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| Walking Restorative Nursing Program | | | | NO. | |
| It is the policy of this facility to promote independence and quality of life by maintaining or improving a resident’s ambulation skills.   1. Residents who are unable to ambulate independently may be assessed by the nurse and/or therapist for a restorative nursing walking program. Appropriate residents for the program may include the following:      * Coded 1, 2, 3 in ADL walk in room or walk in corridor self-performance (G1cA or G1dA) on the MDS * Coded 1, 2, 3 in ADL walk in room or walk in corridor support provided (G1cB or G1dB) on the MDS * Recent decline in ambulation skills  1. If it is determined the resident would benefit from a nursing restorative ambulation program, the nurse is to care plan for such a minimum of 6 days per week. 2. The care plan should include measurable goals (maintenance goals are appropriate) and specific interventions. Interventions may include, but are not limited to:  * Amount of ADL walk in room or walk in corridor self-performance encouraged (e.g. supervision, limited assistance) * Amount of ADL walk in room or walk in corridor support provided (e.g. set up help, one person physical assistance) * Use of assistive device(s) (e.g. cane, walker)  1. Use appropriate assistive device(s) per the care plan. 2. Consider appropriateness of resident’s participation in the walk and dine restorative nursing program. 3. Document on the restorative flow sheet or elsewhere as designated, the day and shift spent implementing the ambulation program in the appropriate columns and spaces. If it is during an assessment “look back” period, record the actual numbers of minutes spent implementing the communication program. 4. Consider tracking the number of feet ambulated and recognize a resident’s achievement of milestones (e.g. “Miracle Mile”). 5. Staff are to document resident tolerance / progress towards goals. | | | | | |
| Approved: | Effective Date: | Revision Date: | Change No.: | | Page:  1 of 1 |