

Resident Assessment Form for Initiating HyFiber Liquid Laxation Program

The purpose of this form is to document all residents starting HyFiber Liquid Laxation. Please fill out this form and file it in the resident's chart.

Resident's Name: _____ Room Number: _____

Describe the resident's bowel function: _____

Frequency: _____

Specific problems: _____

List laxatives, stool softeners, suppositories, and fiber supplements currently being received by the resident and the frequency they are given: _____

Laxatives:	Doses Given past week/month	
	Routine:	PRN:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

List frequency of enemas: _____

List organic bowel problem: _____

Plan of action: _____

Discussed plan of action with resident? Yes No

Comments: _____

Signed: _____ Title: _____ Date: _____