

NEEDS ASSESSMENT AND RECORD OF CARE (8 HOUR)

- * When documenting on a specific flowsheet
- 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 | | 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 | | | | | | | | |
| ELIMINATION | Elimination – bowel | 2 | | | | | 2 | | | | | | 2 | | | | | 2 | | | | | | | |
| | – bladder | 2 | | | | | 2 | | | | | | 2 | | | | | 2 | | | | | | | |
| | Ostomy | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| Catheter | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | | |
| NUTRITION | Feed – dependent | 3 | | | | | 3 | | | | | | 3 | | | | | 3 | | | | | | | |
| | – assist | 2 | | | | | 2 | | | | | | 2 | | | | | 2 | | | | | | | |
| | Supervision / NPO | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| | TPN | 3 | | | | | 3 | | | | | | 3 | | | | | 3 | | | | | | | |
| Enteral nutrition | 3 | | | | | 3 | | | | | | 3 | | | | | 3 | | | | | | | | |
| MOBILITY | Mobilize – dependent | 3 | | | | | 3 | | | | | | 3 | | | | | 3 | | | | | | | |
| | – assist | 2 | | | | | 2 | | | | | | 2 | | | | | 2 | | | | | | | |
| | Restricted | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| | Devices x 2 | 2 | | | | | 2 | | | | | | 2 | | | | | 2 | | | | | | | |
| | Devices x 1 | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| OBSERVATIONS AND MEASUREMENTS | Vital signs – q1h or ↑ | 3 | | | | | 3 | | | | | | 3 | | | | | 3 | | | | | | | |
| | – q2-6h | 2 | | | | | 2 | | | | | | 2 | | | | | 2 | | | | | | | |
| | – 3x or ↓ | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| | I + O – q1h | 2 | | | | | 2 | | | | | | 2 | | | | | 2 | | | | | | | |
| | – q shift | 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 x 2 or ↑ | 5 | | | | | 5 | | | | | | 5 | | | | | 5 | | | | | | | |
| | IV x 1 | 3 | | | | | 3 | | | | | | 3 | | | | | 3 | | | | | | | |
| | Medication | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| | Non-compliance mgmt | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| TREATMENTS AND PROCEDURES | Dressing – complex | 2 | | | | | 2 | | | | | | 2 | | | | | 2 | | | | | | | |
| | – simple | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| | Pressure injury prevention | 2 | | | | | 2 | | | | | | 2 | | | | | 2 | | | | | | | |
| | | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| | | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| TE | Teaching – complex | 2 | | | | | 2 | | | | | | 2 | | | | | 2 | | | | | | | |
| | – simple | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| S | Safety | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| | Falls assessment | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| PS | Emotional | 1 | | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | | |
| | Behaviour mgmt | 2 | | | | | 2 | | | | | | 2 | | | | | 2 | | | | | | | |
| Total | Category | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-7 | 1 | Total | | Initial | | Total | | Initial | | Total | | Initial | | Total | | Initial | | Total | | Initial | | | | | |
| 8-14 | 2 | Category | | Category | | Category | | Category | | Category | | Category | | Category | | Category | | Category | | Category | | | | | |
| 15-21 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 or more | 4 | | | | | | | | | | | | | | | | | | | | | | | | |

DO NOT COPY