

DATA TRACKING LOG

NAME _____ Address _____ Agency _____ YEAR _____

DATA	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
EATING: * Select one from below												
AMBULATION: *												
TRANSFER: *												
TOILETING: *												
DAYS MISSED/AFFECTED BY CLINICAL ISSUES (# / mo)												
SELF-ABUSE OCCURRENCES (# / mo)												
AGGRESSION OCCURRENCES (# / mo)												
PHYSICAL RESTRAINTS (# / mo)												
MEDICATIONS CHANGES (# / Mo)												
√- Emergency drug use R/T behavior												
√- Psychotropic meds R/T to TD												
Medication & Treatment Refusals/ month												
GI OCCURRENCES (# / mo)												
SEIZURE OCCURRENCES (# / mo)												
AEDS- Note # Used /Changes (# / mo)												
AED Toxic Levels												
√- Valproic Acid + other AED Therapy												
√- ER Visit or Hospital Admission for toxicity												
SKIN *												
BOWEL MANAGEMENT: *												
√ TREATMENTS (Resp., wound, trach, etc.)												
INJURIES (# / mo)												
FALLS (# / mo)												
PROFESSIONAL VISITS (# / mo)												
ER VISITS (# / mo)												
HOSPITAL ADMISSIONS (# / mo)												
MONTHLY BW _____ WEIGHTS IBWR _____ BMI _____												

- *Eating:** 0) Independent
 1) With intermittent verbal/physical help
 2) Constant verbal/physical help to complete meal
 3) Constant verbal/physical help for safety reasons
 4) Nutrition/hydration via tube
- *Ambulation:** 0) Independent
 1) walks with minimal assistance
 2) Uses wheelchair for mobility
 3) Requires assistance to change positions in W/C
 4) disability prevents sitting in an upright position
- *Transfer:** 0) Independent
 1) Supervise for safe transfer
 2) 1 person physical assistance to transfer or change position
 3) 2 person physical assistance to transfer or change
 4) Lift equipment or procedure necessary for safe transfer
- *Toileting:** 0) Independent;
 1) Minimal help/supervision with hygiene/physical assistance
 2) Continent-maximum supervision/assistance. May have occasional accidents;
 3) Incontinent-maximum supervision/assistance. toileting schedule or incontinent briefs;
 4) Indwelling catheter or colostomy
- *GI Episodes:** i.e. hand mouthing, heartburn, and emesis, GI Bleed, DX: GI Bleed
- *Skin:** 0) None
 1) Initial TX
 2) Ongoing TX
 3) Resolved
- *Bowel Management:**
 0) None
 1) Easily managed by diet
 2) Easily managed by diet/supplement
 3) On-going preventive management
 4) Hospital admission for impaction /obstruction