

PROBLEM/RISK/POTENTIAL	REVIEWED	GOALS	REVIEWED
Diagnosis (only active that requires intervention)	<input type="checkbox"/>	Measurable	<input type="checkbox"/>
Communication (verbal/non-verbal/communication board)	<input type="checkbox"/>	Realistic	<input type="checkbox"/>
Special instructions (wake time, bathing times)	<input type="checkbox"/>	Timed	<input type="checkbox"/>
Religious/spiritual beliefs	<input type="checkbox"/>	Person-Centered	<input type="checkbox"/>
Cultural beliefs	<input type="checkbox"/>		
Trauma history	<input type="checkbox"/>	INTERVENTION	REVIEWED
Identification of risks for care (triggers)	<input type="checkbox"/>	Non-pharmacological	<input type="checkbox"/>
Medications (significant ones requiring intervention)	<input type="checkbox"/>	CNA interventions	<input type="checkbox"/>
Treatments	<input type="checkbox"/>	Environmental actions (night light, reduce glaring)	<input type="checkbox"/>
Pain	<input type="checkbox"/>	Personal devices (hearing aids, glasses, dentures, prosthesis, orthotic)	<input type="checkbox"/>
Mood/behavior (PASRR Level 2/safety/crisis plan)	<input type="checkbox"/>	Assistive devices (walker, wheelchair, shower chair, etc.)	<input type="checkbox"/>
Discharge plans	<input type="checkbox"/>	Disease related devices (CPAP, O2, pacemaker, port, ostomy, catheter, trach)	<input type="checkbox"/>
Strengths/dislikes/preferences	<input type="checkbox"/>	Positioning devices (W/C cushion, mattress, bolsters)	<input type="checkbox"/>
Special monitoring (labs, blood sugars)	<input type="checkbox"/>	Dialysis	<input type="checkbox"/>
Dietary/nutrition/feeding tube/dehydration/dental	<input type="checkbox"/>	Special needs (isolation, EBP)	<input type="checkbox"/>
Activities	<input type="checkbox"/>	Preventative measures from risks/potentials identified	<input type="checkbox"/>
Psycho-social	<input type="checkbox"/>	Education	<input type="checkbox"/>
Social history (preferred name, occupation etc.)	<input type="checkbox"/>	Assessment/monitoring	<input type="checkbox"/>
Behaviors	<input type="checkbox"/>	PASRR recommendations/safety/crisis plan	<input type="checkbox"/>
Falls	<input type="checkbox"/>	Person-Centered	<input type="checkbox"/>
Therapy/restorative	<input type="checkbox"/>	<b>NOTES:</b>	
Restraints/alarms	<input type="checkbox"/>		
Code status	<input type="checkbox"/>		
Risks identified through AIMS, Braden, falls, elopement etc.	<input type="checkbox"/>		
Skin integrity	<input type="checkbox"/>		
Person-Centered	<input type="checkbox"/>		
If Comprehensive, CAA triggered are care planned	<input type="checkbox"/>		