**EVALUATION FOR NEW OR WORSENING BEHAVIORS**

Resident’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vital Signs: T \_\_\_\_\_\_\_\_\_\_ B/P supine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blood glucose \_\_\_\_\_\_\_\_\_\_\_

P \_\_\_\_\_\_\_\_\_\_ B/P standing \_\_\_\_\_\_\_\_\_\_\_\_\_ (with order)

R \_\_\_\_\_\_\_\_\_\_ O2 saturation \_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Review: Drugs added \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drugs discontinued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug dose changes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chart Review: Changes in urination habits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Changes in bowel habits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change in food and fluid intake \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change in sleep pattern \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Falls or injuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assess general body position:

Guarding or protecting any body part \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New asymmetries or edema \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acute changes in orientation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pain Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skin Exam: Redness \_\_\_\_\_\_\_\_\_\_ Edema \_\_\_\_\_\_\_\_\_\_ Bruises \_\_\_\_\_\_\_\_\_\_

Joint/ROM: Limitation \_\_\_\_\_\_\_\_\_\_ Tenderness \_\_\_\_\_\_\_\_\_\_ Pain \_\_\_\_\_\_\_\_\_\_

Abdominal Exam: Distention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enlarged Bladder \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Catheter problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Restraints: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Environmental Changes: Room change \_\_\_\_\_\_\_\_\_\_ New roommate \_\_\_\_\_\_\_\_\_\_

Remodeling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Changes: Family visits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal loss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assess for signs of depression:

Sad expression \_\_\_\_\_\_\_\_\_\_ irritability \_\_\_\_\_\_\_\_\_ slowed speech \_\_\_\_\_\_\_\_\_\_\_

Crying \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ withdrawn \_\_\_\_\_\_\_\_\_ nervousness \_\_\_\_\_\_\_\_\_\_\_\_\_

Over concern w/health \_\_\_\_\_\_\_\_\_\_ sleep problems \_\_\_\_\_\_\_\_\_\_ decreased energy \_\_\_\_\_\_\_\_\_

**EVALUATION FOR NEW OR WORSENING BEHAVIORS**

(Continued)

Lab: ask physician to consider:

Electrolytes \_\_\_\_\_\_\_\_\_\_\_ U/A, C&S \_\_\_\_\_\_\_\_\_\_ Thyroid profile \_\_\_\_\_\_\_\_\_\_

TSH \_\_\_\_\_\_\_\_\_\_ Drug levels \_\_\_\_\_\_\_\_\_\_ CBC \_\_\_\_\_\_\_\_\_\_

Plan of care / interventions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nurse’s Signature Date

(Attachment #1)