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

Respiratory

Breath Sounds

Left Upper Lobe

--

Other

Left Lower Lobe

--

Other

Are the breath sounds the same in each lung lobe?

Yes No

Right Upper Lobe

--

Other

Right Middle Lobe

--

Other

Right Lower Lobe

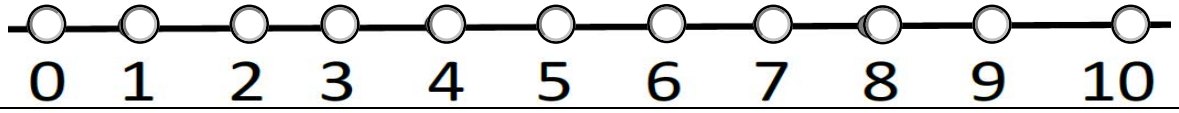
--

Other

Shortness of Breath

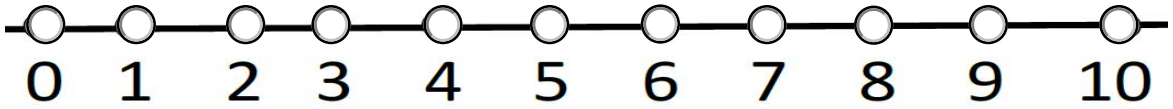
Is the patient experiencing shortness of breath at this time? ○ Yes ○ No

Score



Does the Patient Ever Experience Shortness of Breath? ○ Yes ○ No

Score



In the last 2 days, to what degree has the patient been affected by this symptom?

○ 0 - Not Impacted ○ 1 - Mild Impact ○ 2 - Moderate Impact ○ 3 - Severe Impact

○ 9 - Patient not experiencing the symptom

Patient has been impacted in these areas (check all that apply)

☐ Intake ☐ Daily Activities ☐ Fatigue & Weakness ☐ Sleep

☐ Concentration ☐ Cognitive impairment ☐ Ability to interact ☐ Emotional distress

☐ Spiritual distress Other

Explanation

Was Treatment for Shortness of Breath Initiated/Continued?

○ Yes ○ Patient Declined Treatment ○ No

Date treatment was initiated/continued

Treatment Type

☐ Opioids ☐ Other Medications ☐ Oxygen ☐ Non-Medications

Cough Patient Experiences Coughing? ◯ Yes ◯ No

Frequency

--

Type

--

Respiratory Infection Upper Respiratory Infection? ◯ Yes ◯ No

Current Date Diagnosed

History of Most Recent Diagnosis

Pneumonia? ◯ Yes ◯ No

Current Date of Diagnosed

History of Most Recent Diagnosis

Has Patient Received Pneumonia Vaccine?

◯ Yes ◯ No

Date Patient Received Pneumonia Vaccine?

O_2 Saturation

Is the Patient on Oxygen? ◯ Yes - Initiated ◯ Yes- Continued ◯ No - Room Air

O_2 Saturation (%)

O_2 Concentration

Flow Rate (LPM)

Delivery Source

--

Date

Frequency

--

Select All Equipment in Use ☐ Humidifier ☐ O_2 Concentrator

Breathing Treatment/Handheld Nebulizer

Does the Patient require Breathing Treatment/Handheld Nebulizer?

◯ Yes ◯ No

Type	Medication	Frequency

Other Issues

☐ Air-Hunger ☐ Barrel Chest ☐ Cheyne-Stokes ☐ Circumoral Cyanosis

☐ Cyanosis ☐ Hypoxia ☐ Increased Expiratory Phase ☐ Ineffective Lung Expansion

☐ Labored ☐ Orthoponea ☐ Pursed Lip Breathing ☐ Shallow

☐ Stridor ☐ Uses Accessory Muscles

Other

Respiratory Notes