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

Preferences

Assessment With

☐ 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 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

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Where is the out-of-hospital DNR located?

Date Signed

Name of physician

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

Does the patient want any further hospitalizations (other than hospice GIP)?

○ Yes ○ No ○ Refused to discuss ○ Did not ask

What further hospitalizations does the patient want?

Spiritual/Existential Concerns

Does the patient and/or caregiver have spiritual or existential concerns?

◯ Yes ◯ No ◯ Refused to discuss ◯ Did not ask

Other spiritual/existential concerns?

Signs of Imminent Death

At the time of this assessment and based on your clinical assessment, does the patient appear to have a life expectancy of 3 days or less?

◯ Yes ◯ No ◯ Refused to discuss ◯ Did not ask

Explanation

Preferences Notes: