

Patient ID	Date	
Patient Name	Start Time	
Visit Type	End Time	

Hospice Skilled Nursing Assessment

HOSPICE SKILLED NURSING SOFT ASSESSMENT

*Items that trigger a suggested item in the Plan of Care

Neurological Patient declines Neurological Assessment

Decline Reason:

Orientation

Oriented	Disoriented
Person	Person
Place	Place
Time	Time
Situation	Situation
Unable to Assess	Unable to Assess

Anxiety	Patient Experiences Anxiety?			ty?	Yes		No
Anxiety Score							
-000	—			-			
0 1 2	2 3 4	5	6	7	8	9	10
In the last 2 days, to v	vhat degree has the	e patient	been affe	ected by	y this sy	mptom?	
0 - Not Impacted	1 - Mild Impact	2 - Mo	oderate Im	pact	3 - Se	evere Impa	ıct
9 - Patient not expe	eriencing the sympton	า					
Patient has been impa	acted in these area	s (check	all that a	pply)			
Intake	Daily Activities		Fatigue	& Weak	ness	Sleep	
Concentration	Cognitive impair	ment	Ability to	interac	t	Emotiona	al distress
Spiritual distress	Other						
Explanation							

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Agitation	Patient Experiences Agitation?			n?	Yes	!	No		
Agitation Score									
	-0-							-	
0 1	2	3	4	5	6	7	8	9	10
In the last 2 days,	to wh	at degre	e has the	e patient	been aff	ected by	this sym	ptom?	
0 - Not Impacte	d	1 - Mild	Impact	2 - Mc	derate Im	pact	3 - Seve	ere Impa	ct
9 - Patient not e	experie	encing the	e sympton	n					
Patient has been i	mpact	ted in th	ese area	s (check	all that a	apply)			
Intake		Daily A	Activities		Fatigue	& Weak	ness S	leep	
Concentration		Cognit	ive impai	rment	Ability to	o interact	; E	Emotiona	l distress
Spiritual distres	ss C	Other							
Explanation									
				,					
Confusion		Pa	ntient Exp	perience	s Confus	ion?	Yes	ı	No
Depression		Pa	ntient Exp	perience	s Depres	sion?	Yes	ı	No

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Headaches

Patient Experiences Headaches? Yes No **Nature Onset Date Episodic** Continuous **Most Recent** Location Unilateral Frequency Bilateral time(s) per Fronto-Temporal **Duration Number** Occipital **Duration Time** Other Hour(s) Day(s) **Pain Characteristics** Severity 6 Recent Head Inury Associated Vomiting **Associated Nausea** Radiation **Recent Head Injury Date Associated Vomiting Date** Recent Concussion **Associated Vomiting Frequency** time(s) per **Recent Head Injury Date**

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Recent Concu	ssion			
Akine	sthesia	Blindness	Decreased Vison	Dysphasia
Dysar	rthia	Dyskinesia	Gag Reflex Absent	Gag Reflex Imparied
Impair Patter	red Speech m	Obtunded	Pill Rolling	Shuffling Gait
Stupo	or	Syncope	Terminal Restlessness	Tremors
TIA		Vertigo	Insomnia	
Other				

Neurological Notes	

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Summary	
Description	

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