

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; padding: 10px;"> <div style="width: 25%;">Intake</div> <div style="width: 25%;">Daily Activities</div> <div style="width: 25%;">Fatigue &amp; Weakness</div> <div style="width: 25%;">Sleep</div> <div style="width: 25%;">Concentration</div> <div style="width: 25%;">Cognitive impairment</div> <div style="width: 25%;">Ability to interact</div> <div style="width: 25%;">Emotional distress</div> <div style="width: 25%;">Spiritual distress</div> <div style="width: 25%;">Other</div> </div>			
Explanation			

<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

### Nature

Episodic

Continuous

### Onset Date

### Location

Unilateral

Bilateral

Fronto-Temporal

Occipital

Other

### Most Recent

### Frequency

time(s) per

### Duration Number

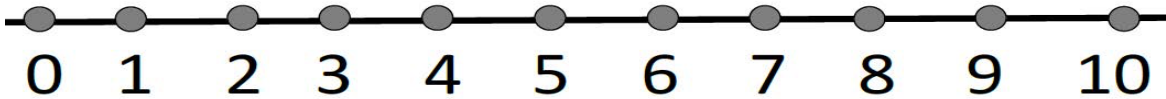
### Duration Time

Hour(s)

Day(s)

### Pain Characteristics

### Severity



0

1

2

3

4

5

6

7

8

9

10

Associated Nausea

Radiation

Recent Head Injury

Associated Vomiting

### Recent Head Injury Date

### Associated Vomiting Date

Recent Concussion

### Associated Vomiting Frequency

### 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