**Daily Mini Mock Survey (AWHIP)**

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| **Monday (A)** | Interventions | Follow-up |
| **Accidents / Incidents /Falls** |  |  |
| New Occurrences in past week |  |  |
| Documentation in order |  |  |
| Care Plan edited |  |  |
| Required Investigation Complete and Implemented |  |  |
| Interventions resulting in positive outcome |  |  |
| **Tuesday (W)** |  |  |
| **Weight** |  |  |
| Review weights – look for loss and excessive gains |  |  |
| Use of nutritional supplements |  |  |
| In the event of unavoidable weight loss has care plan been updated |  |  |
| **Wednesday (H)** |  |  |
| **Hydration** |  |  |
| Review any resident with potential for dehydration tracking intake and output |  |  |
| Validate water passing system |  |  |
| Ice machine is clean / Scoop in appropriate place |  |  |
| **Thursday (I)** |  |  |
| **Incontinence**  |  |  |
| Review a sample of the bowel & Bladder assessments for the past week |  |  |
| Is system working? |  |  |
| Care Plans edited? |  |  |
| **Infection Control** |  |  |
| Review the line listing |  |  |
| Review antibiotics started over past week |  |  |
| Look for patterns / trends of infection types and pathogens |  |  |
| **Friday (P)** |  |  |
| **Pain** |  |  |
| Review the medical records of ten residents: is there a pain assessment? |  |  |
| Are your narcotics count complete, and correct? |  |  |
| Check 5 residents with severe pain to ensure there is enough pain medication for the weekend. |  |  |
| **Pressure** |  |  |
| Wound Care Manager or Nurse Manager reviews and assesses any facility acquired wounds or decline in healing.  |  |  |
| Review updated Care Plan |  |  |

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