ENHANCED RESIDENT ASSESSMENT FORM (ERAF)

Name:

IC/FIN Number:

Date of Birth:

Age (years):

Sex (M/F):

Paste ID Label here

RAF		Score (please circle) with Des	cription for Each Score		
	 Refers to a resident's ability to move from one point to another and includes transfer Excludes supervision of a wandering or mentally disturbed resident (included in Behavioural Problems Q9) 				
	Α	В	С	D	
	0 points	3 points	10 points	16 points	
Q1 – Mobility (and Transfer)	Independent	Requires some assistance	Requires frequent	Requires total physical assistance	
	- Includes walking aid/wheelchair independent residents - Requires no assistance in mobilizing and transfer (whether walking or using a walking aid/wheelchair)	(physical/assistive device) - Needs some supervision, prompting, assistance or instructions to move around and/or transfer - Needs some supervision and physical guidance by staff in walking / use of assistive devices e.g walking frame, quad stick	- Requires frequent supervision, prompting or physical assistance by staff in walking / use of assistive devices e.g walking frame, quad stick - Requires pushing of wheelchair and/or transfer/turning in bed	- Needs total assistance in positioning, transfer and turning of residents who are chair bound or bed-ridden	
	Remarks:				
		and dishing out and serving of food wheelchair at the dining table (included in N nasogastric tubes (included in Treatment Q5			
	Α	В	С	D	
	0 points	3 points	10 points	10 points	
6.0	Independent	Requires some assistance	Requires total assistance	Tube feeding	
Q2 – Feeding	Able to eat without prompting, supervision or assistance May need reminders for meal times	- Requires some supervision/assistance with feeding. For e.g. constant prompting, positioning of residents for meal times, further cutting up of food, cleaning up after meal times due to poor and messy eating - Requires general or group	- Requires total supervision/assistance with feeding (due to dysphagia (difficulty swallowing), risk of choking, and/or poor or messy eating) - Requires one-to-one supervision/assistance for feeding	- Includes preparation of feeds and any assistance of tube feeding by staff	
	Remarks:	supervision/assistance due to dysphagia (difficulty swallowing) or risk of choking	luded in Machilia, O1)		
	- Excludes assisting residents when gett	supervision/assistance due to dysphagia		D	
	- Excludes assisting residents when gett - Excludes care and/or emptying/draining	supervision/assistance due to dysphagia (difficulty swallowing) or risk of choking ing on a wheelchair and pushing to toilet (inc ag of colostomies or catheters (included in Tr	eatment Q5 under "special procedures")	D 16 points	
	- Excludes assisting residents when gett - Excludes care and/or emptying/draining	supervision/assistance due to dysphagia (difficulty swallowing) or risk of choking ing on a wheelchair and pushing to toilet (included in Tr	eatment Q5 under "special procedures") C 8 points Requires	16 points Incontinent and totally	
Q3 – Toileting	- Excludes assisting residents when gett - Excludes care and/or emptying/drainin A O points	supervision/assistance due to dysphagia (difficulty swallowing) or risk of choking ing on a wheelchair and pushing to toilet (inc. of of colostomies or catheters (included in Tr. of the state of the s	C 8 points Requires commode/bedpan/urinal - Needs supervision/assistance throughout toileting - Needs moderate supervision/assistance to position over toilet bowl/commode/bedpan/urinal, or	Incontinent and totally dependent Needs cleaning after episodes of incontinence of urine or faeces Needs total and frequent assistance in the use of commode/bedpan/urinal/ or	
-Toileting	- Excludes assisting residents when gett - Excludes care and/or emptying/draining A O points Independent - Able to conduct all toileting activities	supervision/assistance due to dysphagia (difficulty swallowing) or risk of choking ing on a wheelchair and pushing to toilet (included in Triang of colostomies or catheters (included in Triang application). B 3 points Requires some physical assistance - Needs minimal assistance/supervision with undressing and dressing, clothing adjustments, positioning over toilet bowl/commode/bedpan/urinal, or change	C 8 points Requires commode/bedpan/urinal - Needs supervision/assistance throughout toileting - Needs moderate supervision/assistance to position over	Incontinent and totally dependent - Needs cleaning after episodes of incontinence of urine or faeces - Needs total and frequent assistance in the use of	
