



Stoke Mandeville Hospital

# DULT NEEDS SSESSMENT HE KLIST

<b>PATIENT NAME:</b>	<b>DOB:</b>
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**ADDRESS:**

*(TO ENSURE ACCURACY, PLEASE AFFIX PATIENT STICKY LA*

***Dear Keyworker/Named Nurse***

**In completing this Checklist the patient, with your support, is making an assessment of their current strengths, needs and abilities. As a Keywo**

# 1. PHYSICAL HEALTH CARE

## 1.1 Medical

**NB: PLEASE ANSWER ALL QUESTIONS**

		A	
ny ... y ... n ...			
y n ...			
ny ... yy ...			
y n ... y ...			
y n ... n ... n ...			
y n ... y ... n ...			
y n ... y ...			
y ... ny ...			
y n ... y ... in ...			
n ... ny ... in ...			
y ... in ...			
y ... in ...			
y n ... y ...			

y ...


**NB: PLEASE ANSWER ALL QUESTIONS**

		A	
ny ... y ...			
y ... in ...			

## 1.2 Pain

↑ ألم ، آلام ، آلام - pain unpleasantness

**NB:**

## 1.6 Secretion Clearance

\* IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDETERMINATE. MARK BY HIGHLIGHTING ACCORDINGLY

**NB:** PLEASE ANSWER ALL QUESTIONS

		A	
<p>y n (INSTRUCT OTHERS TO)* C y -            . c n y l c in in c y n            t n n n in in c l</p>			
<p>y n ny c n c y in            c in c n c - in t n            in c c in c</p>			
<p>y t c c c in c            n c n c n c</p>			

## 1.7 Ventilator Dependent Patients

**NB**



## 2.3 Facial Hygiene

\* IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT BY HIGHLIGHTING ACCORDINGLY

**NB: ANSWER ALL QUESTIONS**

n y (INSTRUCT OTHERS TO) y - C z							
n y (INSTRUCT OTHERS TO) n							
n y (INSTRUCT OTHERS TO) c y - L							
n y (INSTRUCT OTHERS TO) y - L							
n y (INSTRUCT OTHERS TO) y - z							

y ny d ! d  
z y ny - d y ! d







### 3.3 Posture

\* IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT BY HIGHLIGHTING ACCORDINGLY

**NB: ANSWER ALL QUESTIONS**

					A	
<p>A y      C      C</p> <p>In      n In      C L</p>						

ny (DO YOU INSTRUCT OTHERS TO)

! ny -      ny - !



**ONLY COMPLETE THE RELEVANT SECTION BELOW: ie A, B OR C**

**A. Suprapubic/Indwelling Catheterisation**

\* IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PH

## 5. BOWEL MANAGEMENT

\*IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT BY HIGHLIGHTING ACCORDINGLY

**NB: ANSWER ALL QUESTIONS**

y n									
y n									
y n									
n y (INSTRUCT OTHERS TO)*									
n y (INSTRUCT OTHERS TO)*									
n y (DO YOU INSTRUCT OTHERS TO)*									
n y (INSTRUCT OTHERS TO)									
n y (INSTRUCT OTHERS TO) y ! n c y									
n y (INSTRUCT OTHERS TO)* y ! n c y									
y n									
y									

c L d L n L y L - L A L L





## 6.2 Wheelchair Skills

y . 2

## 7. WHEELCHAIR AND EQUIPMENT

### 7.1 Wheelchair

**NB: ANSWER ALL QUESTIONS**

	True	False	A	Q
Can a wheelchair be used on a carpet?				
Can a wheelchair be used on a ramp?				
Can a wheelchair be used on a staircase?				
Can a wheelchair be used on a road?				

**NB: ANSWER ALL QUESTIONS**

	True	False	A	Q
Can a wheelchair be used on a road?				
Can a wheelchair be used on a ramp?				
Can a wheelchair be used on a staircase?				

### 7.2 Cushion

**NB: ANSWER ALL QUESTIONS**

	True	False	A	Q
Can a cushion be used on a road?				
Can a cushion be used on a ramp?				
Can a cushion be used on a staircase?				

**NB: ANSWER ALL QUESTIONS**

	True	False	A	Q
Can a cushion be used on a road?				



### 7.3 Standing Frames

\* IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT BY HIGHLIGHTING ACCORDINGLY

<b>NB: ANSWER ALL QUESTIONS</b>							
y n							
y n							
ny (INSTRUCT OTHERS TO)							
y n							

### 7.4 Splints, Calipers and Brace

y							
y							
y							
y							

\* IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT BY HIGHLIGHTING ACCORDINGLY

<b>NB: ANSWER ALL QUESTIONS</b>							
ny (INSTRUCT OTHERS TO)							



## 8. COMMUNITY PREPARATION

### 8.1 Community Skills

... y ... n ...  
... y ... n ...



## 9. PSYCHOLOGICAL ISSUES

### 9.1 Mood

Over the past week, how often have you experienced the following symptoms? Tick one box.

1. DO YOU FEEL SAD? (tick one)

## 9.2 Adjustment Issues

In the last 12 months, how often have you experienced the following symptoms?

c n ' NOT AT ALL    c n ' SOMETIMES    c n ' FAIRLY OFTEN    c n ' ALMOST ALWAYS

**NB: ANSWER ALL QUESTIONS**

How often do you experience pain in your neck?
How often do you experience pain in your shoulders?
How often do you experience pain in your upper back?
How often do you experience pain in your lower back?
How often do you experience difficulty with your balance?




## 10.2 Accommodation

cc      n  
y      y

cc      n	
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cc      n	
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cc      n	
-----------	--

cc      n	
-----------	--

cc      n	
-----------	--

cc      n	
-----------	--





