

## Nursing Restorative Care Plan and Flow Record

**Month:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**Directions:** Use one form for each program. Complete and describe program, problem, measurable goals, and interventions. Be specific. Record direct restorative minutes daily in shift box. Be sure to initial when service is provided and sign form (full signature, title). For the North Carolina MDS Validation Review, a licensed nurse must evaluate the program within the observation period. Notes must be dated and signed.

**Program:**  
\_\_\_\_\_

**Problem:**  
\_\_\_\_\_

**Goal:**  
\_\_\_\_\_

**Interventions:**  
\_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Time/ min																																
Initials																																
Time/ min																																
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Initials																																

Initials	Full Signature and Title	Initials	Full Signature and Title

*Full signatures required to authenticate initials.*

Resident Name	Medical Record Number	Room Number

## Nursing Restorative Care Plan and Flow Record

Month: \_\_\_\_\_

Year: \_\_\_\_\_

### Restorative Aide Notes:

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### Licensed Nurse evaluation of resident's response to program *(Must be within the observation period):*

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#### **Nursing Restorative Services:**

- H3a\* Any scheduled toileting plan
- H3b\* Bladder retraining program
- P3a\* Range of motion (passive)
- P3b\* Range of motion (active)
- P3c Splint or brace assistance
- P3d\* Bed mobility
- P3f\* Walking
- P3e Transfer
- P3g Dressing or grooming
- P3h Eating or swallowing
- P3i Amputation/prosthesis care
- P3j Communication

#### **Nursing Restorative Criteria:**

- To be included in this section, a nursing rehabilitation or restorative practice must meet all of the following additional criteria:
- ~ Measurable objectives and interventions must be documented in the care plan and in the clinical record.
  - ~ Evidence of periodic evaluation by licensed nurse must be present in the clinical record.
  - ~ Nurse assistants/aides must be trained in the techniques that promote resident involvement in the activity.
  - ~ These activities are carried out or supervised by members of the nursing staff.
  - ~ This category does not include groups with more than four residents per supervising helper or caregiver.

\*Count as one service (H3a and b; P3a and b; P3d and f) even if both provided

Resident Name	Medical Record Number	Room Number