

NEEDS ASSESSMENT AND RECORD OF CARE PSYCHIATRY(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

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