

Guidelines for Completing the Adult Day Care Assessment and Planning System

This Form Can Only be Completed by a Registered Nurse

**Please Read Guidelines for Completing the ADCAPS Before
Completing the Assessment**

- **Every 120 Days A New ADCAPS Form Must Be Completed.**
- **IF MORE SPACE IS NEEDED FOR DOCUMENTATION PLEASE UTILIZE PAGE 13 OF THE ADCAPS** e. g. If there is not enough space in Current Medical Diagnosis: Please utilize page 13- Current Medical Diagnosis Continued:
- **If the registered nurse is in need of additional assessment tools she may utilize an additional tool she needs. However, the ADCAPS document MUST be completed in its entirety.**
- **The Participants Name Section:** Enter date of assessment and all pertinent data as identified on the form. e.g. name, date, DOB, gender, primary language, allergies, current medical diagnosis, past medical history, past mental health history, surgeries/ procedures. Identify any changes within the past ninety days. If there was a significant change in the weight of the participant identified within the last ninety days document the weight gain or loss in the weight section. This change in weight is related to a significant change. If there are significant changes please document these changes in the section provided. ***If there are no significant changes N/A may be placed in the comments section of this section only.**
- **General Health Section:** Enter all pertinent data as identified on the form by checking the appropriate box. Please document temperature, pulse, respiration, blood pressure, current weight, date, and diet. In regards, to fluids please feel free to write any comments related to fluids in the comments section if the selections on the ADCAPS do not apply to your participant. There were comments regarding “redirecting a participant” if you need to redirect a participant place these comments in the comments section. Please document any high risk drugs e.g. Coumadin, Dilantin, etc. and also document any lab results from blood levels of the high risk drugs. The comment section is for any comments that further explain this section in detail if needed.
- **Neurological Section:** Enter all pertinent data as identified on the form by checking the appropriate box. e.g. if a person has long-term or short-term memory deficits please document this assessment in the comments section and explain the loss in detail. In reference to “impaired decision making” the statement of “inability to appropriately stop activities” example, a person will put on summer clothes in the winter and they do not realize the season has changed. The comment section is for any comments that further explain this section in detail if needed.

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- **Sensory Section:** Enter all pertinent data as identified on the form by checking the appropriate box. e.g. If a participant has a hearing aids in the left or right ear document that information in the comments section. When you are assessing the pupils for light reaction if your findings do not fit the criteria that the ADCAPS has documented please document any variances in the comments section. If the participant is “classified as legally blind” please document in the comments sections if the participants see’s shadows, light, figures, etc. The comment section is for any comments that further explain this section in detail if needed.
- **Cardiovascular Section:** Enter all pertinent data as identified on the form by checking the appropriate box. Heart sounds; auscultate the appropriate rhythms, if there is an abnormal rhythm auscultated document the findings in the comment section. The comment section is for any comments that further explain this section in detail if needed.
- **Respiratory Section:** Enter all pertinent data as identified on the form by checking the appropriate box. e.g. When you auscultate the lungs if your findings do not fit the criteria that the ADCAPS has documented please document any variances in the comments section. The comment section is for any comments that further explain this section in detail if needed.
- **Genitourinary Status Section:** Enter all pertinent data as identified on the form by checking the appropriate box. e.g. During your assessment process if you want to document the color and the odor of the urine document it in the comment section. The comment section is for any comments that further explain this section in detail if needed.
- **Gastrointestinal Status Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Musculoskeletal Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed. Please see addendum packet for sample of Fall’s Risk Assessment.
- **Pain Frequency Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed. Please see addendum packet for sample of Wong Baker’s Pain Scale Faces Rating System.
- **Mental Health Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Skin Integrity Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The pressure ulcer stages section has a detailed chart that describes the stages of a pressure ulcer. Complete the section by documenting the number of pressure ulcers with the correct coordinating stage, and then mark the location of the ulcer on the anatomical diagram. How to measure a pressure ulcer is on the ADCAPS. If the section for the Pressure Ulcer Stage is non-applicable please write N/A in the section. The comment section is for any comments that further explain this section in detail if needed.

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Note: If utilizing the computerized version of the ADCAPS you cannot use the computer anatomical diagram to document the location of the pressure ulcer. Please utilize individualized and descriptive verbiage to describe the pressure ulcer in the comments section.

- **ADL's and IADL's Grooming Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Current Ability to Dress Body Safely:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Current Ability to Dress Lower Body Safely:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Bathing Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Toilet Transferring Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Toileting Hygiene Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Transferring Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Ambulation Locomotion Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Feeding or Eating Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Oral Hygiene Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.

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- **Current Ability to Plan and Prepare Light Meals Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Ability to Use Telephone:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Psychosocial Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Treatments:** Document all pertinent data as related to the type of treatment, frequency of treatment, any medications utilized at the time of the treatment and if the treatment is ongoing and effective or if the treatment is a onetime only treatment. This section may also be used to document physical therapy, occupational therapy, and/or psychotherapy. The comment section is for any comments that further explain this section in detail if needed.
- **Transportation section:** Enter all pertinent data as identified on the form by checking the appropriate box. If the answer is yes, please explain the participant's physical or medical condition that would require special accommodations or an escort if the transit time is greater than 60 minutes. Comment section is for any comments that further explain this section in detail if needed.
- **Social Services Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Medication Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Management of Oral Medications:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Management of Injectable Medications:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **Activities Section:** Enter all pertinent data as identified on the form by checking the appropriate box. The comment section is for any comments that further explain this section in detail if needed.
- **(Last Comments Section :)** Are there for any additional comments or if need additional space to add additional comments for an assessment area please document in this section.

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- **Signature:** Please date, print your name and then sign your name.
- **There are addendums attached with these instructions, for pain assessments, falls risk assessment, controlled substances list, and aspiration pneumonia risk assessment.**