthesis care Communication

Evaluation of progress toward care plan goals: Poor Fair Good Excellent

Intervention / Comments _____

Care Plan	Number _____	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Updated	<input type="checkbox"/> Current	<input type="checkbox"/> Discontinued
Review/	Number _____	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Updated	<input type="checkbox"/> Current	<input type="checkbox"/> Discontinued
Revision:	Number _____	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Updated	<input type="checkbox"/> Current	<input type="checkbox"/> Discontinued

All care plans reviewed, updated if indicated, and now current

Signature: _____ Date: _____

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