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.

<table>
<thead>
<tr>
<th>Resident: ________________________</th>
<th>Date/Time: ________________________</th>
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### 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: ____________________________

**Currently has/prone to:**
- [ ] Difficulty swallowing
- [ ] Missing teeth
- [ ] Mouth sores
- [ ] Other: ____________________________
- [ ] Not applicable

**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?
    ______________________________________

### 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?
________________________________________

**Caregiver Notes:**
Provide any additional information regarding care preferences for other caregivers to reference.
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
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?
________________________________________
________________________________________
________________________________________
________________________________________

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.
________________________________________
________________________________________
________________________________________
________________________________________

You can help prevent skin infections with proper skin care.