

**EDGE Resident Assessment for Causes of Agitation during Bathing**

(Fill in the assessment for any resident you care for who resists, fears or dislikes bathing)

Resident Name:	Staff member(s)/ Title(s)
Date:	

Usual bath times (list time on appropriate shift): \_\_\_\_\_ days \_\_\_\_\_ eves. \_\_\_\_\_ nights

Resident Behavior During Bath	Type of Bath	Possible Triggers	Solutions Tried	
			Successful	Unsuccessful

**Less agitation is found by certain caregivers when changes are made. \_\_\_ Yes \_\_\_ No**

**List changes the resident likes below:**

Type of Environment	Time of bath	Type of bath	Assure privacy by:	Helps or Extras (Music, Favorite Bath Oil, Bath Pillow Etc.)

**Resident's past history of bathing:**

Environment	Type of Bath	Time	How often:	Helps or Extras used in bathing

Could any of the practices from the resident's past bathing experience be used in bathing the resident now? \_\_\_ yes \_\_\_no How?