Risk screen and measures record

Form | LTC-FRM-001

Document type	Form
Title	Risk screen and measures record
Document ID	{{facility.code}}-LTC-FRM-001
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S4 (Long-term care), criterion S4.1
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records the falls, pressure injury and nutrition screen for each resident, and the measures put in place.

1. How to complete

- Complete the screen at admission and at each repeat.
- Write the measure for each risk found.
- Sign and date each entry.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Falls risk screened and recorded	Yes	[ ]	[ ]	[ ]	Action and who to tell
2	Pressure injury risk screened and recorded	Yes	[ ]	[ ]	[ ]	Action and who to tell
3	Nutrition risk screened and recorded	Yes	[ ]	[ ]	[ ]	Action and who to tell
4	Measure written for each risk	Yes	[ ]	[ ]	[ ]	Action and who to tell
5	Next screen date set	Yes	[ ]	[ ]	[ ]	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.

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E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval