

Skilled Care Assessment - V 2

Client:
Physician:

Effective Date:
Facility:

Date of Birth:

A. VITAL SIGNS

VS. Are these the most recent vital signs?

- ☐ 1. Yes
☐ 2. Resident refused vital signs to be obtained

1. Most Recent Temperature

Temperature: _____ Date: _____

Route: _____

2. Most Recent Pulse

Pulse: _____ Date: _____

Pulse Type: _____

3. Most Recent Respiration

Respiration: _____ Date: _____

4. Most Recent Blood Pressure

Blood Pressure: _____ Date: _____

Position: _____

5. Most Recent Pain Level

Pain Level: _____ Date: _____

Pain Scale: _____

6. Most Recent O2 sats

O2 sats: _____ (%) Date: _____

Method: _____

B. LOC / ORIENTATION / COGNITION

1. Level of Consciousness:

- ☐ 1. Alert
☐ 2. Lethargic
☐ 3. Unrousable / Coma / Persistent Vegetative State

2. Orientation: (Check all that apply)

- ☐ 1. Person
☐ 2. Place
☐ 3. Time
☐ 4. Situation
☐ 5. None of the above

2a. Orientation is:

- ☐ 1. Orientation Level Normal for this resident
☐ 2. Orientation Level Abnormal for this resident

3. Short Term Memory (Recalls where they were this morning or what they had for last meal)

- ☐ 1. Memory OK
☐ 2. Memory problem

4. Long Term Memory (Recalls DOB)

- ☐ 1. Memory OK
☐ 2. Memory problem

5. Memory / Recall Ability

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- ☐ 1. Current Season
- ☐ 2. Location of own room
- ☐ 3. Staff names and faces
- ☐ 4. That he / she is in facility/home
- ☐ 5. None of the above were recalled

6. Cognitive Skills for Daily Decision Making:

- ☐ 1. Independent- decisions consistent / reasonable
- ☐ 2. Modified Independence - some difficulty in new situations only
- ☐ 3. Moderately impaired - decisions poor; cues / supervision required
- ☐ 4. Severely impaired-never / rarely makes decisions

If the resident is not independent in decision making, add an example of why not.

6a. Example: Modified Independence might be coded when the resident doesn't remember where the call light is. (S)

7. Notable changes in LOC, orientation and / or cognition.

C. FUNCTIONAL STATUS / ADL's

- 1. ☐ Does not weight bear
- 2. ☐ Unsteady Gait
- 3. ☐ Impaired balance
- 4. ☐ Weakness
- 5. ☐ Hemiplegia
- 6. ☐ Quadriplegia

Late Loss ADL's

- 7a. ☐ Requires assistance with bed mobility.
- 7b. ☐ Requires assistance with transfers.
- 7c. ☐ Requires assistance with eating.
- 7d. ☐ Requires assistance with toilet use.

8. Notable changes in functional ability and / or ADL's.

D. BEHAVIOR AND MOOD

1. Have behaviors & / or moods been documented / observed in the past 24 hours?

- ☐ 1. No
- ☐ 2. Yes

1a. If yes, describe: (S)

2. Notable changes in Behavior & / or Mood.

E. BLADDER / GU

1. BLADDER FUNCTION

- 1a. ☐ Bladder function unchanged.
- 1b. ☐ Incontinent of urine.

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1c. ☐ Distention noted

2. CATHETER

2a. ☐ Suprapubic Catheter care provided.

2b. ☐ Foley Catheter care provided.

2c. ☐ Catheter patent & draining (S)

3. TOILETING PROGRAM / ASSISTIVE DEVICES

3a. ☐ Bowel & / or Bladder Program

3b. ☐ Bedpan

3c. ☐ Commode

3d. ☐ Pads / Briefs

4. OSTOMIES PRESENT

4a. ☐ Urostomy

4b. ☐ Ostomy patent (S)

5. Notable changes to bladder function.

F. BOWEL / GI

1. BOWEL FUNCTION

1a. ☐ Bowel function unchanged

1b. ☐ Incontinent of BM.

1c. ☐ Bowel Sounds Present

1d. ☐ Diarrhea

1e. ☐ Constipation

2. OSTOMIES PRESENT

2a. ☐ Ileostomy

2b. ☐ Colostomy

2c. ☐ Patent and draining. (S)

3. GI

3a. ☐ Nausea

3b. ☐ Vomiting

3c. ☐ Difficulty swallowing

4. Notable changes in bowel or GI function.

G. SKIN / WOUND

1. SKIN INTEGRITY

1a. ☐ No new changes to skin integrity noted.

1b. ☐ New skin integrity area identified today-see wound assessment.

