Weekly Random Wet Checks

Week of:_____

Randomly select 10 residents on the prompted voiding program and check them for

| wetness. Record results below. | | | | |
|--------------------------------|------|-------------|------|------------------------------|
| Resident | Date | Day of Week | Time | Check (dry, wet, bowel, B&B) |
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Wetness rate for the week:______%

Report results to CNAs. If the wetness rate exceeds 30%, then the prompted voiding

program is not working as expected. Ask CNAs for improvement strategies.