

CO. HOSPITAL HOME HEALTH

Patient Name:		Patient ID#:	
MODALITIES TREATMENTS			
	Code	Direct Skilled Care	
	A1	Skilled Observation & Assessment	
		Cardiopulmonary System	
		Vital Signs	
		Blood Pressure	
		S/S of disease process for:	
		Compliance of Medication Regimen	
		S/S of Wound Healing/Infection	
		Skin Integrity	
		Nutrition/Hydration	
		Other:	
	A31	Management & Evaluation of Patient Care Plan	
	A15	Instruction in Ostomy Care / Ileo Conduit Care	
	A18	Instruction in Gastrostomy Feeding	
	A19	Instruction in Parenteral Nutrition	
	A22	Instruction in Inhalation Therapy	
	A30	Instruction in the Care of Indwelling Foley Catheter	
	A24	Instruction in the Administration of	injection
	A25	Instruction in Diabetic Care	
	A9	Bowel/Bladder Training	
	A10	Chest Physio. To include Postural Drainage	
	A32	Instruction in:	
		S/S of disease process of:	
		S/S of wound complications	
		Medication Regimen & Drug Side Effects	
		Diet:	
		Safety Issues related to:	
		Other:	
	A4	Wound Care / Dressing	
	A28	Wound Care / Dressing - Closed Incision / Suture Line:	
	A5	Decubitus Care: (Partial tissue loss with signs of infection or full thickness tissue loss, etc)	
	A14	Administer I.V.s	
	A12	Insulin Preparation / administration every visit	
	A13	Administration I.M./S.C.	
	A11	Vitamin B12 Injection	mcg IM every
	A2	Change Size	Foley Catheter every
	A23	Inhalation Therapy:	
	A27	Other: (specify under orders)	
		Venipuncture for:	
		Oxygen Therapy:	
		Therapy Services	
	B1	Physical Therapy Evaluation and Treatment	
	C1	Speech Therapy Evaluation and Treatment	
	D1	Occupational Therapy Evaluation and Treatment	
		Specific Rehab Orders: (to include weight bearing status)	
		Home Health Aide	
	F4	Personal Care	
		Over	
		Misc.	

NUTRITIONAL ASSESSMENT

NUTRITIONAL ASSESSMENT	Score
Has an illness or condition changed the type and/or amount of food eaten?	2
Eats fewer than 2 meals per day.	3
Eats few fruits, vegetables or milk products.	2
Has 3 or more drinks of beer, liquor or wine almost every day.	2
Has tooth or mouth problems that make it hard to eat.	2
Does not always have enough money to buy the food needed.	4
Eats alone most of the time.	1
Takes 3 or more different prescribed or over the counter medications each day.	1
Without wanting to, has lost or gained 10 pounds or more in the last 6 months.	2
Not always physically able to shop, cook and/or feed self.	2
Total	

INTERPRETATION OF NUTRITIONAL ASSESSMENT

Score of 0-2 = Low Risk. As appropriate, reassess and/or provide educational information based on situation.
 Score of 3-5 = Moderate Risk. Educate, refer, monitor and re-evaluate based on situation and agency policy.
 Score of 6 or > = High Risk. Coordinate with physician, dietitian, social services or nurse about how to improve nutritional health. Reassess nutritional status and educate based on plan of care.

FALL RISK ASSESSMENT

Risk	Points
Age 65 or over	15pts
Confused, Disoriented, or Hallucinating	15pts
History of falls	15pts
Presently with or History of Loss of Consciousness or Seizure Disorder	15pts
Unsteady Gait	5pts
Poor Eyesight	5pts
Poor Hearing	5pts
Drug or Alcohol Problem	5pts
Post Operative Condition / Sedated	5pts
Language Barrier	5pts
Attitude (Resistant, Belligerent, Combative, Fearful)	5pts
Postural Hypotension	5pts
*If 15 points or >, use standard nursing care plan for potential fall problems	*Total Pts =

MEDICATIONS

Medications	Dosage	Frequency	Mode	*

* C=Change N=New U=Unchanged