



# 45 Day Review – Day Program

Person Served: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Nurse: \_\_\_\_\_

### OVERVIEW

Sleep: \_\_\_\_\_ Appetite: \_\_\_\_\_ Bowels: \_\_\_\_\_  
Urine: \_\_\_\_\_ Seizures: \_\_\_\_\_ Ambulation: \_\_\_\_\_  
Skin: \_\_\_\_\_ A&O: \_\_\_\_\_  
Physical Changes: \_\_\_\_\_

Medication Changes: \_\_\_\_\_

TD Screen: \_\_\_\_\_  
Diet: \_\_\_\_\_  
Allergies:  NKDA  Other: \_\_\_\_\_

### COMMENTS

Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
Resp: \_\_\_\_\_ Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_  
ABD / BS: \_\_\_\_\_  
Weight: \_\_\_\_\_

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

### MEDICATION REVIEW

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Care Plan reviewed (Initiated); continue present care and goals.\*\*\*

At the time of this evaluation, the above mentioned Person Served health care needs appear to be chronic, stable, uncomplicated, routine, predictable, and the environment is conducive to delegation of nursing tasks.