

## Functional Assessment



Resident Name: Ida MCV\_04



Report created on: 22/03/2024 2:10 PM by Ashley Burley [RN - Registered Nurse]

### Meals / Drinks

#### MEALS / DRINKS

Requires assistance in positioning self for meal

#### Eating Aids / Utensils Details

Plate	Normal
Cup/saucer (type other options if not shown in the list)	Mug, Straw
If yes to swallowing difficulty, specify	none

To set Appointment date, use the Tasks area

### Transfers

#### TRANSFERS

See Physio assessment for specific functional ability details

Detail intervention required to transfer	Requires assistance with lifting legs into bed.
Aids used - i.e. lifting machine type, other relevant details	4ww
Recommended Seating	Recliner/chair

### Mobility

#### LOCOMOTION

Assistance to locomotion	Supervision - Staff to provide verbal direction and/or hand resident mobility aide, fitting of prosthesis or splint if needed
Distance able to walk with physical assistance: Please provide additional instructions	1x close SbA for all mobility with 4ww. Visually impaired and in new environment. Will require assistance even within room. Mobilised ~50-60m. Limited by fatigue. Experiences back pain when mobilising and has poor eyesight due to macular degeneration.
Aids used - i.e. standing/walking machine type, other relevant details	4WW
Strategies from the Falls / Safety assessment to minimise issues related to Mobility	close SBA mobility with 4ww

### Movement in Bed

#### MOVEMENT IN BED

No. of Staff using Lifting Machine	1A to assist with lifting legs into bed
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### Personal Hygiene

**TICK THE BOX IMMEDIATELY BELOW IF ONE-TO-ONE PHYSICAL ASSISTANCE IS REQUIRED FOR DRESSING AND UNDESSING, WASHING AND/OR DRYING THE BODY, DENTAL OR HAIR CARE OR SHAVING. (IF YOU HAVE TICKED FULL ASSIST, ONLY TICK ADDITIONAL INFORMATION BELOW AS**

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### NECESSARY)

Full one-to-one physical assistance is required throughout all ADL's as above

Yes

### DRESSING AND UNDESSING

Requires assistance with

Dressing and Undressing, Washing and drying the body, Grooming (dental, hair and shaving), Physical assistance is required to fit and remove hip protectors, sling, cuffs, splints, medical braces and prostheses other than for the lower limb, Supervision required to choose and lay out appropriate clothing, stand by to provide assistance verbal and or physical and set up articles for grooming

### WASHING AND DRYING

Requires assistance with

Washing body, Washing extremities, Drying body

### GROOMING

Requires assistance with

Cleaning teeth/dentures, Hair

### SPECIFIC PREFERENCES

Prefers

Shower

When?

Every Day

Resident staff preference for care

Female

Nail care requirements

Care staff to assist with nail care as required

### PODIATRIST CARE PLAN DETAILS

Write here how often Podiatrist will see this person - e.g. x weekly

PRN 6 weekly review

## Toileting

### NUMBER OF STAFF

Specify number of staff required for toileting

x1

### REQUIRES ASSISTANCE WITH

Physical (One to One assistance)

Supervision is required to set up toilet aids, hand person bedpan/urinal, empty drainage or stoma bags and stand by to provide verbal or physical assistance