Montana Mental Health Nursing Care Center

Selection Criteria for residents on F-Wing/Firefly Way

Resident Name:_____

Residents placed on F-Wing/Firefly Way should have behavior and symptom criteria consistent with at least one of the following:

- ❑ **1. Confusion**

Describe: _____
_____
_____

- ❑ **2. Disoriented**

Describe how this affects the resident: _____
_____
_____

- ❑ **3. Wandering**

Describe what happens if the resident wanders: _____
_____
_____

- ❑ **4. Other**

Describe:_____
_____
_____

Review Quarterly (Dates)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____