

| 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



No Hurt



Hurts Little Bit



Hurts Little More



Hurts Even More



Hurts Whole Lot



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

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HOSPICE SKILLED NURSING SOFT ASSESSMENT

Opioid Administration

| Was a Scheduled Opioid initiated or continued? | | | | | | |
|--|----|--|---------|--|--|--|
| Yes | No | Date Scheduled Opioid was initiated or continued | Comment | | | |
| Was a PRN Opioid initiated or continued? | | | | | | |
| Yes | No | Date PRN Opioid was initiated or continued | Comment | | | |

| Pain Notes: | |
|-------------|---|
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HOSPICE SKILLED NURSING SOFT ASSESSMENT

| Summary | |
|-------------|--|
| Description | |
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