1c. Current Skin integrity:

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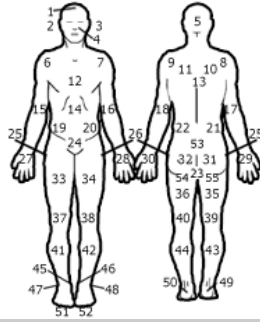
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Site	Description

Wound(s) with treatment order(s)

2. Check all that apply

- ☐ 1. Wound(s) with dressing intact without drainage or leakage & no S/S of infection
- ☐ 2. Wound(s) with no dressing and no S/S of infection or worsening of wound

3. Notable changes to wound(s).

H. RESPIRATORY

1. ☐ WNL
2. ☐ Dyspnea
3. ☐ SOB
- 3a. ☐ On exertion
- 3b. ☐ At rest.
- 3c. ☐ Shortness of breath or trouble breathing when lying flat
4. ☐ Abnormal lung sounds

4a. Describe abnormal lung sounds: (S)

5. ☐ Cough present
- 5a. ☐ Cough: Non-Productive (Dry)
- 5b. ☐ Cough: Productive (Moist / Loose)

5c. Describe sputum color and consistency: (S)

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6. ☐ Cyanosis

7. O2@

8. O2 via:

9. ☐ Respiratory Services provided.

10. ☐ Tracheostomy Care provided

11. ☐ Ventilator Dependent

12. ☐ Nebulizer treatment(s)

13. Notable changes in respiratory function.

I. CARDIOVASCULAR

1. EDEMA

1a. ☐ Edema present

1b. Location

1c. Pitting

☐ 0. None

☐ 1+. Mild pitting, slight indentation, no perceptable swelling of the leg

☐ 2+. Moderate pitting, indentation subsides rapidly

☐ 3+. Deep pitting, indentation remains for a short time, leg looks swollen

☐ 4+. Very deep pitting, indentation lasts a long time, leg is very swollen

2. ☐ Episodes of chest pain

3. Notable changes to cardiovascular status.

J. NEUROLOGICAL/ SENSORY/ COMMUNICATION

1. ☐ Decreased movement

2. ☐ Vertigo

3. ☐ Syncope

4. ☐ Dizziness

5. ☐ Tremors

6. ☐ Clear and appropriate speech.

7. Notable changes to neurological / sensory or communication status.

K. MEDICATIONS / ORDERS

1. ORDERS IN LAST 24 HOURS

1a. ☐ Lab orders received

1b. ☐ Medication orders received

1c. ☐ Treatment orders received

1d. Notes / Comments:

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2. INTRAVENOUS THERAPY

2a. ☐ IV Medication

2b. ☐ IV Antibiotics

2c. ☐ IV Fluids

2d. Notes / Comments:

3. List any adverse affects to medications:

L. EDUCATION

Areas of Teachback:

- ☐ 1. Diagnosis Management
- ☐ 2. Pain Management
- ☐ 3. Anti-coagulant
- ☐ 4. Respiratory Care
- ☐ 5. Medication Management
- ☐ 6. Home Safety-Fall
- ☐ 7. Home Safety-Smoking
- ☐ 8. Smoking cessation
- ☐ 9. LVAD
- ☐ 10. Home Care Tasks
- ☐ 11. Taking own vital sign(s)
- ☐ 12. Immunocompromised
- ☐ 13. Blood Glucose Monitoring (Finger Sticks)
- ☐ 14. Injections
- ☐ 15. Tube Feeding
- ☐ 16. TPN
- ☐ 17. Wound Care
- ☐ 18. Ostomy Care
- ☐ 19. Catheter Care
- ☐ 20. Suprapubic Catheter Care
- ☐ 21. C-PAP
- ☐ 22. BI-PAP
- ☐ 23. Performs Transfers
- ☐ 24. Performs Ambulation
- ☐ 25. Manage Toileting needs
- ☐ 26. Manage Bathing needs
- ☐ 27. Manage Hygiene needs
- ☐ 28. Dressing / Undressing
- ☐ 29. Routine Skin Care
- ☐ 30. Repositioning
- ☐ 31. Other- Explain below

Other Teachback area: (S)

Confirmation of Teachback Education:

1. Diagnosis Management (S)

☐ 1. Resident ☐ 2. Caregiver

1a. Method of confirmation: (S)

