

Patient ID	Date	
Patient Name	Start Time	
Visit Type	End Time	

Hospice Skilled Nursing Assessment

HOSPICE SKILLED NURSING SOFT ASSESSMENT

Respiratory

Breath Sounds

Left Upper Lobe		Right Upper Lobe
Other		Other
Left Lower Lobe)	Right Middle Lobe
Other		Other
Are the breath s	sounds the same be?	Right Lower Lobe
Yes	No	Other

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^{*}Items that trigger a suggested item in the Plan of Care

Shortness of Breath

Is the pa	s the patient experiencing shortness of breath at this time? Yes					3	No			
Score										
—	<u> </u>									
0	1	2	3	4	5	6	7	8	9	10
Does the	e Patien	t Ever E	xperien	ce Shor	tness of	Breath?		Yes	3	No
Score										
-										
0	1	2	3	4	5	6	7	8	9	10
In the las	t 2 days	, to wha	t degre	e has the	e patient	been aff	ected by	/ this syr	nptom?	
0 - N	ot Impac	ted	1 - Mild	Impact	2 - Mo	oderate In	npact	3 - Se	vere Impa	act
9 - Pa	atient no	t experie	ncing the	e symptor	m					
Patient h	as been	impact	ed in the	ese area	s (check	all that a	apply)			
Intal	ке		Daily /	Activities		Fatigue	& Weak	ness	Sleep	
Con	centratio	n	Cognit	tive impai	irment	Ability t	o interac	t	Emotio	nal distress
Spirit	tual distr	ess O	ther							
Explana	tion									
Was Tre	eatmen	t for Sh	ortness	of Brea	ath Initia	ted/Con	tinued?	,		
Yes		Pa	tient Dec	clined Tre	eatment	No				
Date tre	eatment	was in	itiated/	continue	ed					
Treatm	ent Typ	е								
Opic	oids	C	Other Me	dications		Oxygen		No	n-Medica	tions

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Cough	Patient Experience	ces Coughing?	Yes	No
Frequency		Туре		
		·		,
Respiratory Infection	n Upper Res _l	piratory Infection?	Yes	No
Current Date Diagno	sed	History of Most	Recent Diag	nosis
Pneumonia?	Yes No	Current Date of	Diagnosed	
History of Most Red	cent Diagnosis			
		Has Patient Rec	eived Pneum	ionia Vaccine?
		Yes	No	
Date Patient Received Pneumonia Vaccine?				

O₂ Saturation

Is the Patient on Oxygen?	Yes - Initiated	Yes- Continued No - Room Air
O ₂ Saturation (%)	O ₂ Concentration	Flow Rate (LPM)
Delivery Source	Date	Frequency
Select All Equipment in	Use Humidifier	O ₂ Concentrator

Breathing Treatment/Handheld Nebulizer

Does the Patient require Breathing Treatment/Handheld Nebulizer?			
Yes	No		
Туре	Medication	Frequency	

Barrel Chest	Cheyne-Stokes	Circumoral Cyanosis
Нурохіа	Increased Expiratory Phase	Ineffective Lung Expansion
Orthoponea	Pursed Lip Breathing	Shallow
Uses Accessory Muscles		
	Hypoxia Orthoponea	Hypoxia Increased Expiratory Phase Orthoponea Pursed Lip Breathing

Respiratory Notes

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