

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?	Yes	No
<b>Anxiety Score</b> 			
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			

## HOSPICE SKILLED NURSING SOFT ASSESSMENT

<b>Agitation</b>	Patient Experiences Agitation?	Yes	No
<b>Agitation Score</b>  <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>0</span><span>1</span><span>2</span><span>3</span><span>4</span><span>5</span><span>6</span><span>7</span><span>8</span><span>9</span><span>10</span> </div>			
In the last 2 days, to what degree has the patient been affected by this symptom?			
<div style="display: flex; justify-content: space-between; padding: 5px;"> <span>0 - Not Impacted</span> <span>1 - Mild Impact</span> <span>2 - Moderate Impact</span> <span>3 - Severe Impact</span> </div> <div style="padding: 5px;">9 - Patient not experiencing the symptom</div>			
Patient has been impacted in these areas (check all that apply)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">Intake</div> <div style="width: 50%;">Daily Activities</div> <div style="width: 50%;">Fatigue &amp; Weakness</div> <div style="width: 50%;">Sleep</div> <div style="width: 50%;">Concentration</div> <div style="width: 50%;">Cognitive impairment</div> <div style="width: 50%;">Ability to interact</div> <div style="width: 50%;">Emotional distress</div> <div style="width: 50%;">Spiritual distress</div> <div style="width: 50%;">Other</div> </div> <div style="margin-top: 10px;">Explanation</div>			

<b>Confusion</b>	Patient Experiences Confusion?	Yes	No
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<b>Depression</b>	Patient Experiences Depression?	Yes	No
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## Headaches

Patient Experiences Headaches?		Yes	No
<b>Nature</b>		<b>Onset Date</b>	
Episodic	Continuous		
<b>Location</b>		<b>Most Recent</b>	
Unilateral			
Bilateral		<b>Frequency</b>	
Fronto-Temporal		time(s) per	
Occipital		<b>Duration Number</b>	
Other		<b>Duration Time</b>	
<b>Pain Characteristics</b>		Hour(s)	Day(s)
<b>Severity</b>			
0	1	2	3
4	5	6	7
8	9	10	
Associated Nausea		Radiation	Recent Head Injury
Recent Head Injury Date		Associated Vomiting Date	
Recent Concussion		<b>Associated Vomiting Frequency</b>	
Recent Head Injury Date		time(s) per	

**Recent Concussion**

Akinesthesia	Blindness	Decreased Vision	Dysphasia
Dysarthria	Dyskinesia	Gag Reflex Absent	Gag Reflex Impaired
Impaired Speech Pattern	Obtunded	Pill Rolling	Shuffling Gait
Stupor	Syncope	Terminal Restlessness	Tremors
TIA	Vertigo	Insomnia	
Other			

**Neurological Notes**

**Summary**

Description