

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

Preferences	Assessment With
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Patient/Responsible Party Caregiver Family

Patient preference for CPR

Does the patient/responsible party understand CPR?					
Yes	No	Refused to discuss	Did not ask		
Does the patient v	Does the patient want CPR performed?				
Yes	No	Refused to discuss	Did not ask		
Does the patient have an out-of-hospital Do Not Resuscitate (DNR)?					
Yes	No	Refused to discuss	Did not ask		
Code Status		Where is the out-of-hospital DNR located?			
Date Signed		Name of physician			

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05OCT2023 CURANTIS SOLUTIONS PAGE 1 OF 3

HOSPICE SKILLED NURSING SOFT ASSESSMENT

Physician Orders for Life-Sustaining Treatment (POLST)

Does the patient have Physician Orders for Life-Sustaining Treatment (POLST)?				
Yes	No	Refused to discuss	Did not ask	
POLST Location		Name of physician		
Date Signed				

Medical Orders for Scope of Treatment (MOST)

Does the patient have a Medical Orders for Scope of Treatment (MOST)?				
Yes	No	Refused to discuss	Did not ask	
MOST Location		Name of physician		
Date Signed				

Further Hospitalizations

ent want any	further hospitalizations (other than hospice GIP)?
No	Refused to discuss	Did not ask
nospitalizatio	ons does the patient want	?
	No	

HOSPICE SKILLED NURSING SOFT ASSESSMENT

Spiritual/Existential Concerns

Does the patient and/or caregiver have spiritual or existential concerns?				
Yes	No	Refused to discuss	Did not ask	
Other spiritu	al/existential	concerns?		
Signs of Immi	nent Death			
		ment and based on your of the expectancy of 3 days of		es the
Yes	No	Refused to discuss	Did not ask	
Explanation				
Preferences	Notes:			
		·		

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