Q3 – Toileting	- Excludes assisting residents when gett - Excludes care and/or emptying/draining A O points Independent - Able to conduct all toileting activities without assistance Remarks: - Activities include: Bathing: including soaping, washing, dr Dressing: selection of appropriate cloth Using devices: fitting of artificial limbs, Oral care: brushing teeth, cleaning and Grooming: combing of hair, trimming of Personal hygiene: handling sanitary na - Excludes changes of clothing and clea	supervision/assistance due to dysphagia (difficulty swallowing) or risk of choking ling on a wheelchair and pushing to toilet (incigo of colostomies or catheters (included in Tromation of the color of colostomies or catheters) (included in Tromation of the color of colostomies or catheters) (included in Tromation of color of	C 8 points Requires commode/bedpan/urinal - Needs supervision/assistance throughout toileting - Needs moderate supervision/assistance to position over toilet bowl/commode/bedpan/urinal, or for diaper change	16 points Incontinent and totally dependent - Needs cleaning after episodes of incontinence of urine or faeces - Needs total and frequent assistance in the use of commode/bedpan/urinal/ or diaper change	
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Q5 - Treatment (daily medication)	A	В	С	D	
	points	points	points	points	
	- Oral or topical medication: 1 point	- Oral or topical medication: 1 point - Injection ⁽²⁾ : 2 points	- Oral or topical medication: 1 point - Injection ⁽²⁾ : 2 points - Physiotherapy or occupational therapy: 4 points	- Oral or topical medication: 1 point - Injection ^[2] : 2 points - Physiotherapy or occupational therapy: 4 points - Special procedures ^[1] (1 point per 5 minutes needed to perform procedure)	
	(1) Special procedures include (NOT limited administration, nebulizer, tracheostomy ca (2) Excludes injections which are PRN or add - Excludes setting up trays or collecting equinical Remarks:	ministered at an external facility	e/emptying of bag, blood glucose monitorin	g, urinalysis, wound dressing, oxygen	
Q6 - Social and Emotional Needs	Includes: - Encouragement to participate in recreational and social activities - Support to families of residents who may be anxious and upset, including building relationships with them, encouraging them to visit and making them feel welcome - Intervention to help residents adjust to the routines of the nursing home - Counselling and interaction of residents to cope with emotional distress				
<u> </u>	Α	В	С	D	
no lo	0 points	1 points	2 points	3 points	
Ē	Nil	Occasionally (1-3 times a week)	Often (4-6 times a week)	Always (daily)	
	Remarks:				
Q7 - Confusion (loses things, loses way, disorientated)	Managing episodes when resident lose Excludes routine activity programmes Excludes any increased assistance and		eriod (included in Social and Emotional Ne	eeds Q6)	
fusi /ay,	A	В	С	D	
confusi s way,	0 points	3 points	C 8 points	D 10 points	
Q7 - Confusion (loses thing loses thing loses way, disorientated)	O points Nil Remarks: - Scoring is based on how psychiatric sy	3 points Occasionally (1-3 times a week) mptoms* interfere with existing ability to pe	C 8 points Often (4-6 times a week) rform activities of daily living (ADLs) base	D 10 points Always (daily) d on the most recent period observe	
Q8 - Psychiatric Problems Q7 - Confusi loses way,	O points Nil Remarks: - Scoring is based on how psychiatric sy *Psychiatric symptoms include: halluci apprehension, uneasiness - Conditions e.g. anxiety, depression. A the resident exhibits psychiatric symptoms of re Includes: - Early identification of symptoms of re - Counselling of anxious and depressed	3 points Occasionally (1-3 times a week) mptoms* interfere with existing ability to perinations, delusions, lack of interest/engagement confirmed psychiatric diagnosis is not necessoms lapses for management residents result of the disruptive behavior of resident B 2 points Mild interference in life Psychiatric symptoms* interfere with existing ability to perform ADLs and/or	C 8 points Often (4-6 times a week) rform activities of daily living (ADLs) base ent in goal-directed behaviour, prolonged ary, however there must be documentation due to hallucinations / delusions C 4 points Moderate interference in life Psychiatric symptoms* interfere with existing ability to perform ADLs and/or	D 10 points Always (daily) d on the most recent period observe low mood, pessimistic thoughts, on by a healthcare professional that D 6 points Severe interference in life Psychiatric symptoms* interfere wiexisting ability to perform ADLs	
