**Team Order: MDS, BO, Therapy, NSG, SW, RD**

**Resident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Primary Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (What’s driving therapy)**

**ARD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*GG Score: Therapy: \_\_\_\_\_\_\_\_ Nursing: \_\_\_\_\_\_\_ \*GG Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| 1. **PT**   **Clarification Orders in PCC**  **Evaluation date: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **ELOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **LTD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1. **OT**   **Clarification Orders in PCC**  **Evaluation date: \_\_\_\_\_\_\_\_\_\_**  **ELOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **LTD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1. **ST**   **Clarification Orders in PCC**  **Cog  Swallow  Both**  **Evaluation date: \_\_\_\_\_\_\_\_\_\_\_\_**  **ELOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **LTD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1. **Swallow Disorder**   **While NOT or While a Resident** | **Date/Location of Documentation** |
| **Functional Status** | **Functional Status** |  | **List Symptoms Below** |
| **Bed Mobility:** | **Dressing UB:** | **BIMS Date/Score** |  |  |
| **Transfer:** | **Dressing LB:** |
| **Ambulation:** | **Grooming/Hygiene:** | **BIMS Date/Score** |
| **Stairs:** | **UB Bathing:** |
| **Toileting:** | **LB Bathing:** |  |
| **Special Assistive Device or**  **Recommendations** | **Special Assistive Device or**  **Recommendations** | **Special Assistive Device or**  **Recommendations** |
| **5. Miscellaneous (Discharge needs, participation barriers-pain, low motivation, MISSED treatments, etc.) Missed at least 2 treatments?** | | | | |