



Stoke Mandeville Hospital

# DULT NEEDS SSESMENT 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**



## 1.2 Pain

↑ ألم ، آلام ، آلام - pain unpleasantness

**NB:**

## 1.6 Secretion Clearance

\* IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDETERMINATE. T 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**

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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





## 6.2 Wheelchair Skills

y . 2





### 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  if you have experienced the symptom **OVER THE PAST WEEK**

1. DO YOU FEEL SAD? (tick one)

## 9.2 Adjustment Issues

In the last 12 months, how often have you experienced any of the following adjustment issues?

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

**NB: ANSWER ALL QUESTIONS**

I feel nervous or anxious
I feel stressed
I feel sad or down
I feel angry
I feel lonely




## 10.2 Accommodation

cc      n  
y      y

ny

ny

nd

in A d n





