

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

Cardiovascular

Patient declines Cardiovascular Assessment

Decline Reason:

Blood Pressure

Side	Location	Position	Systolic	Diastolic
		<input type="radio"/> Lying <input type="radio"/> Sitting <input type="radio"/> Standing		

Capillary Refill

1 sec	2 sect	3 sec	<3 sec
-------	--------	-------	--------

Edema

Site	Pitting	Pitting Scale
	Non-Pitting	Pitting

Ejection Fraction

Ejection Fraction (%)	Unknown
-----------------------	---------

Other Issues

Angina	Bruit	Cardiomegaly	Cardiomyopathy
Cardiac Dysfunction	Clubbing	Coronary Artery Disease	Hypertension
Hypotension	Orthostatic Hypotension	Peripheral Artery Disease	Peripheral Vascular Disease
Other			

Cardiovascular Notes:

