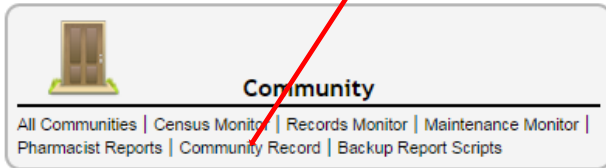
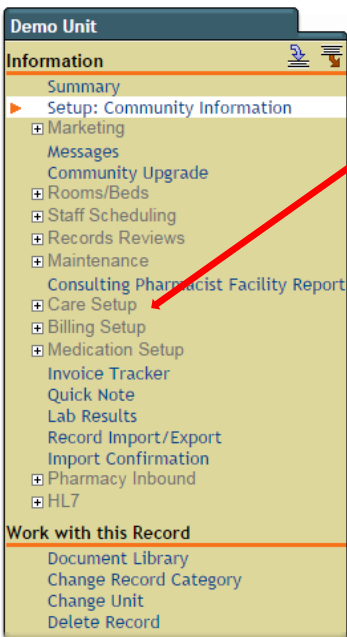


Nursing Assessment/Service Plan Update 2018

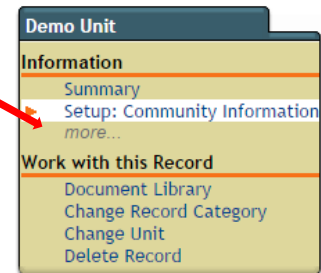
Select the “Community Record” link. This will take you to the Setup: Community Information



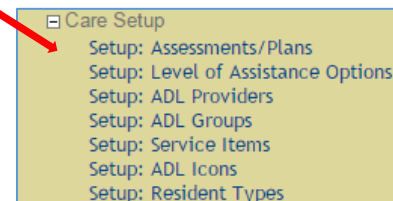
Step 1. Expand the Community navigation menu by clicking on the “more” link



Navigate to the “Care Setup” and click on the link to expand.



Select the “Setup: Assessment/Plans” link



Step 2. Select the sections you would like to display on the community Nursing Assessment.

Setup: Assessments/Plans

★ Required

NURSING ASSESSMENT SETUP

Select what sections you wish to have on your nursing assessment

State assessment
must save to take effect

<input type="radio"/> Custom <input type="radio"/> Alabama <input type="radio"/> Alaska <input type="radio"/> Arizona <input type="radio"/> Arkansas <input type="radio"/> California <input type="radio"/> Colorado <input type="radio"/> Connecticut <input type="radio"/> Delaware	<input type="radio"/> Florida <input type="radio"/> Georgia <input type="radio"/> Hawaii <input type="radio"/> Idaho <input type="radio"/> Illinois <input type="radio"/> Indiana <input type="radio"/> Iowa <input type="radio"/> Kansas <input type="radio"/> Kentucky	<input type="radio"/> Louisiana <input type="radio"/> Maine <input type="radio"/> Maryland <input type="radio"/> Massachusetts <input type="radio"/> Michigan <input type="radio"/> Minnesota <input type="radio"/> Mississippi <input type="radio"/> Missouri <input type="radio"/> Montana	<input type="radio"/> Nebraska <input type="radio"/> Nevada <input type="radio"/> New Hampshire <input type="radio"/> New Jersey <input type="radio"/> New Mexico <input type="radio"/> New York <input type="radio"/> North Carolina <input type="radio"/> North Dakota <input type="radio"/> Ohio	<input type="radio"/> Oklahoma <input type="radio"/> Oregon <input type="radio"/> Pennsylvania <input type="radio"/> Rhode Island <input type="radio"/> South Carolina <input type="radio"/> South Dakota <input type="radio"/> Tennessee <input type="radio"/> Texas <input type="radio"/> Utah	<input type="radio"/> Vermont <input type="radio"/> Virginia <input type="radio"/> Washington <input type="radio"/> West Virginia <input type="radio"/> Wisconsin <input type="radio"/> Wyoming
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Select

<input type="checkbox"/> Assisted Living Type <input type="checkbox"/> Care Type <input type="checkbox"/> Providers <input type="checkbox"/> Medical History <input type="checkbox"/> Medical Transfers <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Medication assistance <input checked="" type="checkbox"/> Blood pressure <input type="checkbox"/> Heart rate <input type="checkbox"/> Respiratory rate <input checked="" type="checkbox"/> Temperature <input type="checkbox"/> Glucose/Blood sugar <input type="checkbox"/> O2 sats <input type="checkbox"/> O2/min <input type="checkbox"/> Weight <input type="checkbox"/> Height <input checked="" type="checkbox"/> Integumentary <input type="checkbox"/> Immune System <input checked="" type="checkbox"/> Respiratory	<input checked="" type="checkbox"/> Cardiovascular <input checked="" type="checkbox"/> Gastrointestinal <input checked="" type="checkbox"/> Genitourinary <input checked="" type="checkbox"/> Musculoskeletal <input checked="" type="checkbox"/> Neurological <input checked="" type="checkbox"/> Endocrine <input type="checkbox"/> Pain <input type="checkbox"/> Primary Pain <input type="checkbox"/> Secondary Pain <input type="checkbox"/> Additional Pain <input type="checkbox"/> Dementia <input type="checkbox"/> Psychiatric* <input type="checkbox"/> Mental Health/Psychosocial* <input type="checkbox"/> Orientation <input type="checkbox"/> Memory <input type="checkbox"/> Cognitive <input type="checkbox"/> Judgment <input type="checkbox"/> Hallucination <input type="checkbox"/> Delusion	<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Mood <input type="checkbox"/> Sensory <input type="checkbox"/> Eye Care <input checked="" type="checkbox"/> Dental * <input type="checkbox"/> Oral * <input checked="" type="checkbox"/> Mobility * <input type="checkbox"/> Ambulation * <input checked="" type="checkbox"/> Transferring <input type="checkbox"/> Wandering <input type="checkbox"/> Fall <input type="checkbox"/> Self Harm <input checked="" type="checkbox"/> Dietary <input checked="" type="checkbox"/> Eating <input type="checkbox"/> Weight loss <input checked="" type="checkbox"/> Grooming <input checked="" type="checkbox"/> Dressing <input type="checkbox"/> Assistive devices	<input type="checkbox"/> Prosthetic devices <input checked="" type="checkbox"/> Toileting <input type="checkbox"/> Incontinence care <input checked="" type="checkbox"/> Bathing <input type="checkbox"/> Smoke <input type="checkbox"/> Self-medicate <input type="checkbox"/> Leisure <input type="checkbox"/> Communication <input checked="" type="checkbox"/> Housekeeping <input type="checkbox"/> Appointments <input type="checkbox"/> Financial <input type="checkbox"/> Assault/Destructive <input type="checkbox"/> Substance abuse <input type="checkbox"/> Victimization <input type="checkbox"/> Behavior <input type="checkbox"/> Behavioral Management <input type="checkbox"/> Special treatment
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Review Items: Immune System:
 Review Items: Cardiovascular:
 Review Items: Gastrointestinal:
 Review Items: Genitourinary:
 Review Items: Musculoskeletal:
 Review Items: Neurological:
 Review Items: Endocrine:
 Pain Location System
 Review Items: Pain:
 Review Items: Oral:
 Review Items: Ambulation:
 Review Items: Wandering:
 Review Items: Eating:
 Review Items: Weight Loss:
 Review Items: Dressing:
 Review Items: Assistive Devices:
 Review Items: Continence:
 Review Items: Smoking:
 Review Items: Appointment:

<input checked="" type="radio"/> Advanced <input type="radio"/> Basic	No recurring fever, no unexplained fatigue, no discolored blotches on or under the skin or in
	Normal blood pressure and pulse no chest pain, edema, calf tenderness and no systolic, di
	No stomach pain, nausea, vomiting, abdomen is not bloated, no diarrhea or constipation an
	Normal urine output and color, no infections, burning, bladder distention, prostate problems
	No numbness, reduction in strength, cramping, swelling, tenderness, ROM limitations or stiff
	Normal sleep pattern, alertness, attention, and follows commands and doesn't have seizure
	No palpitations, nervousness, fatigue, or insomnia
	<input checked="" type="checkbox"/> No history of pain issues and has no pain currently
	Teeth are intact and in good condition
	Proper gait and balance without any devices
	Does not wander outside the facility/community and dose not require consta
	Feeds self with no difficulties
	Is normal and steady
	Can dress self appropriately with out assistance
	Not needed for day to day activity
	No bowel or bladder incontinence
	Does not smoke
	Can schedule own appointments without assistance

Review Every

Each section checked will appear on the Nursing assessment. See addendum A. for detail of these sections.

When a sections above is selected the "Review Items" text is displayed below. This text is editable so that when a nursing assessment is created this text will be the default text displayed.

Input the number of days between standard assessments. This will generate a report or alert when the next assessment is due

****This is part of the New update***

This new update allows you many more options to link an item from the Nursinging Assesment to the Service Plan. By selecting any of the items listed under the “Service Plan Setup” you are linking this item from the Nursing Assessment to the service plan so notes, level of assistance and any findings will flow from a signed/saved Nursing Assessment to the Service Plan.

SERVICE PLAN SETUP

Select what sections you wish to have on your service plan

Each section checked will appear on the Service plan.

