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

Pain ☐ Patient declines Pain Assessment

Decline Reason:

Assessment With

☐ 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?

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:

Summary

Description