



REGIONAL MONTHLY WEIGHT WORKSHEET

Long-Term Care



Instructions:

- Keep one form for each resident in a central location on the unit
- Use form for monthly weight monitoring as part of the Residential Care Regulation

Move-in date, weight and height (for new residents only):

Move-in date:	Weight (kg):	Height (cm):	Hip-protectors: Y N	Size:
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Health Care Provider Instructions	HCA	Unit Clerk (or designate)	Nurse
	<ul style="list-style-type: none"> • On weighing day notify nurse of any 2 kg weight Δ • Within 1 week of weighing residents, copy weight from tub room document • If the scale is different than the bathing plan, please include an * by month, and ask nurse to document 	<ul style="list-style-type: none"> • By 15th every month, enter weight into Meditech and complete this form • Use facility method to assess for significant weight Δ over 3 or 6 months • Notify nurse and/or CC of significant Δ when present 	<ul style="list-style-type: none"> • Review weight trend when 2kg weight difference reported by HCA • If significant Δ, notify RD (via Meditech referral) and/or MRP • Update care plan

Year	Date	Weight (kg)	HP fit (Y / N / n/a)	Initial	Weight in Meditech (<input checked="" type="checkbox"/> & initial)	Significant Δ (if yes, add (x & initial))	Nurse/CC notified		RD/MRP notified		Care plan updated (<input checked="" type="checkbox"/> & initial)
							Who	Date	Who	Date	
Jan					<input type="checkbox"/>	/					<input type="checkbox"/>
Feb					<input type="checkbox"/>	/					<input type="checkbox"/>
March					<input type="checkbox"/>	/					<input type="checkbox"/>
April					<input type="checkbox"/>	/					<input type="checkbox"/>
May					<input type="checkbox"/>	/					<input type="checkbox"/>
June					<input type="checkbox"/>	/					<input type="checkbox"/>
July					<input type="checkbox"/>	/					<input type="checkbox"/>
Aug					<input type="checkbox"/>	/					<input type="checkbox"/>
Sept					<input type="checkbox"/>	/					<input type="checkbox"/>
Oct					<input type="checkbox"/>	/					<input type="checkbox"/>
Nov					<input type="checkbox"/>	/					<input type="checkbox"/>
Dec					<input type="checkbox"/>	/					<input type="checkbox"/>

Δ - change; CC - care coordinator; cm - centimeters; HCA - health care assistant; HP - hip protector; kg - kilograms; MRP - most responsible provider; N - no; n/a - not applicable; RD - registered dietitian; UC - unit clerk; Y - yes