

PATIENT ACUITY INFORMATION

FACILITY

NAME: _____ **DATE** _____

NURSING UNIT: _____ **UNIT CAPACITY:** _____ **UNIT CENSUS:** _____

	PATIENT CHARACTERISTICS					
PATIENT CONDITIONS	Critical					
	Unstable					
	Stable					
ACTIVITY LEVELS	Ambulation - Self					
	Ambulation with Assistance					
	Bed to Chair with Assistance					
	Total Lift					
	Bed Rest					
HYGIENE NEEDS	Total Care					
	Assist with ADL					
	Self Care					
NUTRITIONAL NEEDS	Total Feeds					
	Assistance with Feeding					
	Self Feed					
ELIMINATION	Incontinent of Bowel and Bladder					
	Continent of Bowel and Bladder					
MENTAL STATUS	Confused and Disoriented					
	Alert and Oriented					
	Unresponsive					
RESTRAINTS	Bed					
	Chair					
ADDITIONAL CATEGORIES OF RESIDENTS						
Psychiatric						
Mild Mental (Primary Diagnosis)						
Mentally Retarded (Primary Diagnosis)						
Dialysis Patients						
Patients Attending Workshops						
SPECIAL CARE AND/OR TREATMENTS						
Life Support Systems						
Oxygen (continuous/prn)						
Respiratory Treatments						
Tracheostomy						
Infusion Therapy						
Suction						
Tube Feedings (n/g, g-tube)						
Catheters (foley, other)						
Isolation						
Number of Decubitus						
Stage I						
Stage II						
Stage III						
Stage IV						
Dressings						
Diabetic Testing (urine/blood)						
Repositioning Schedules						
Patients Hospitalized						

COMMENT: THE FIRST SIX CATEGORIES MUST EACH EQUAL THE CENSUS.