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HURONIA REGIONAL CENTRE

ANNUAL NURSING ASSESSMENT

ORIGINAL - FILE

DATE Dec 9/86

NAME [REDACTED] D.O.B. [REDACTED] 61 C.B.# [REDACTED]

DATE OF LAST PHYSICAL _____ AGE 25 RES./WARD Corr 10

DATE OF LAST EYE ASSESSMENT 20.3.86 R_x cat #6

DATE OF LAST DENTAL ASSESSMENT Nov 20/86 PROSTHESIS ✓

DATE OF LAST AUDITORY ASSESSMENT _____ HEARING AID _____

MOBILITY - SELF ✓ ASSISTED _____ TYPE OF ASSISTANCE _____

GENERAL APPEARANCE Tall, well nourished male -

BEHAVIOUR - COOPERATIVE ✓ UNCOOPERATIVE _____ SELF-ABUSIVE _____

OTHER Tear cloths.

PICA _____ VERBAL _____ RESPONSIVE _____ NONVERBAL ✓

PHYSICAL ASSESSMENT:

SKIN clear WEIGHT 70.2 Kg HEIGHT 171 cm B/P 120/82

TEETH OK NUTRITION double req diet MENSTRUATION N/A

LAST MEDICAL REVIEW Dec 2/86 CURRENT IMMUNIZATION STATUS up to date

COMMUNICATION none - nonverbal.

CAUTIONS: EPILEPTIC yes Hx. NO. OF SEIZURES PAST 12 MOS. seizure free.

CERVICAL SPINE INSTABILITY N/A VISUAL IMPAIRMENT cat #6

RESTRAINTS _____ CARDIAC _____

OTHER Unvaccinated vs Hepatitis

MEDICATIONS: Noxiron 10mgm TID; Phenobarb 30mgm q h.s.

SUMMARY OF ILLNESSES AND NURSING INTERVENTIONS DURING PAST YEAR healthy
this yr.

CONSULTATIONS _____

NURSING DIAGNOSES ① Potential for good health - maintain this.

INVESTIGATIONS RECOMMENDED ① Caution check.

SIGNATURE [REDACTED] TITLE _____

ORIGINAL - FILE

HURONIA REGIONAL CENTRE

ANNUAL NURSING ASSESSMENT

DATE Dec 3 / 87

NAME [redacted] D.O.B. [redacted] 41 C.B.# [redacted]

DATE OF LAST PHYSICAL Dec 10 / 86 AGE 41 RES./WARD Cott 10

DATE OF LAST EYE ASSESSMENT 20-03-86 R_x CAT #1

DATE OF LAST DENTAL ASSESSMENT Sept 15 / 87 PROSTHESIS Ø

DATE OF LAST AUDITORY ASSESSMENT May 13 / 87 HEARING AID Ø

MOBILITY - SELF ASSISTED TYPE OF ASSISTANCE _____

GENERAL APPEARANCE Tall well nourished male.

BEHAVIOUR - COOPERATIVE UNCOOPERATIVE stubborn SELF-ABUSIVE

OTHER TEARS CLOTHES

PICA VERBAL RESPONSIVE NONVERBAL

PHYSICAL ASSESSMENT:

SKIN clear WEIGHT 64.5 HEIGHT 171 cm B/P 126/72

TEETH OK NUTRITION double veg diet MENSTRUATION n/a

LAST MEDICAL REVIEW Oct 87 CURRENT IMMUNIZATION STATUS up to date

COMMUNICATION non-verbal

CAUTIONS: EPILEPTIC YES NO. OF SEIZURES PAST 12 MOS. Ø

CERVICAL SPINE INSTABILITY n/a VISUAL IMPAIRMENT CAT #1

RESTRAINTS Ø CARDIAC n/a

OTHER vaccinated against hepatitis B.

MEDICATIONS:

PHENORBARBITAL 30mg qhs

Morizone 10 mg qam and 5 mg hs

SUMMARY OF ILLNESSES AND NURSING INTERVENTIONS DURING PAST YEAR

THIS YEAR

Morizone has been started for hyperactivity.

CONSULTATIONS Ø

NURSING DIAGNOSES

Positive to maintain client at optimal level of health.

