

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

- * When documenting on a specific flowsheet 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							
	Pressure injury risk assessment	1					1					1						1							
	Purposeful rounding	1					1					1						1							
		1					1					1						1							
		1					1					1						1							
MEDS	IV	3					3					3						3							
	Medications	1					1					1						1							
	Non-compliance	1					1					1						1							
TX AND PRO	Drsg – complex	2					2					2						2							
	– simple	1					1					1						1							
	Pressure injury prevention	1					1					1						1							
		1					1					1						1							
		1					1					1						1							
TE	Teaching	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 BEHAVIOR	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	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																								

DO NOT COPY