

# Customizing Care Tool

**Directions:** Activities of daily living (ADL) care for the mouth, skin, and urinary tract can help prevent pneumonia, skin infections, and urinary tract infections. Use this tool to customize the ADL care you provide for each resident.

Update this document regularly and align with the resident's care plan and medical needs.

**Resident:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_



## Customizing Care for the Mouth:

You can help prevent pneumonia with proper mouth care.

### What kind of assistance does the resident require/want for mouth care?

- Full assistance with mouth care
- Guidance and some support with mouth care
- Supervision and cueing with mouth care
- No assistance, independent in mouth care
- Other: \_\_\_\_\_

### When does the resident prefer to brush their teeth?

\_\_\_\_\_

\_\_\_\_\_

### Does the resident use a specific mouthwash or toothpaste? If yes, what do they use?

\_\_\_\_\_

\_\_\_\_\_

### Does the resident have dentures?

- No
- Yes. If yes:
  - Does the resident feel that they fit well?
    - Yes  No, notify the nurse.
  - Dentures should be removed for at least 4 hours a day. When would the resident like to remove their dentures? \_\_\_\_\_

### Currently has/prone to:

- Difficulty swallowing
- Missing teeth
- Mouth sores
- Other: \_\_\_\_\_
- Not applicable

### Any other information related to daily mouth care routine?

\_\_\_\_\_

\_\_\_\_\_

### Caregiver Notes:

*Provide any additional information regarding care preferences for other caregivers to reference.*

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## Customizing Care for the Skin:

You can help prevent skin infections with proper skin care.

### What kind of assistance does the resident require/want for skin care?

- Full assistance with skin care
- Guidance and some support with skin care
- Supervision and cueing with skin care
- No assistance, independent in skin care
- Other: \_\_\_\_\_

### When does the resident prefer to bathe?

\_\_\_\_\_

\_\_\_\_\_

### Does the resident use a specific soap or lotion? If yes, what do they use?

\_\_\_\_\_

\_\_\_\_\_



## Customizing Care for the Skin (continued):

You can help prevent skin infections with proper skin care.

### Does the resident need help repositioning themselves?

- No
- Yes. If yes:
  - Any pain or areas to avoid when repositioning?
    - No
    - Yes. If yes, take notes below: \_\_\_\_\_
  - My policies and procedures indicate I should help this resident reposition every \_\_\_\_\_ hours.

### Does the resident use specialty support surfaces (e.g., pillows, foam wedge, etc.)?

- No
- Yes. If yes, what type(s)? \_\_\_\_\_

### Any other information related to daily skin care routine?

\_\_\_\_\_

### Currently has/prone to:

- Pressure injuries. Location(s): \_\_\_\_\_
- Skin tears. Location(s): \_\_\_\_\_
- Surgical wounds. Location(s): \_\_\_\_\_
- Skin infections. Location(s): \_\_\_\_\_
- Other: \_\_\_\_\_
- Not applicable

### Caregiver Notes:

Provide any additional information regarding care preferences for other caregivers to reference.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Customizing Care for Urinary Health:

You can help prevent urinary tract infections by maintaining urinary health.

### What kind of assistance does the resident require/want for urinary care?

- Full assistance with urinary care
- Guidance and some support with urinary care
- Supervision and cueing with urinary care
- No assistance, independent in urinary care
- Other: \_\_\_\_\_

### Does the resident have a toileting program?

- No
- Yes. If yes, describe program below: \_\_\_\_\_

### Currently has/prone to:

- Urinary catheters. Type: \_\_\_\_\_
- Urinary retention
- Incontinence
  - Preferred incontinence products: \_\_\_\_\_
  - Brief type/size: \_\_\_\_\_
- Other: \_\_\_\_\_

### Any fluid restrictions?

- No
- Yes. If yes, note restriction: \_\_\_\_\_

### Note the resident's preferences for beverages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Does the resident require a drinking aid (e.g., straw, special size pitcher, etc.)?

- No
- Yes. If yes, describe below: \_\_\_\_\_

### Any other information related to urinary health maintenance?

\_\_\_\_\_

\_\_\_\_\_

### Caregiver Notes:

Provide any additional information regarding care preferences for other caregivers to reference.

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