s	O points Nil Remarks: - Scoring is based on how psychiatric sy*Psychiatric symptoms include: halluci apprehension, uneasiness - Conditions e.g. anxiety, depression. A the resident exhibits psychiatric symptoms of relative includes: - Early identification of symptoms of relative includes and depressed bealing with situations that arise as a Excludes adjustment problems A O points	3 points Occasionally (1-3 times a week) mptoms* interfere with existing ability to perinations, delusions, lack of interest/engagement confirmed psychiatric diagnosis is not necessoms lapses for management residents result of the disruptive behavior of resident B 2 points Mild interference in life Psychiatric symptoms* interfere with	C 8 points Often (4-6 times a week) rform activities of daily living (ADLs) base ent in goal-directed behaviour, prolonged ary, however there must be documentated as to hallucinations / delusions C 4 points Moderate interference in life Psychiatric symptoms* interfere with	D 10 points Always (daily) d on the most recent period observe low mood, pessimistic thoughts, on by a healthcare professional that D 6 points Severe interference in life Psychiatric symptoms* interfere wi	
Q8 - Psychiatric Problems	O points Nil Remarks: - Scoring is based on how psychiatric sy *Psychiatric symptoms include: halluci apprehension, uneasiness - Conditions e.g. anxiety, depression. A the resident exhibits psychiatric symptoms of reconselling of anxious and depressed - Dealing with situations that arise as a - Excludes adjustment problems A O points Nil Remarks: - Refers to the frequency and severity - Includes (NOT limited to): physical agdisinhibition (repeated stripping of clorepetitive behaviour (e.g excessive ware - Excludes assistance and attention gives	3 points Occasionally (1-3 times a week) mptoms* interfere with existing ability to perinations, delusions, lack of interest/engagement confirmed psychiatric diagnosis is not necessoms lapses for management residents result of the disruptive behavior of resident residents Mild interference in life Psychiatric symptoms* interfere with existing ability to perform ADLs and/or social/recreational activities around 25% of the time of behaviour(s) displayed by the resident bas aggression, verbal disruption, agitation, restless thes and/or diapers, molestation), wandering ter drinking and washing of hands) and sense	C 8 points Often (4-6 times a week) rform activities of daily living (ADLs) base ent in goal-directed behaviour, prolonged ary, however there must be documentated due to hallucinations / delusions C 4 points Moderate interference in life Psychiatric symptoms* interfere with existing ability to perform ADLs and/or social/recreational activities around 50% of the time ed on the most recent period observed sness, non-compliance to instructions, mag, absconding, food-grabbing, hoarding, sony seeking behaviour (e.g playing with was present period observed sness, non-compliance to instructions, mag, absconding, food-grabbing, hoarding, sony seeking behaviour (e.g playing with was present period observed sness).	D 10 points Always (daily) d on the most recent period observe low mood, pessimistic thoughts, on by a healthcare professional that D 6 points Severe interference in life Psychiatric symptoms* interfere wire existing ability to perform ADLs and/or social/recreational activities around 75% of the time anipulation, self-destructiveness, sexuicidal ideation and/or attempts, ater and/or faeces, self-scratching)	
