

YEARLY WEIGHT RECORD

RESIDENT NAME: _____ DATE: _____

MONTH	WEIGHT	DIET ORDER AND DATE	SPECIAL CONSIDERATIONS	IBW	NURSE NOTIFIED AND DATE NOTIFIED	STAFF INITIALS
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						

**IBW=Ideal Body Weight Range as indicated on Nutrition Assessment

Every Resident must be weighed monthly and weight recorded on this form. If there is evidence of excessive weight loss or gain (5lbs.), the staff must contact the Delegating Nurse as soon as possible for further evaluation and document the notification and date on this form.

A weight should be taken before breakfast on calibrated scale. Resident should not be wearing shoes; if they must be worn, indicate that fact on the weight record. Scale should be placed on a flat, non-carpeted surface. If using a scale for wheelchairs, the wheelchair must be weighed separately and documented on this form. These considerations should be documented under special considerations.

If a weight reflects a +/- 5 pound change, recalibrate the scale and weigh the resident again.

All Residents should be weighed on the 17th of every month.

