

| 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? | | | ty? | Yes | | No |
|--------------------------|------------------------------|-----------|------------|--------------|-----------|------------|-------------|
| Anxiety Score | | | | | | | |
| -000 | — | | | - | | | |
| 0 1 2 | 2 3 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| In the last 2 days, to v | vhat degree has the | e patient | been affe | ected by | y this sy | mptom? | |
| 0 - Not Impacted | 1 - Mild Impact | 2 - Mo | oderate Im | pact | 3 - Se | evere Impa | ıct |
| 9 - Patient not expe | eriencing the sympton | า | | | | | |
| Patient has been impa | acted in these area | s (check | all that a | pply) | | | |
| Intake | Daily Activities | | Fatigue | & Weak | ness | Sleep | |
| Concentration | Cognitive impair | ment | Ability to | interac | t | Emotiona | al distress |
| Spiritual distress | Other | | | | | | |
| Explanation | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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| Agitation | Patient Experiences Agitation? | | | n? | Yes | ! | No | | |
|---------------------|--------------------------------|------------|------------|-----------|------------|------------|----------|--------------|------------|
| Agitation Score | | | | | | | | | |
| | -0- | | | | | | | - | |
| 0 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| In the last 2 days, | to wh | at degre | e has the | e patient | been aff | ected by | this sym | ptom? | |
| 0 - Not Impacte | d | 1 - Mild | Impact | 2 - Mc | derate Im | pact | 3 - Seve | ere Impa | ct |
| 9 - Patient not e | experie | encing the | e sympton | n | | | | | |
| Patient has been i | mpact | ted in th | ese area | s (check | all that a | apply) | | | |
| Intake | | Daily A | Activities | | Fatigue | & Weak | ness S | leep | |
| Concentration | | Cognit | ive impai | rment | Ability to | o interact | ; E | Emotiona | l distress |
| Spiritual distres | ss C | Other | | | | | | | |
| Explanation | | | | | | | | | |
| | | | | | | | | | |
| | | | | , | | | | | |
| Confusion | | Pa | ntient Exp | perience | s Confus | ion? | Yes | ı | No |
| Depression | | Pa | ntient Exp | perience | s Depres | sion? | Yes | ı | No |

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Headaches

Patient Experiences Headaches? Yes No **Nature Onset Date Episodic** Continuous **Most Recent** Location Unilateral Frequency Bilateral time(s) per Fronto-Temporal **Duration Number** Occipital **Duration Time** Other Hour(s) Day(s) **Pain Characteristics** Severity 6 Recent Head Inury Associated Vomiting **Associated Nausea** Radiation **Recent Head Injury Date Associated Vomiting Date** Recent Concussion **Associated Vomiting Frequency** time(s) per **Recent Head Injury Date**

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| Recent Concu | ssion | | | |
|------------------|-----------------|------------|--------------------------|------------------------|
| Akine | sthesia | Blindness | Decreased Vison | Dysphasia |
| Dysar | rthia | Dyskinesia | Gag Reflex Absent | Gag Reflex Imparied |
| Impair Patter | red Speech m | Obtunded | Pill Rolling | Shuffling Gait |
| Stupo | or | Syncope | Terminal Restlessness | Tremors |
| TIA | | Vertigo | Insomnia | |
| Other | | | | |
| | | | | |

| Neurological Notes | |
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| Summary | |
|-------------|--|
| Description | |
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