

PLACE PATIENT STICKER HERE

**PROVIDENCE TRANSITIONAL CARE  
PROVIDENCE EXTENDED CARE**

**NURSING FACILITY NEEDS ASSESSMENT**

**Ht:** \_\_\_\_\_

**Wt:** \_\_\_\_\_

**Mobility Needs**

- Cane
- Walker
- Crutches
- Assistive Device  
(specify) \_\_\_\_\_

**Skin Issues**

- Abrasions
- Rash
- Red areas
- Wounds
- Pressure ulcer(s)

**Diet**

- Food consistency \_\_\_\_\_
- Fluid consistency \_\_\_\_\_

**Comfort Care (terminal)**

Estimated time of need  
\_\_\_\_\_

**Nutrition Supports**

- Swallowing problems
- Other \_\_\_\_\_

**Communication**

- Blind or Impaired
- Aphasia
- Hard of hearing

**Precautions (location)**

- Contact
- Droplet
- MRSA site \_\_\_\_\_
- VRE \_\_\_\_\_
- Latex Allergy
- C-Diff

**Cardiac**

- Pacemaker
- Other \_\_\_\_\_

**Special Needs**

- Teaching \_\_\_\_\_
- Radiation Treatment \_\_\_\_\_
- Chemo \_\_\_\_\_
- Hemodialysis
- Peritoneal dialysis
- Other \_\_\_\_\_

**Respiratory**

- Oxygen\_#Litres \_\_\_\_\_
- Trach Care Q \_\_\_\_\_
- Suction Q \_\_\_\_\_
- CPAP Settings \_\_\_\_\_
- BiPAP Settings \_\_\_\_\_
- Other \_\_\_\_\_

**GI/GU**

- Bladder irrigation PRN \_\_\_\_\_
- Shunt \_\_\_\_\_
- Foley catheter
- Suprapubic catheter
- Straight catheter
- Ostomy care (specify) \_\_\_\_\_
- NG tube/suction \_\_\_\_\_
- Other \_\_\_\_\_

**Additional Information:**