



Iowa Center for Assisted Living

Staff Communications Report

If you have identified a change while caring for or observing a tenant, please complete this Staff Communication Report. If you also notified the nurse by phone or in person, please indicate below.

Name of Tenant

Apartment Number

Person Completing this Report

Date

Time (am/pm)

Reported to

Date

Time (am/pm)

Method of Reporting to Nurse

Communication Report _____

By Telephone _____

In Person _____

Check or Circle Area of Concern

Change in Continence

Bowel Bladder Diarrhea
 Blood in Urine Constipation Urinary Frequency
 Odor/Pain with Urination

Stomach Upset

Nausea Vomiting Discomfort/Pain

Change in Appetite

Decreased Increased Refusing Meal
 Difficulty Swallowing

Weight Change

Gain Loss Edema

Fall

Complete Incident Report Form

Pain

New Worsening

Medications

Frequent Use of PRN

Change in Ability to:

Walk Stand Transfer
 Increased Fatigue

Change in Behavior

Aggression Agitation Crying
 Opening Exit Doors More Disoriented

Refusal of Services

Bathing Dressing Other
 Medications/Treatments

Change in Skin Integrity

Skin Tear Scrapes/Abrasions Blister
 Incision Bruise

Parameters

Blood Sugar Outside of Parameters
 Blood Pressure Outside of Parameters
 Pulse Outside of Parameter
 Increased Temperature

Contact Nurse by Telephone or in Person

Respiratory Concerns

Coughing O₂ Saturation Less than 90%
 Short of Breath Refusal/Removing O₂