

# NEEDS ASSESSMENT AND RECORD OF CARE PSYCHIATRY(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

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	
ELM	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
	Pain Assessment	1					1						1						1						1
	Pressure injury risk assessment	1					1						1						1						1
		1					1						1						1						1
MEDS	IV/Locks	3					3						3						3						3
	Medications	1					1						1						1						1
		1					1						1						1						1
TX AND PRO	ECT off unit	1					1						1						1						1
	unit staff	3					3						3						3						3
	Pressure injury prevention	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
		1					1						1						1						1
	Groups	1					1						1						1						1
		1					1						1						1						1
SAFETY	Entry 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
	Restraint mgmt	2					2						2						2						2
	Milieu mgmt	1					1						1						1						1
	Activity restriction	1					1						1						1						1
		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
		1					1						1						1						1
	Behaviours	1					1						1						1						1
		1					1						1						1						1
		1					1						1						1						1

NOT COPY