1) Return demo by resident or care taker

2) Verbalizes appropriately regarding concern

3) Not able or does not adequately verbalize or return demo

2. Pain management (S)

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- 2a. Method of confirmation: **(S)**
1) Return demo by resident or care taker
2) Verbalizes appropriately regarding concern
3) Not able or does not adequately verbalize or return demo
3. Anti-coagulant **(S)**
☐ 1. Resident ☐ 2. Caregiver
- 3a. Method of confirmation: **(S)**
1) Return demo by resident or care taker
2) Verbalizes appropriately regarding concern
3) Not able or does not adequately verbalize or return demo
4. Respiratory Care **(S)**
☐ 1. Resident ☐ 2. Caregiver
- 4a. Method of confirmation: **(S)**
1) Return demo by resident or care taker
2) Verbalizes appropriately regarding concern
3) Not able or does not adequately verbalize or return demo
5. Medication Management **(S)**
☐ 1. Resident ☐ 2. Caregiver
- 5a. Method of confirmation: **(S)**
1) Return demo by resident or care taker
2) Verbalizes appropriately regarding concern
3) Not able or does not adequately verbalize or return demo
6. Home Safety-Fall **(S)**
☐ 1. Resident ☐ 2. Caregiver
- 6a. Method of confirmation: **(S)**
1) Return demo by resident or care taker
2) Verbalizes appropriately regarding concern
3) Not able or does not adequately verbalize or return demo
7. Home Safety-Smoking **(S)**
☐ 1. Resident ☐ 2. Caregiver
- 7a. Method of confirmation: **(S)**
1) Return demo by resident or care taker
2) Verbalizes appropriately regarding concern
3) Not able or does not adequately verbalize or return demo
8. Smoking cessation **(S)**
☐ 1. Resident ☐ 2. Caregiver
- 8a. Method of confirmation: **(S)**
1) Return demo by resident or care taker
2) Verbalizes appropriately regarding concern
3) Not able or does not adequately verbalize or return demo
9. LVAD **(S)**
☐ 1. Resident ☐ 2. Caregiver
- 9a. Method of confirmation: **(S)**
1) Return demo by resident or care taker
2) Verbalizes appropriately regarding concern
3) Not able or does not adequately verbalize or return demo
10. Home Care Tasks **(S)**
☐ 1. Resident ☐ 2. Caregiver
- 10a. Method of confirmation: **(S)**
1) Return demo by resident or care taker
2) Verbalizes appropriately regarding concern
3) Not able or does not adequately verbalize or return demo

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11. Taking own vital sign(s) **(S)**

☐ 1. Resident ☐ 2. Caregiver

11a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

12. Immunocompromised **(S)**

☐ 1. Resident ☐ 2. Caregiver

12a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

13. Blood Glucose Monitoring (Finger sticks) **(S)**

☐ 1. Resident ☐ 2. Caregiver

13a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

14. Injections **(S)**

☐ 1. Resident ☐ 2. Caregiver

14a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

15. Tube Feeding **(S)**

☐ 1. Resident ☐ 2. Caregiver

15a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

16. TPN **(S)**

☐ 1. Resident ☐ 2. Caregiver

16a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

17. Wound Care **(S)**

☐ 1. Resident ☐ 2. Caregiver

17a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

18. Ostomy Care **(S)**

☐ 1. Resident ☐ 2. Caregiver

18a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

19. Catheter Care **(S)**

☐ 1. Resident ☐ 2. Caregiver

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19a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

20. Suprapubic Catheter Care **(S)**

☐ 1. Resident ☐ 2. Caregiver

20a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

21. C-PAP **(S)**

☐ 1. Resident ☐ 2. Caregiver

21a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

22. Bi-PAP **(S)**

☐ 1. Resident ☐ 2. Care-giver

22a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

23. Performs Transfers **(S)**

☐ 1. Resident ☐ 2. Caregiver

23a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

24. Performs Ambulation **(S)**

☐ 1. Resident ☐ 2. Caregiver

24a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

25. Manage Toileting Needs **(S)**

☐ 1. Resident ☐ 2. Caregiver

25a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

26. Manage Bathing Needs **(S)**

☐ 1. Resident ☐ 2. Caregiver

26a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

27. Manage Hygiene Needs **(S)**

☐ 1. Resident ☐ 2. Caregiver

27a. Method of confirmation: **(S)**

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

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28. Dressing / Undressing (S)

☐ 1. Resident ☐ 2. Caregiver

28a. Method of confirmation: (S)

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

29. Routine Skin Care (S)

☐ 1. Resident ☐ 2. Caregiver

29a. Method of confirmation: (S)

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

30. Repositioning (S)

☐ 1. Resident ☐ 2. Caregiver

30a. Method of confirmation: (S)

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

31. Other area (S)

☐ 1. Resident ☐ 2. Caregiver

31a. Method of confirmation: (S)

- 1) Return demo by resident or care taker
- 2) Verbalizes appropriately regarding concern
- 3) Not able or does not adequately verbalize or return demo

M. NURSES NOTES

1. Other Relevant Information / Nurses Progress Notes:

Signature

Date