

RN OR PHYSICIAN MONITORING CHECKLIST

MCAR 023-080-160 Operators of Class II and Class III Adult Care Homes shall insure monitoring in the home of all residents by a Registered Nurse or physician. Monitoring shall be required as medically indicated. At a minimum, monitoring shall include a resident interview (if appropriate under the circumstances), review of resident records, medication management, doctor's orders and resident's care.

RESIDENT'S NAME _____ DATE _____

- Resident Interview (if appropriate)
- Review of Resident's records
- Medication Management/Doctor's orders
 - Witnesses and documents counting and disposal of controlled substances by Operator
 - Provides additional directions for P.R.N. medications which show what the medication is for and specifically when, how much and how often it may be administered.
 - Reviews doctors' orders
- Resident's care
 - Provides consultation /assessment to meet the nursing care needs of the resident for tasks such as insulin injections, blood sugar monitoring and new ostomy care.
 - Teaches and supervises the nursing task by the delegation process to Operators and caregivers.
 - Assesses resident for possible use of restraints, when ordered by prescriber. Recommends frequency of reassessment to prescriber.
 - When resident may be harmed by participating in an evacuation drill, completes written assessment and leaves on file stating that participation is medically contraindicated for the resident.
 - When resident has behavioral symptoms, discusses alternative measures to medication use including behavioral interventions. Documents all other alternative considerations to using psychoactive medications. Frequency of the reassessment of the psychoactive medication use shall be determined by the RN (or physician/nurse practitioner) completing the initial assessment.

Suggested changes _____

RN Signature: _____

Frequency of visits: _____

Name: _____

Date: _____

Address: _____

RESIDENT NAME

RESIDENT ASSESSMENT

Describe Resident's condition (including skin assessment). _____

Has Resident's status changed since last visit? _____

ACTIVITY OF DAILY LIVING	INDEPENDENT	NEEDS ASSISTANCE	DEPENDENT
Eating / Nutrition			
Dressing			
Personal Hygiene and Bathing			
Toileting			
Behavior Management			
Mobility (includes ability to self-evacuate)			
Other (describe)			

Resident ability to transfer Independent Needs assistance Dependent

Identify any problems or concern: _____

RESIDENT RECORD REVIEW

- Is Care Plan complete & updated every 6 months? _____
- Are Medication Sheets complete and administered correctly? _____
- Are there medications requiring initial direction or procedural guidance? (Specify medications) _____
- Are there written instructions for caregivers? _____
- Are there written physician's orders for all prescribed medications, dietary supplements, treatments and therapies? _____
- Were all over-the-counter and home remedies requested by the resident reviewed by the resident's physician/nurse practitioner or pharmacist as part of the care plan development & review? _____
- Are there written PRN parameters for all PRN medications? _____
- Are Progress Notes complete and entries made at least weekly? _____
- Specify all Nursing Delegations _____
 Written physician's orders? _____ Written instructions by RN? _____ RN follow up? _____
- Are physical or chemical restraints used? (Specify) _____
 Written physician's orders? _____ Written Assessment? _____
 Written Instructions? _____ Written Reassessment? _____

COMMENTS SECTION CAN BE LOCATED ON THE BACK OF THIS PAGE: