MDS DAILY ASSESSMENT TOOL

Date																
Day of stay	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Check any that apply																
Injections (any type) received (excludes I.V.)																
Chemotherapy																
Dialysis																
IV medication														•		
Oxygen therapy																
Radiation																
Suctioning																
Tracheotomy																
Transfusions										÷						
Ventilator or respirator																
Record number of minutes each provided																
Speech language pathology and audiology																
Occupational therapy											,					
Physical therapy																
Respiratory therapy																
Check if resident received more than or equal to 15 minutes per day	,															
Passive range of motion	1															
Active range of motion																
Splint / brace assistance														146		
Bed mobility																
Transfer																
Walking	_															
Dressing or Grooming	1															
Eating or swallowing					1000											
Amputation / prosthesis care																
Communication								,					1- ,			
Physician examined the resident?													<u> </u>			
Physician changed the orders?	1															
PT or OT or speech therapy ordered?	+															

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Date																
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(A) ADL self-performance code for resident's performance over all shifts 0. Independent 3. Extensive assist 1. Supervision 4. Total dependence 2. Limited assistance 8. Activity did not occur																
(B) ADL support provided code for most support provided over all shifts 0. No setup or physical help 1. Setup help only 2. One person assist 3. Two+ persons physical help 8. Activity did not occur																
Bed mobility (A / B)				$\overline{}$	/				/			/	7		$\overline{}$	$\overline{}$
Transfer (A / B)						7						$\overline{/}$			$\overline{}$	$\overline{}$
Eating (A / B)					/							\overline{Z}				$\overline{}$
Toilet use (A / B)	\angle		\angle	\angle	/	\angle			\angle		Z	Z	\overline{Z}	\overline{Z}	\overline{Z}	Z
Problem Conditions																
a. dehydrated, output exceeds input	\top				207					r.	-					
b. delusions																
c. fever																
d. hallucinations																
e. internal bleeding																
f. vomiting																
5% or more weight loss in last 30 days or 10% or more in the last 180 days (Y or N)																
IV or feeding tube (Y or N)																
Appropriate time periods resident awake most or all of the time a. morning b. afternoon c. evening																
								,								
														4 : 1		

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% of total calories through parenteral or tube feedings 0. None 1. 1% to 25% 2. 26% to 50% 3. 51% to 75% 4. 76% to 100%																
Average fluid intake per day by IV or tube feedings 0. None 1. 1 to 500 cc/day 2. 501 to 1000 cc/day 4. 1501 to 2000 cc/day 5. 2001 or more cc/day																
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Record the number of ulcers at each stage. If none present, record "0". Code 9 for 9 or more. a. Stage 1. A persistent area of redness. b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater. c. Stage 3. A full thickness of skin is lost, exposing the sub-q tissues. d. Stage 4. A full thickness of skin and sub-q.										£						
Check all that apply																
Burns																
Open lesions other than ulcers, rashes, cuts																
Surgical wounds																
Pressure relieving device(s) for chair																
Pressure relieving device(s) for bed																
Turning / repositioning program																
Nutrition or hydration intervention to manage skin problems																
Ulcer care																
Surgical wound care																
Application of dressings (with or without topical medications) other than to feet																
Application of ointments / medications other than to feet																

Date																
Day of stay	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Indicators of depression																
Negative statements																
Repetitive questions																
Repetitive verbalizations																
Persistent anger																
Self deprecation																
Unrealistic fears																
Recurrent statements that something terrible is about to happen																
Repetitive health complaints										\$						
Repetitive anxious complaints / concerns																
Unpleasant mood in morning																
Insomnia / change in usual sleep pattern																
Sad, pained, worried facial expression																
Crying, tearfulness										E						
Repetitive physical movements															-	
Withdrawal from activities of interest																
Reduced social interaction																
Behavioral symptoms																
a. Wandering																
b. Verbally abusive															- 1	
c. Physically abusive																
d. Socially inappropriate / disruptive																
e. Resists care																
Check any that apply																
a. Any scheduled toileting plan														100		
b. Bladder retraining program																
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