

**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

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 (kg)	during last 6 months		Comments	
					Hospital-stays			Number of falls
					number	in days		
					<i>only fill in if A, D, or E applies</i>			
	1	A	24.04.2017	75,2 kg	2	17	3	

**Thank you!**

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