

# NEEDS ASSESSMENT AND RECORD OF CARE (12 hour) LONG TERM CARE

- \* Flowsheet recording
- Initial if needs met and written note is not necessary
- ✓ if needs met and written note is necessary
- ✗ if needs not met and written note is necessary

DATE: (Y/M)																										
PATIENT NEEDS		N	N	N	D	D	D	N	N	N	D	D	D	N	N	N	D	D	D	N	N	N	D	D	D	
PERSONAL HYGIENE	Bath – dependent	3					3						3						3							
	– assist	2					2						2						2							
	Grooming	1					1						1						1							
	Skin Care	1					1						1						1							
	Oral Care	1					1						1						1							
	Dress – dependent	3					3						3						3							
– assist	2					2						2						2								
ELIM	Elimination – bowel	2					2						2						2							
	– bladder	2					2						2						2							
	Ostomy	1					1						1						1							
	Catheter	1					1						1						1							
NUTR	Feed – dependent	3					3						3						3							
	– assist	2					2						2						2							
	Supervision/NPO	1					1						1						1							
MOBILITY	Mobilize – dependent	4					4						4						4							
	– assist	2					2						2						2							
	Restricted	1					1						1						1							
	Devices x 2	2					2						2						2							
Devices x 1	1					1						1						1								
OBS AND MEAS	Vital signs – 4x or ↑	2					2						2						2							
	– 3x or ↓	1					1						1						1							
	In & Out	1					1						1						1							
	Blood glucose	1					1						1						1							
	Weight	1					1						1						1							
	Pain Assessment	1					1						1						1							
	Routine Activities	0					0						0						0							
	1					1						1						1								
	1					1						1						1								
MEDS	IV	3					3						3						3							
	Medications	1					1						1						1							
	Non-compliance	1					1						1						1							
TX AND PRO	Drsg – complex	2					2						2						2							
	– simple	1					1						1						1							
		1					1						1						1							
		1					1						1						1							
		1					1						1						1							
TE	Teaching – complex	2					2						2						2							
	– simple	1					1						1						1							
S	Safety mgmt	1					1						1						1							
	Supervision – constant	3					3						3						3							
	– close	2					2						2						2							
	Falls Assessment	1					1						1						1							
PSYCHOSOCIAL	Mental/Emotional mgmt	1					1						1						1							
	BEHAVIOR MGMT	1	1					1						1						1						
		2	1					1						1						1						
		3	1					1						1						1						
		4	1					1						1						1						
		5	1					1						1						1						
		6	1					1						1						1						
		7	1					1						1						1						
	Support system mgmt	1					1						1						1							
	Communication mgmt	1					1						1						1							
	Spirituality mgmt	1					1						1						1							
Activity Program	1					1						1						1								
Total	Category	Total	ID	Total	ID	Total	ID	Total	ID																	
1 – 7	1	Category	Category	Category	Category																					
8 – 14	2																									
15 – 21	3																									
22 or more	4																									