

NEEDS ASSESSMENT AND RECORD OF CARE PSYCHIATRY(12 hour)



*Flow sheet recording

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

Days since admission																										
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/Groom remind/monitor	1					1						1						1						1	
	moderate assist	4					4						4						4						4	
	maximum assist – 1 staff	5					5						5						5						5	
	maximum assist – 2 staff	10					10						10						10						10	
	Dress/Undress remind/monitor	1					1						1						1						1	
	moderate assist	2					2						2						2						2	
	maximum assist – 1 staff	3					3						3						3						3	
	maximum assist – 2 staff	6					6						6						6						6	
Menses	1					1						1						1						1		
ELIM	Bowel/Ostomy	2					2						2						2						2	
	Bladder/Catheter	2					2						2						2						2	
NUTRITION	Feed remind/monitor	1					1						1						1						1	
	moderate assist	2					2						2						2						2	
	maximum assist	3					3						3						3						3	
	NPO	1					1						1						1						1	
MOBILITY	Mobilize remind/monitor	1					1						1						1						1	
	moderate assist	2					2						2						2						2	
	maximum assist – 1 staff	3					3						3						3						3	
	maximum assist – 2 staff	6					6						6						6						6	
	Devices	1					1						1						1						1	
OBS AND MEAS	Vital Signs	1					1						1						1						1	
	Restraint mgmt	2					2						2						2						2	
	Pain Assessment	1					1						1						1						1	
	Routine Assessments	0					0						0						0						0	
MEDS	IV/Locks	3					3						3						3						3	
	Medications	1					1						1						1						1	
TX AND PRO	ECT off unit	1					1						1						1						1	
	unit staff	3					3						3						3						3	
		1					1						1						1						1	
		1					1						1						1						1	
		1					1						1						1						1	
TEACHING	Teaching reinforcement	1					1						1						1						1	
	maximum	2					2						2						2						2	
	Conference 1:1 less than 30 mins	3					3						3						3						3	
	30 – 60 mins	8					8						8						8						8	
	60 – 90 mins	12					12						12						12						12	
	Discharge planning moderate	2					2						2						2						2	
	maximum	4					4						4						4						4	
	Groups		1					1						1						1						1
			1					1						1						1						1
			1					1						1						1						1
		1					1						1						1						1	
		1					1						1						1						1	
SAFETY	Safety mgmt moderate	1					1						1						1						1	
	maximum	2					2						2						2						2	
	Supervision minimum	1					1						1						1						1	
	close	2					2						2						2						2	
	constant	3					3						3						3						3	
	Milieu mgmt	1					1						1						1						1	
	Activity restriction	1					1						1						1						1	
PSYCHOSOCIAL	Mental/emotional mgmt	2					2						2						2						2	
	Relationship mgmt	1					1						1						1						1	
	Spiritual/culture mgmt	1					1						1						1						1	
	Sleep mgmt	1					1						1						1						1	
	Non-compliance mgmt	3					3						3						3						3	
	Activity program(s)	1					1						1						1						1	
	Behaviours		1					1						1						1						1
			1					1						1						1						1
			1					1						1						1						1
			1					1						1						1						1
		1					1						1						1						1	
		1					1						1						1						1	
Total	Category						Total	ID	Total	ID	Total	ID	Total	ID	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																									
22-28	4																									
29-35	5																									
36 or >	6																									