

Resident Status at a Glance

Observer's Name:

Date / Time:

Resident Name:

What changes do you notice?

(circle the change and give form to nurse or administrator)

- Coughing
- Out of breath
- Feverish
- Looks sick
- Tired
- Weak
- Confused
- Agitated
- Drowsy
- Skin color
- Needs more help than usual
- Not eating
- Not drinking
- Talking less
- Weight change
- Other

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