

ANNEXURE: 2	Resident Care Plan		
CHAPTER: 6	Resident Care Services		
MONTH CREATED	April 2024	NEXT REVIEW	April 2026
CHAPTER CODE	RCS	VERSION	1
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To be filled at the time of Admission

1) Resident Details

Resident Name	
New Resident / Existing Resident	
Date of Birth	
Age	
Blood Group	
Gender (Male / Female / Third Gender)	
Height & Weight	
Resident Contact Details	
Name of Guardian / Legal Representative	
Contact Details of Guardian	
Present / Previous Physician	
Last Care Plan updated / New Care Plan	
Existing Care Plan to Continue / Changed	
Existing Medication to Continue / Changed	
Room No / Ward No	
Any Special Issues of Concern	
Any other details	

2) Resident Care Plan

A	Physical Support Care			
S.No	Care Need	Independent	Needs Assistance	Needs Supervision
1	General Physical Movement			
2	Foot Care			
3	Eye Care / Vision Capacity			
4	Ear Care / Hearing Capacity			
5	Bed Transfer			
6	Gait Problem			
7	Falls Management			
8	Impaired Balance			
9	Foot Deformity			
10	Dentures			
11	Gums			
12	Motor Skills			
13	Any other details			

B	Personal Care & Activities of Daily Living (ADL)			
S.No		Independent	Needs Assistance	Needs Supervision
1	Chewing			
2	Swallowing			
3	Bathing			
5	Dressing			
6	Eating			
7	Toilet Use			
8	Personal Grooming			
9	Walking			
10	Wheel Chair Assistance			
11	Therapies (PT, OT, BT, CT, DT, HT)			
12	Any other details			
C	Nursing & Medical Care			

CHAPTER: 6 - Resident Care Plan

S.No	Care Need	Independent	Needs Assistance	Needs Supervision
1	Medication Administration			
2	Medicine Allergies			
3	Nursing Supervision			
4	Bladder			
5	Bowel			
6	Wound			
7	Bed Ridden			
8	Use of Catheters			
9	Use of Feeding Tubes			
10	Pressure Injury & Sores			
11	Dialysis			
12	Dementia			
13	Cognitive Status			
14	Parkinson's			
15	Epilepsy, Delirium			
16	Peg Feeding			
17	Restraints (Physical, Chemical)			
18	Osteoporosis			
19	Skin Integrity			
20	Postural Hypotension			
21	Mental Health Supervision			
22	Infectious Disease			
23	Challenging Behaviour			
24	Any other details			

D	Food & Beverage			
S.No	Care Need	Yes	No	To be Evaluated
1	Special Diet, Therapeutic Diet			
2	Soft Meals, Minced			
3	Liquid, Semi-liquid			
4	Vegetarian, Non-vegetarian / Vegan			
5	Food Allergies			
6	Specific Nutritional Requirement			
7	Does Food Fasting			
8	Any other details			
E	Social & Recreation Care			

S.No	Care Need	Independent	Needs Assistance	Needs Supervision
1	Garden Therapy			
2	Music Therapy, Dance Therapy, Colour Therapy, Pet Therapy			
3	Arts Therapy (Arts & Crafts)			
4	Reading			
5	Activities & Games			
6	Spiritual Support			
7	Travelling			
8	Companion Services			
9	Community Participation			
10	Self-Driving			
11	Any other details			

F	Financial Services			
S.No	Care Need	Independent	Needs Assistance	Needs Supervision
1	Banking Work			
2	Bill Payments			
3	Tax Filing			
4	Wills, Legal Support			
5	Govt Social Welfare Schemes			
6	Any other details			

3) Assessment by Staff

S.No	Name of Assessment Staff	Designation	Signature	Assessment Date
1		Doctor		
2		Home Manager		
3		Nurse		
4		Health Worker		
5		Family / Guardian		
6		Any other staff		