

NEEDS ASSESSMENT AND RECORD OF CARE (12 HOUR)

- * When documenting on a specific flow sheet
Initial if needs met, no written note required
- ✓ if needs met and written note required
- ✗ if needs not met therefore a written note is required

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	N	N	N	D	D	D						
PERSONAL HYGIENE	Bath – dependent	3					3						3						3						3						3						
	– assist	2					2						2						2						2						2						
	Grooming	1					1						1						1						1						1						
	Skin care	1					1						1						1						1						1						
	Oral care	1					1						1						1						1						1						
	Dress – dependent	3					3						3						3						3						3						
	– assist	2					2						2						2						2						2						
ELIMINATION	Elimination – bowel	2					2						2						2						2						2						
	– bladder	2					2						2						2						2						2						
	Ostomy	1					1						1						1						1						1						
	Catheter	1					1						1						1						1						1						
NUTRITION	Feed – dependent	3					3						3						3						3						3						
	– assist	2					2						2						2						2						2						
	Supervision / NPO	1					1						1						1						1						1						
	TPN	3					3						3						3						3						3						
	Enteral nutrition	3					3						3						3						3						3						
MOBILITY	Mobilize – dependent	3					3						3						3						3						3						
	– assist	2					2						2						2						2						2						
	Restricted	1					1						1						1						1						1						
	Devices x 2	2					2						2						2						2						2						
	Devices x 1	1					1						1						1						1						1						
OBSERVATIONS AND MEASUREMENTS	Vital signs – q1h or ↑	3					3						3						3						3						3						
	– q2-6h	2					2						2						2						2						2						
	– 3x or ↓	1					1						1						1						1						1						
	I + O – q1h	2					2						2						2						2						2						
	– q shift	1					1						1						1						1						1						
	Pain assessment	1					1						1						1						1						1						
	Pressure injury risk assessment	1					1						1						1						1						1						
	Purposeful rounding	1					1						1						1						1						1						
		1					1						1						1						1						1						
		1					1						1						1						1						1						
	1					1						1						1						1						1							
MEDS	IV x 2 or ↑	5					5						5						5						5						5						
	IV x 1	3					3						3						3						3						3						
	Medication	1					1						1						1						1						1						
	Non compliance mgmt	1					1						1						1						1						1						
TREATMENTS AND PROCEDURES	Dress – complex	2					2						2						2						2						2						
	– simple	1					1						1						1						1						1						
	Pressure injury prevention	2					2						2						2						2						2						
		1					1						1						1						1						1						
		1					1						1						1						1						1						
TE	Teaching – complex	2					2						2						2						2						2						
	– simple	1					1						1						1						1						1						
S	Safety	1					1						1						1						1						1						
	Falls assessment	1					1						1						1						1						1						
PS	Emotional	1					1						1						1						1						1						
	Behaviour mgmt	2					2						2						2						2						2						
Total	Category																																				
1-7	1																																				
8-14	2																																				
15-21	3																																				
22 or more	4																																				

DO NOT COPY