INVESTIGATIONS RECOMMENDED

Ø To be Baptized Roman Catholic

10/21/87

[redacted] SIGNATURE TITLE



Ministry of
Community and
Social Services

Developmentally
Handicapped
Services

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Nursing Assessment

09/61 03/12/73 M

ORIGINAL - FILE

Part 1 86308 TP

DR. [redacted] COTT 10
HURONIA REGIONAL CENTRE
PO BOX 1000 ORILLIA L3V 6L2

Addressograph

Name	Counsellor	Date (d,m,y)
Next of kin (contact for consent purposes)	Relationship	Home telephone no.
		Business telephone no.

Information from
 Client Counsellor Family File

Allergies

Medical cautions
Hepatitis B carrier yes no

1. Nutrition:
Ht. 171 cm. Wt. 62 kg.
Diet Whole Reg Schedule 730-1245-1250
Supplement g Schedule _____
Independent yes
Needs help _____
Totally dependent _____
Chokes easily _____
Adaptive equipment _____
Food likes _____
Food dislikes _____
Last dental exam 87915 Comments: Don't hygiene

6. Neurological/Sensory Perceptual:
Epilepsy yes Hx Seizure type no seizures
Frequency _____
Falls _____ Aspirates _____
Last eye exam Time 88 Comments cat 6

2. Skin:
Colour pink Dry no Oily no
Turgor good Edema nil
Hair brown

Vision:
 adequate adequate with glasses poor blind
Hearing: Right Left
Adequate
Adequate without aid
Poor
Deaf
Frequent wax build-up _____
Foreign objects _____

Last audiological exam 8715113
Comments: _____
Thermo-regulatory deficit no
Reacts to pain: yes no; verbally facially

3. Respirations:
Rate 24 Quality regular
Pattern: Mouth Nose
Air Swallower _____ Smokes _____ day
URI 1 yr. Septum deviated no
Last chest x-ray 1/1 Results _____

7. Elimination: Bowel Bladder
Toilet
Commode
Diaper
Urenal
Catheter Type: _____

4. Cardiac:
Last ECG: 1/1 Comments: _____
B.P. 126/70 P. 76 T. _____
Peripheral Circulation:
Cap refill normal
Hair growth pattern normal
Pedal pulses palpable present

Female:
Last PAP smear 1/1 Last breast exam 1/1
Pattern of menses _____
Antiovolatory meds. _____
Premenstrual syndrome _____
Male: Last testicular exam 1/1

5. Sleeping Habits:
Usual bedtime 2150 Duration 6-8 hrs
Quality of sleep good
Sleep aids _____
Nocturnal disturbances _____
Type of mattress/bed Admet

8. Mobility:
 Independent
 needs assistance
 mechanical
 bedridden
Physical handicap no

Cervical spine instability _____
Contractures _____
Prosthetics _____
Alterations in ROM no
Muscle tone _____

Resident's name

9. Communicable Disease History:

	Disease Date	Vaccine Date		Disease Date	Vaccine Date		Vaccine Date
Tetanus			Measles			Taiwan Flu	
Pertussis			Mumps			Fluvaccine	Oct/88
Diphtheria			Rubella			Pneumovax	
Polio			Chicken pox			Heptavax	yes
Tuberculosis							

Last TB test date Aug 23/88
Result Neg

Hepatitis B status

s antigen pos neg
e antigen pos neg

Date 1/1

Antibody to s pos neg
Antibody to e pos neg
Antibody to core pos neg

10. Communication:

- Verbal
- Limited
- Nonverbal
- Bliss
- Signs
- Gestures
- Non responsive

11. Behaviour:

- Co-operative *nervous - stuffy*
- Unco-operative
- Self Abusive
- Aggressive
- Violent
- Pica (Preferred objects)

12. Family:

Visits to H.R.C. occasionally Frequency _____
Relationship _____
Visits home _____ Frequency _____

13. Social:

- Supervision
- Constant
 - Intermittent
 - Minimal
- Daily Activities
- Workshop
 - School
 - Block program *edgy*

Alcohol use: _____

14. Personal Hygiene and Grooming:

	Independent	Assist	Dependent
Bathing		<input checked="" type="checkbox"/>	
Oral Hygiene			<input checked="" type="checkbox"/>
Shaving			<input checked="" type="checkbox"/>
Dressing		<input checked="" type="checkbox"/>	
Shampoo			<input checked="" type="checkbox"/>
Menstrual			<input checked="" type="checkbox"/>

