curantis solutions

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

Items in Blue are also in Vitals, items related to the HIS, will have the corresponding HIS reference number

Vitals

☑ Patient declines Vitals Assessment

Decline Reason:

test decline

Blood Pressure

Side	Location	Position	Systolic	Diastolic
Left	Wrist	☐ Lying ◉ Sitting ☐ Standing	120	90

Temperature

Route	Temperature (F)
☐ Axillary ☐ Oral ◉ Rectal ☐ Temporal ☐ Tympanic	98

Pulse

* Rhythm	* Strength	* Location	Heart Rate (bpm)
--	Regular	Femoral	79
Other: testRhyth	Other:	Other:	

Respiratory Rate

Respiration Type			Respiratory Rate (bpm)
☐ Normal ☐ Stridor ☐ Pursed ☐ Labored ☐ Shallow	☐ Cheyne-Stokes ☐ Orthopnea ◉ Apnea ☐ Barrel Chest ☐ Hypoxia	☐ Increased Expiratory Phase ☐ Ineffective Lung Expansion ☐ Uses Accessory Muscle Other:	79 O_2 Saturation (%) 98

Height

Current

5 Feet 7 inches

Weight

lbs 65 kg

MUAC

Left Arm

9.8 inches cm

☐ Unable to Assess

Right Arm

9.1 inches cm

☐ Unable to Assess

COVID-19 Screening

Has the patient, family or anyone in the home engaged in any international travel in the last 14 days to countries with sustained community transmission of COVID-19?

☉ Yes ☐ No Comments

Does the patient, family or anyone in the home have a respiratory illness?

☑ Yes ☐ No Comments

COVID-19 Screening

Has the patient, family or anyone in the home experienced any signs or symptoms of COVID-19, including but not limited to fever, cough and sore throat?

☑ Yes ☐ No Comments

Has the patient, family, or anyone in the home had contact with someone under investigation for COVID-19 within the past 14 days?

◉ Yes ☐ No Comments

Does the patient, family, or anyone in the home reside in any area where community transmission is occurring?

◉ Yes ☐ No Comments

Vitals Notes:

NormalTest

Summary

Description