

QUICK 10 - COVID19 FAMILY SUPPORTER CHECK-IN



USE THIS SET OF QUESTIONS TO GUIDE YOU IN CHECKING IN TO SEE HOW YOUR LOVED ONE IS DOING

COVID-19 QUESTIONS TO ASK

- Does the resident have COVID19?
 - No
 - Suspected
 - Symptomatic
 - Confirmed
- Dining update
 - Eating location: in an open space or isolated in their room?
 - Alone or with others?
 - Eating well? Diet or weight change?
- Social activity and participation update
 - Participating? Withdrawn? What are they doing in their day?
- Bathing and Personal Grooming
 - How often receiving a bath or shower? Any change in their appearance? Do they have their glasses, hearing aids, laundered clothing? Are they being shaved?
- Skin Health
 - Dry skin, bedsores, irritations?
- Cognitive Function & Mental Wellness
 - Progression of any dementia, delirium, confusion, wandering, responsive behaviours, change in mental function?
 - Mood, depression, anxiety, how are they coping?
- Breathing Update
 - Any change in lung function or breathing blockages?

- Continence Support
 - Toileting ability, bowel or urine changes, urinary tract infections, how often are adult incontinence products changed?
- Physical Activity and well-being
 - Movement, exercise, physical or occupational therapy, stability, are assistive devices being used?
 - Sleep patterns?
- General health updates

TIPS

Ask your home who the best staff person is to contact with your questions.

Use these questions to help determine how your loved one is doing.

Not all topics will apply to all residents so use the ones that are relevant.