15. Nursing Diagnoses:

Health Maintenance altered by knowledge deficit



Ministry of
Community and
Social Services

Developmentally
Handicapped
Services

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Nursing Assessment

Part A 08/09/61

03/12/73 M

DR. [REDACTED] TP [REDACTED]
COTT 10
HURONIA REGIONAL CENTRE
PO BOX 1000 BRILLIA L3V 6L2

Health nurse [REDACTED]	Counsellor [REDACTED]	Date (d,m,y) Mar. 13/91
Next of kin (contact for consent purposes) Mrs. [REDACTED]	Relationship Mom	Business-telephone no. 476 [REDACTED]

Information from
 Client Counsellor Family File

Allergies
 Hepatitis B carrier yes no
 Epileptic
 Beh. related to stress

1. Nutrition:

Ht. 170 cm. Wt. 65.8 kg.
 Diet BRAND Schedule Regular
 Supplement _____ Schedule _____
 Independent
 Needs help _____
 Totally dependent _____
 Chokes easily naturally
 Adaptive equipment _____
 Food likes MARGES
 Food dislikes UNKNOWN
 Last dental exam 1/90 Comments: OK

6. Neurological/Sensory Perceptual:

Epilepsy YES Seizure type CLONIC-TONIC
 Frequency 6 in 1990 after having none for years.
 Falls YES Aspirates NO
 Last eye exam June/90 Comments _____

Vision:
 adequate adequate with glasses poor blind

Hearing:
 Adequate Right Left
 Adequate without aid
 Poor
 Deaf

2. Skin:

Colour Good Dry _____ Oily _____
 Turgor Good Edema NONE
 Hair Light Brown

Foreign objects no
 Last audiological exam 1/90
 Comments: _____
 Thermo-regulatory deficit NO
 Reacts to pain: yes no; verbally facially

3. Respirations:

Rate 18 Quality Regular
 Pattern: Mouth Nose
 Air Swallower no Smokes 0 day
 URI 1/ yr. Septum deviated no
 Last chest x-ray 1/1 Results _____

7. Elimination:

Bowel	Bladder
Toilet <input type="checkbox"/>	<input type="checkbox"/>
Commode <input type="checkbox"/>	<input type="checkbox"/>
Diaper <input type="checkbox"/>	<input type="checkbox"/>
Urenal <input type="checkbox"/>	<input type="checkbox"/>
Catheter <input type="checkbox"/>	<input type="checkbox"/>

Type: _____

4. Cardiac:

Last ECG: 1/1 Comments: _____
 B.P. 130/80 P. 88 reg. T. 37.2 (a)
 Peripheral Circulation:
 Cap refill GOOD
 Hair growth pattern normal
 Pedal pulses palpable _____

Female:
 Last PAP smear 1/1 Last breast exam 1/1
 Pattern of menses _____
 Antioviulatory meds. _____
 Premenstrual syndrome _____
 Male: Last testicular exam Jan/90

5. Sleeping Habits:

Usual bedtime 2030 Duration 8-9 hours
 Quality of sleep usually good
 Sleep aids _____
 Nocturnal disturbances _____
 Type of mattress/bed Reg. adult

8. Mobility:

independent
 needs assistance
 mechanical
 bedridden

Physical handicap _____

Cervical spine instability no
 Contractures _____
 Prosthetics: _____
 Alterations in ROM _____
 Muscle tone OK

Resident's name

9. Communicable Disease History:

	Disease Date	Vaccine Date		Disease Date	Vaccine Date		Vaccine Date
Tetanus			Measles			Taiwan Flu	
Pertussis			Mumps			Fluvaccine	Oct. 12/90
Diphtheria			Rubella			Pneumovax	
Polio		11-1-84	Chicken pox			Heptavax	
Tuberculosis							

Last TB test date

Aug. 1988

Result

negative

Hepatitis B status

s antigen pos neg

e antigen pos neg

Date 1 / 1

Antibody to s pos neg

Antibody to e pos neg

Antibody to core pos neg

10. Communication:

- Verbal
- Limited
- Nonverbal
- Bliss
- Signs
- Gestures
- Non responsive

11. Behaviour:

- Co-operative
- Unco-operative *= medical procedures*
- Self Abusive
- Aggressive
- Violent
- Pica (Preferred objects)

