

# NEEDS ASSESSMENT AND RECORD OF CARE (8 hour) LONG TERM CARE

# DO NOT COPY

- \* Flowsheet recording
- Initial when needs met and written note is not necessary
- ✓ when needs met and written note is necessary
- × when needs not met and written note is necessary

DATE: (Y/M)																									
PATIENT NEEDS		E	E	N	N	D	D	E	E	N	N	D	D	E	E	N	N	D	D	E	E	N	N	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						
	I & O	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						
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						
		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						
	Fall Assessment	1					1						1						1						
PSYCHOSOCIAL	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						
	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	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	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category	Category		
8 – 14	2																								
15 – 21	3																								
22 or more	4																								