PROTECT ALL BASES
OBSERVATION TOOL- CNA

LEADE
Leading Effectively by Advocating and Delivering Excellence

Identify and report any concerning changes in a resident's status by filling out the form below and submitting it to the nurse.

PROTECT	**PAIN**	☐ New or worsening pain ☐ Non-verbal signs of pain
All	**AMBULATION**	Change in any of the following: ☐ Gait (the way someone walks) ☐ Balance (being able to remain upright and steady) ☐ Mobility (a person's ability to move- includes gross and fine motor)
B	**BEHAVIOR**	Change in any of the following: ☐ Memory ☐ Mood ☐ Actions ☐ Requiring more assistance with ADL'S ☐ Unusual behavior ☐ Decline in behavior ☐ Interactions
A	**APPETITE**	☐ Poor intake ☐ Weight loss or gain ☐ Difficulty feeding self ☐ Concerns with dentition ☐ Nausea/vomiting ☐ Lack of interest in food
S	**SKIN**	☐ Changes in skin color or condition
E	**ELIMINATION**	☐ No bowel movement in 3 days ☐ Diarrhea
S	**SAFETY**	Concerns with: ☐ Safety Reminder Devices ☐ Environmental hazards ☐ Transferring ☐ Risky behavior
VITAL SIGNS	T_____ P_____ R _____ BP _____/_____	

NAME OF CNA

NAME OF RESIDENT

NURSE TO WHOM CONCERN WAS REPORTED

DATE/TIME CONCERN WAS REPORTED