12. Family:

Visits to H.R.C. rare Frequency _____

Relationship mom

Visits home 0 Frequency _____

13. Social:

Alcohol use: N/A

Supervision

Daily Activities

Constant

Workshop

Intermittent

School

Minimal

Block program

14. Personal Hygiene and Grooming:

	Independent	Assist	Dependent
Bathing			7
Oral Hygiene			7
Shaving			7
Dressing			7
Shampoo			7
Menstrual	N/A		

15. Nursing Diagnoses:

Potential for injury related to falls from toilet

NAME: [REDACTED] C.B.#: [REDACTED] LIVING AREA: Cot. 10 DATE: Nov. 2/92

D.O.B.: 1961 [REDACTED] D.O.A.: 1973/12/03 HEALTH #: [REDACTED]

CAUTIONS: Whenever [REDACTED] leaves grounds, he must be accompanied by a familiar staff.

HEP. STATUS: Vaccinated.

ALLERGIES: None known.

HEIGHT: 170.5 cm. WEIGHT: 71.6 kg. Nov. 1992

DIET: Consistency: Ground Meat

Supplement: No

Thick-It: No

Feeds Self: Yes

Assistive Device: No

DENTAL INFORMATION: May 15, 1992 - Recall

EPILEPSY: Yes # Seizures in past year: 2 in 1991
3 in 1992

ELIMINATION: Toilets self.

TD ADS STATUS: 27/2/85

COMMUNICATION SKILLS: Nonverbal.

MOBILITY: Independent

ASSISTIVE DEVICE: No

BEHAVIOUR PROTOCOL: No

PERTINENT INFORMATION: Pin and plate left hip 1978.
Behaviour Problem.

HEALTH MANAGEMENT PLAN: Potential for injury related to
falls with epileptic seizures.

[REDACTED]
[REDACTED] R.N,
Nursing Services.

HURONIA REGIONAL CENTRE, ORILLIA - NURSING ASSESSMENT

NAME: [REDACTED] **C.B.#:** [REDACTED] **LIVING AREA:** Cot. 10 **DATE:** April 1994
D.O.B.: 1961 [REDACTED] **D.O.A.:** 1973/12/03 **HEALTH #:** [REDACTED]

CAUTIONS: Epileptic. Social - when leaving grounds must be accompanied by familiar staff.

HEP. STATUS: Vaccinated against.

ALLERGIES: None known.

HEIGHT: 170.5 cm. **WEIGHT:** 75.5 kg - Jan./82 - Ideal weight 68+5 kg.

DIET: Consistency: Ground

Supplement:

Thick-It:

Feeds Self: Yes

Assistive Device: No

DENTAL INFORMATION: Feb./94 Sedate. Mar./94 - dental work under G.A. due to severe hyperplasia.

EPILEPSY: Yes # Seizures in past year: 3 in 1993.

ELIMINATION: Toilets self.

TD ADS STATUS: 27/2/85

COMMUNICATION SKILLS: Nonverbal.

MOBILITY: Independent

ASSISTIVE DEVICE: No

BEHAVIOUR PROTOCOL: No

PERTINENT INFORMATION: Epilepsy. Behaviour problem. Old fracture right hip.

HEALTH MANAGEMENT PLAN: Monitor A/C levels to maintain adequate control of epilepsy thereby prevention of trauma related to seizures. To monitor behaviour and ensure Nozinan is controlling the problem.

[REDACTED]
 [REDACTED]
 R.N. [REDACTED]

[REDACTED]
 Nursing Services.

/vsh

HURONIA REGIONAL CENTRE, ORILLIA - NURSING ASSESSMENT

NAME: [REDACTED] C.B.#: [REDACTED] LIVING AREA: Cot. 10 DATE: 1995 March

D.O.B.: 1961 [REDACTED] D.O.A.: 1973/12/03 HEALTH #: [REDACTED]

CAUTIONS: Epileptic. Social - when leaving grounds must be accompanied by familiar staff.

HEP. STATUS: Vaccinated against.

ALLERGIES: None known.

HEIGHT: 170.5 cm. WEIGHT: 70/0 kg - Mar./95 - Ideal weight 68+5 kg.

DIET: Consistency: Ground

Supplement:

Thick-It:

Feeds Self: Yes Assistive Device: No

DENTAL INFORMATION: Mar./94 - dental work under G.A. due to severe hyperplasia.

EPILEPSY: Yes # Seizures in past year: 4 in 1994

ELIMINATION: Toilets self.

