

Changed Condition Summary

12/08/2016 Through 12/13/2016

	12/08	12/09	12/10	12/11	12/12	12/13
	THU	FRI	SAT	SUN	MON	TUE
- IF OBSERVED, select one item from each colored group prior to e						
1.a Care Recipient (CR) seems generally the same	1		1		1	
1.b CR seems different than last visit		1		1		
2.a CR talking and alertness seems normal	1	1	1	1	1	
2.b Shows reduced talking and alertness						
3.a CR shows no change in agitation, confusion, or sleepiness	1		1	1	1	
3.b Shows increase in agitation, confusion or sleepiness		1				
4.a CR shows no new signs of pain	1		1	1	1	
4.b Shows signs of new pain		1				
5.a CR shows no change in ability to stand or walk	1	1	1	1	1	
5.b Shows change in ability to stand or walk						
6.a CR shows no change in eating or drinking	1		1		1	
6.b Change in eating or drinking		1		1		
7.a CR shows no change in urination	1	1	1	1	1	
7.b Change in discomfort, smell, or frequency of urination						
8.a CR shows no change in bowel movements	1	1	1	1	1	
8.b CR had diarrhea						
8.c CR seemed constipated						
9.a CR shows no new skin rash or wound	1	1	1	1	1	
9.b New skin rash or wound						