

## Unit resident list and outcomes (all residents in the audit)



PLEASE  
KEEP  
LOCALLY  
ONLY!

**Codification**  
A=still in nursing home  
B=transferred to another nursing home  
C=discharge home  
D=death  
E=others


Center-Code

Unit-Code

Date of nutritionDay

Date of outcome-evaluation

## OUTCOME AFTER 6 MONTHS

Firstname, lastname, date of birth  .. or resident sticker	Resident number	Habitation after 6 months	Date of transfer to another unit, death,...	Actual weight (lb.)	during last 6 months			Comments	
					Hosital-stays		Number of falls		
					number	in days			
					only fill in if A, D, or E applies				
<div><div>DVR:0000191</div><div>W 10 01 1948</div><div></div><div>A I3101</div><div>I3M/Station 20H</div><div>Pat.Zl: 901-20311/06/004269</div></div>	1	A	24.04.2017	75,2 kg	2	17	3		

Thank you!