TD ADS STATUS: 27/2/85

COMMUNICATION SKILLS: Nonverbal.

MOBILITY: Independent

ASSISTIVE DEVICE: No

BEHAVIOUR PROTOCOL: No

PERTINENT INFORMATION: Epilepsy. Behaviour problem. Old fracture right hip - pin and plate in hip.

HEALTH MANAGEMENT PLAN: Monitor A/C levels to maintain adequate control of epilepsy thereby prevention of trauma related to seizures. To monitor behaviour and ensure Nozinan is controlling the problem.

Assessed and Completed by: [REDACTED] Read by: [REDACTED]

[REDACTED]
R.N.

[REDACTED]
R.N.,
Nurse III, Case Manager.

/vsh

HURONIA REGIONAL CENTRE, ORILLIA - NURSING ASSESSMENT

NAME: [REDACTED] C.B.#: [REDACTED] LIVING AREA: Cot. 10 DATE: 1996 February
 D.O.B.: 1961 [REDACTED] D.O.A.: 1973 December 03 HEALTH #: [REDACTED]

CAUTIONS:
 Epileptic. Social - when leaving grounds must be accompanied by familiar staff.

HEP. STATUS: Vaccinated against Hepatitis B

ALLERGIES: None known.

HEIGHT: 170.5 cm. WEIGHT: 79.5 kg. Ideal Weight 58-72 kg.

DIET: Type: Consistency: Mod. ground
 Supplement: Type:
 Thick-It: Consistency:
 Feeds Self: Yes Assistive Device: No

DENTAL INFORMATION:
 1994 March - dental work under G.A. due to severe hyperplasia.

EPILEPSY: Yes # Seizures in past year: 8 in 1995

ELIMINATION: Toilets self

TD ADS STATUS: 1995 April 26

COMMUNICATION SKILLS: Nonverbal

MOBILITY: Independent

ASSISTIVE DEVICE: No

BEHAVIOUR PROTOCOL: No

PERTINENT INFORMATION:
 Epilepsy. Behaviour problem. Old fracture left hip - pin and plate in hip.

HEALTH MANAGEMENT PLAN:
 Monitor A/C levels to maintain adequate control of epilepsy thereby prevention of trauma related to seizures. To monitor behaviour and ensure Nozinan is controlling the problem.

Assessed and Completed by:

Read by:

[REDACTED]
 R.N.,
 Primary Nurse.

[REDACTED]
 R.N.,
 Nurse III Case Manager.

/lf

cc: Primary Nurse
 Nurse III

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HURONIA REGIONAL CENTRE, ORILLIA - NURSING ASSESSMENT

NAME: [REDACTED] C.B.#: [REDACTED] Loc.: C10 Date: 1997/02/06

D.O.B.: 1961 [REDACTED] D.O.A.: 1973/12/03 HEALTH #: [REDACTED]

CAUTIONS: Epileptic. Social - when leaving grounds must be accompanied by familiar staff.

HEPATITIS STATUS: Vaccinated against Hepatitis B.

ORIGINAL FILE

ALLERGIES: None known.

HEIGHT: 170.5 cm . WEIGHT: 71.2 kg. Ideal Weight 58-72 kg.

DIET - Type: 1000 Calorie
Consistency: Ground
Supplement: Yes
Supplement Type: Cal. free beverages
Thick-It: No
Thick-It Consistency:
Feeds Self: Yes
Feeding Assist. Device: No

DENTAL INFORMATION: Aug. 16/96 - dental work under G.A. at OSMH.

EPILEPSY: Yes # of Seiz.in Past Yr.: 9 in 1996

ELIMINATION: Toilets self.

TD ADS STATUS: 1995/04/26

COMMUNICATION SKILLS: Nonverbal

MOBILITY: Independent

ASSISTIVE DEVICE: No

BEHAVIOUR PROTOCOL: No

PERTINENT INFORMATION: Epilepsy. Behaviour problem. Old fracture left hip - pin and plate in hip.

HEALTH MANAGEMENT PLAN: Continued monitoring of health especially related to cautions. Keep immunization current. CBC and A/C levels and urinalysis per policy/physician's request. Annual influenza vaccine.

Assessed and Completed by :

Read by:

[REDACTED]
RN
Primary Health Nurse .

[REDACTED]
RegN
Nurse III Case Manager.

/ks
cc Primary
Nurse II [REDACTED]