

NAR Observation Tool

NAR name _____

Date of Observation _____

Nurse/Supervisor completing observation _____

Directions: Observe resident care being completed on 1 resident and observe toileting and repositioning on 3 residents

y n Nametag on

y n Transfer belt on

y n Correct uniform/shoes

Observe complete cares on 1 resident:

Resident name _____

y n Introduced self

y n Provided privacy

y n Toileted

y n Partial bath completed correctly

y n Peri-care provided

y n Oral care done

y n Hair combed, shaved

y n Transferred correctly

y n Bed made by 10am

y n Room order completed

Notes regarding cares

observed _____

Observe toileting and repositioning of 3 residents:

Resident _____ Resident _____ Resident _____

Time _____ Time _____ Time _____

Time _____ Time _____ Time _____

Time _____ Time _____ Time _____

Other:

y n In dining room on time

y n signed out for breaks

y n Reported off to nurse at end of shift

Documentation completed:

y n BM sheets

y n NAR assignment sheet

y n HS snacks passed and documented

y n Ambulation

y n Bath VS and Weights

