

**University of Medical Center  
Ambulatory Services**

**Initial Assessment**

**I. Risk Assessment**

**A. Nutritional Risk:**  See also MD/Nurse Practitioner Note

Person supplying information \_\_\_\_\_

- Height \_\_\_\_\_ Weight \_\_\_\_\_
- Unintentional weight loss of  $\geq 10$  lbs. over a 1 month period
  - Untreated chronic medical condition
  - Non-healing wound
  - Patient reports the following and needs nutrition consult/intervention:
    - Type 1 or 2 diabetes mellitus
    - End-stage liver disease
    - Anorexia nervosa/bulimia nervosa
    - Celiac disease
  - Other \_\_\_\_\_
  - None

- Pediatrics:**
- Failure to thrive (see guideline)
  - Multiple food allergies
  - End-stage renal disease (Peds Only)
  - Cerebral palsy (Peds Only)

**B. Physical and Cognitive Functional Risk:**

- Additional Pediatric Risks:**
- Development delays
  - Seating/positioning needs
  - Oral-motor deficits

- Mobility/positioning deficits (bed mobility, transfers, ambulation)
- Difficulties with ADL's (feeding, dressing, bathing)
- Speech / language / cognitive deficits
- Swallowing deficits

**Fall risk (If one or more risk factors are present, complete the Fall Risk Assessment and Prevention Plan, electronically or on form #HW003).**

- History fall
- Impaired balance/gait
- Impaired Mobility
- Impaired Vision
- Medication side effect
- Mental Status Change
- Muscle Weakness
- Post Anesthesia
- Orthopedic patient
- None

**C. Psychosocial Risks:**  Substance Abuse Called X8-6169  Social Work Called X8-6700  None

- Patient smokes, quit smoking less than one year ago, or, if pediatric, lives with someone who smokes - smoking cessation information given
- Drug/alcohol/substance abuse
- Depressed/suicidal
- Financial need
- Adaptation to illness or terminal illness
- No family support/involvement
- Other (specify) \_\_\_\_\_
- Abuse/neglect/violence (for cues related to suspected risks, see policies for assessment of patient — AOP 003, 004, 005 and 006)

**D. Psychosocial Functional Risks:**  Ineffective, independent living skills  Impulsivity/acting out  None

**E. Pain Screening:** (If answer is yes, complete the pain assessment/history if pain is relevant to visit)

- Pain present now?  Not relevant to visit  No  Yes per  Patient  Family  Tool
- Current history of pain?  Not relevant to visit  No  Yes per  Patient  Family  Tool

**F. Exposures (within last 6 months):**  TB  Chicken Pox  None  Other (specify) \_\_\_\_\_

Immunizations up-to-date (Peds)  Yes  No

**G. History of resistant organisms:**  VRE  MRSA  None  Other (specify) \_\_\_\_\_

**H. Allergies:**  No  Yes  Medication  Food  Unknown  Other \_\_\_\_\_

**Latex Allergy:**  No Allergy  Latex Risk (frequent exposure to latex)  Latex Allergic

Allergy Information: \_\_\_\_\_

**I. Advance / Behavioral Health Directive:**  Yes  No  N/A  Copy in Chart  Information Given

- Patient does not want to complete advance / behavioral health directive
- Patient wants to complete advance / behavioral health directive

**J. Spiritual / Cultural Assessment:** Ask the patient to finish this sentence: My Spiritual and/or religious beliefs . . .  are an important part of my life

- are not an important part of my life
- are a source of conflict.

Ask the patient: Are there any cultural considerations we should consider while you are in our care?  Yes  No

**Risk Notification:**  No referral/notification needed  Already in treatment  Social Work  Psychiatry  Wound, ostomy, continence

Nutrition  Home Health  Primary Care Provider with recommendation for: \_\_\_\_\_

OT, PT, or Speech (circle all that apply)  Other \_\_\_\_\_

**II. Patient/Family Education Assessment**

**Able to understand care plan/routine teaching:** Patient:  Yes  No Family:  Yes  No

- Desire / Motivation to Learn:** Patient:  Involved  Passive learner  Averts attention, disinterested  Unable to assess because of age/development or patient condition
- Family:  Involved, asks questions  Passive listener  Averts attention, disinterested  Unable to assess at this time

**Patient/Family Preference:**  Verbal teaching  Written material  Demonstration  Video  Other \_\_\_\_\_

- Teaching Needs:**  Medication  Medical Equipment  Diet/Nutrition  Pain management
- Rehabilitation technique  Community resources  Personal hygiene  None
- See Pathway  See Core Measures Education Tool  Food/drug interaction

**Barriers to Learning (specify below):**

- Level of consciousness
- Level of motivation
- Education
- Emotional barrier
- Language
- Sensory deficit
- Developmental age
- Cognitive impairment
- None
- Other \_\_\_\_\_

**Practitioner Signature/Title:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_