Q8 - Psychiatric Problems	O points Nil Remarks: - Scoring is based on how psychiatric sy *Psychiatric symptoms include: halluci apprehension, uneasiness - Conditions e.g. anxiety, depression. A the resident exhibits psychiatric symptoms of reconselling of anxious and depressed - Dealing with situations that arise as a - Excludes adjustment problems A O points Nil Remarks: - Refers to the frequency and severity - Includes (NOT limited to): physical agdisinhibition (repeated stripping of clorepetitive behaviour (e.g excessive ware - Excludes assistance and attention gives	3 points Occasionally (1-3 times a week) mptoms* interfere with existing ability to perinations, delusions, lack of interest/engagement confirmed psychiatric diagnosis is not necessoms lapses for management residents result of the disruptive behavior of resident. B 2 points Mild interference in life Psychiatric symptoms* interfere with existing ability to perform ADLs and/or social/recreational activities around 25% of the time of behaviour(s) displayed by the resident bas agression, verbal disruption, agitation, restles thes and/or diapers, molestation), wanderin,	C 8 points Often (4-6 times a week) rform activities of daily living (ADLs) base ent in goal-directed behaviour, prolonged ary, however there must be documentated due to hallucinations / delusions C 4 points Moderate interference in life Psychiatric symptoms* interfere with existing ability to perform ADLs and/or social/recreational activities around 50% of the time ed on the most recent period observed sness, non-compliance to instructions, mag, absconding, food-grabbing, hoarding, sony seeking behaviour (e.g playing with was present period observed sness, non-compliance to instructions, mag, absconding, food-grabbing, hoarding, sony seeking behaviour (e.g playing with was present period observed sness).	D 10 points Always (daily) d on the most recent period observe low mood, pessimistic thoughts, on by a healthcare professional that D 6 points Severe interference in life Psychiatric symptoms* interfere wiexisting ability to perform ADLs and/or social/recreational activities around 75% of the time anipulation, self-destructiveness, sexuicidal ideation and/or attempts, ater and/or faeces, self-scratching)	
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s	O points Nil Remarks: - Scoring is based on how psychiatric sy *Psychiatric symptoms include: halluci apprehension, uneasiness - Conditions e.g. anxiety, depression. A the resident exhibits psychiatric symptoms of reconselling of anxious and depressed - Dealing with situations that arise as a - Excludes adjustment problems A O points Nil Remarks: - Refers to the frequency and severity - Includes (NOT limited to): physical agdisinhibition (repeated stripping of clorepetitive behaviour (e.g excessive ware - Excludes assistance and attention gives	3 points Occasionally (1-3 times a week) mptoms* interfere with existing ability to personations, delusions, lack of interest/engagement confirmed psychiatric diagnosis is not necessoms lapses for management residents result of the disruptive behavior of resident result of the disruptive behavior of resident Mild interference in life Psychiatric symptoms* interfere with existing ability to perform ADLs and/or social/recreational activities around 25% of the time of behaviour(s) displayed by the resident bases gression, verbal disruption, agitation, restless thes and/or diapers, molestation), wandering the drinking and washing of hands) and sense yen to residents during their initial settling-in B	C 8 points Often (4-6 times a week) rform activities of daily living (ADLs) base ent in goal-directed behaviour, prolonged ary, however there must be documentation due to hallucinations / delusions C 4 points Moderate interference in life Psychiatric symptoms* interfere with existing ability to perform ADLs and/or social/recreational activities around 50% of the time ed on the most recent period observed sness, non-compliance to instructions, mag, absconding, food-grabbing, hoarding, sory seeking behaviour (e.g playing with waperiod (included in Social and Emotional C	D 10 points Always (daily) d on the most recent period observe low mood, pessimistic thoughts, on by a healthcare professional that D 6 points Severe interference in life Psychiatric symptoms* interfere wiexisting ability to perform ADLs and/or social/recreational activities around 75% of the time anipulation, self-destructiveness, sexuicidal ideation and/or attempts, atter and/or faeces, self-scratching) Needs Q6) D 16 points Always (daily)	

Category II: \leq 6 points, Category II: 7-24 points, Category III: 25-48 points, Category IV: >48 points Name of Staff Completing RAF: Designation: Signature: Date:

Organisation: