

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

Pain

Patient declines Pain Assessment

Assessment With







Decline Reason:

Patient

Caregiver

Family

Pain Screening - Wong-Baker

 0 No Hurt	 2 Hurts Little Bit	 4 Hurts Little More
 6 Hurts Even More	 8 Hurts Whole Lot	 10 Hurts Worst

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			

Opioid Administration

Was a Scheduled Opioid initiated or continued?

		Date Scheduled Opioid was initiated or continued	Comment
Yes	No		

Was a PRN Opioid initiated or continued?

		Date PRN Opioid was initiated or continued	Comment
Yes	No		

Pain Notes:

Summary

Description