<input checked="" type="checkbox"/> Additional services <input checked="" type="checkbox"/> Ambulation <input checked="" type="checkbox"/> Appointments <input checked="" type="checkbox"/> Assistive devices <input checked="" type="checkbox"/> Bathing <input checked="" type="checkbox"/> Behavioral management <input checked="" type="checkbox"/> Communication <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Dressing <input checked="" type="checkbox"/> Eating <input checked="" type="checkbox"/> External services <input checked="" type="checkbox"/> Eye Care <input checked="" type="checkbox"/> Financial management <input checked="" type="checkbox"/> Grooming <input checked="" type="checkbox"/> Hair <input checked="" type="checkbox"/> Health checks <input checked="" type="checkbox"/> Health monitoring	<input checked="" type="checkbox"/> Housekeeping <input checked="" type="checkbox"/> Incontinence care <input checked="" type="checkbox"/> Laundry <input checked="" type="checkbox"/> Leisure <input checked="" type="checkbox"/> Mobility <input checked="" type="checkbox"/> Night checks <input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> Outside services <input checked="" type="checkbox"/> Prosthetic devices <input checked="" type="checkbox"/> Purchases <input checked="" type="checkbox"/> Q2 <input checked="" type="checkbox"/> Shave <input checked="" type="checkbox"/> Smoke <input checked="" type="checkbox"/> Substance abuse <input checked="" type="checkbox"/> Toileting <input checked="" type="checkbox"/> Transferring <input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> Wandering <input checked="" type="checkbox"/> Integumentary <input checked="" type="checkbox"/> Immune System <input checked="" type="checkbox"/> Respiratory <input checked="" type="checkbox"/> Cardiovascular <input checked="" type="checkbox"/> Gastrointestinal <input checked="" type="checkbox"/> Genitourinary <input checked="" type="checkbox"/> Musculoskeletal <input checked="" type="checkbox"/> Neurological <input checked="" type="checkbox"/> Endocrine <input checked="" type="checkbox"/> Pain <input checked="" type="checkbox"/> Dementia <input checked="" type="checkbox"/> Psychiatric <input checked="" type="checkbox"/> Mental Health/Psychosocial <input checked="" type="checkbox"/> Orientation <input checked="" type="checkbox"/> Memory	<input checked="" type="checkbox"/> Cognitive <input checked="" type="checkbox"/> Judgment <input checked="" type="checkbox"/> Hallucination <input checked="" type="checkbox"/> Delusion <input checked="" type="checkbox"/> Anxiety <input checked="" type="checkbox"/> Depression <input checked="" type="checkbox"/> Mood <input checked="" type="checkbox"/> Sensory <input checked="" type="checkbox"/> Self Harm <input checked="" type="checkbox"/> Dietary <input checked="" type="checkbox"/> Weight loss <input checked="" type="checkbox"/> Self-medicate <input checked="" type="checkbox"/> Assault/Destructive <input checked="" type="checkbox"/> Victimization
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Show Times

360

Input the number of days between service plans. This will generate a report or alert when the next service plan is due

Step 3. Create a new Nursing Assessment. Each item that was checked on Step 2 (ServicePlan Setup) will now allow you to set a “Level of Assistance”. All findings, Level of Assistance, and Notes will then flow from a signed Nursing Assessment to the Service Plan.

JUDGMENT ASSESSMENT

Judgment Has signs of judgment issues No signs of judgment issues

Findings

Judgment is occasionally poor
 May make inappropriate decisions in complex/unfamiliar situations
 Needs monitoring/guidance in decision-making

Judgment is frequently poor
 Needs protection/supervision because of unsafe/inappropriate decisions
 Judgment is always poor

Cannot make appropriate decisions for self
 Needs intense supervision

Level of Assistance

Notes

Judgment History Judgment History

Findings

Notes

Example: Judgement section has findings, level of assistance and notes filled out.

JUDGMENT ASSESSMENT

Judgment: Has signs of judgment issues No signs of judgment issues

Findings: Judgment is occasionally poor Judgment is frequently poor Cannot make appropriate decisions for self
 May make inappropriate decisions in complex/unfamiliar situations Needs protection/supervision because of unsafe/inappropriate decisions Needs intense supervision
 Needs monitoring/guidance in decision-making Judgment is always poor

Level of Assistance: Total Assistance

Notes: My Judgement Note

Judgment History: **Judgment History** Findings Notes

Once a Nursing Assessment is signed and saved, a new (unsigned) service plan will be created and the fields as seen below will be filled out from the Nursing Assessment.

Service Item: Judgment

Inactive Active

Service Item: **Judgment** Value: 0

Category: Other

Diagnos(es): **Total Assistance** Update Diagnosis

Level of Assistance: **Total Assistance**

Provider: **Demo Unit** CNA Nursing
 Care Taker Housekeeping

Start Date: * 01/22/2018 End Date: * 01/22/2118

Scheduling: Daily or PRN Specific days of the week
 Every (Interval) days Specific days of the month

Scheduled Time(s) * AM 1:00am 5:00am 9:00am 1:00pm 5:00pm 9:00pm
 PM 2:00am 6:00am 10:00am 2:00pm 6:00pm 10:00pm
 Bedtime 3:00am 7:00am 11:00am 3:00pm 7:00pm **PRN**
 12:00am 4:00am 8:00am 12:00pm 4:00pm 8:00pm

Instructions: Judgment is occasionally poor
 My Judgement Note

Please contact Client Care for any questions.

801-336-3043

clientcare@vorrohealth.com