

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

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: