

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

- * When documenting on a specific flowsheet 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					
	Pressure injury risk assessment	1						1						1						1					
Purposeful rounding	1						1						1						1						
MEDS	IV	3						3						3						3					
	Medications	1						1						1						1					
	Non-compliance	1						1						1						1					
	Drsg – complex	2						2						2						2					
TX AND PRO	– simple	1						1						1						1					
	Pressure injury prevention	1						1						1						1					
		1						1						1						1					
		1						1						1						1					
		1						1						1						1					
TE	Teaching – complex	2						2						2						2					
		1						1						1						1					
S	Safety mgmt	1						1						1						1					
	Supervision – constant	3						3						3						3					
	– close	2						2						2						2					
PSYCHOSOCIAL	Falls assessment	1						1						1						1					
	Mental/Emotional mgmt	1						1						1						1					
	1	1						1						1						1					
	2	1						1						1						1					
	3	1						1						1						1					
	4	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	Category	Category	Category	Category
8 – 14	2								
15 – 21	3								
22 or more	4								

DO NOT COPY