

HEALTH RISK SCREENING TOOL

Complete a HRST at least annually and after any hospitalization, significant change in health status, or functional or behavioral deterioration.

Name: _____ Date of Birth: _____

Address: _____

Name/Title of Reviewer: _____ Date of Review: _____

ISC/Case Manager: _____ Provider Agency: _____

Information Source(s) (e.g., name and relationship, health record, etc.): _____

Enter Medications, Medical Diagnosis and Medical History on pps 17-18

Computation of Category Scores

To be completed by Reviewer.
Enter ratings for each item and compute Category Score.

Category and Item	Item Score
I. FUNCTIONAL STATUS	
A. Eating	_____
B. Ambulation	_____
C. Transfer	_____
D. Toileting	_____
E. Clinical Issues Affecting Daily Life	_____
FUNC. STATUS CATEGORY SCORE	= _____
II. BEHAVIORS	
F. Self-abuse	_____
G. Aggression	_____
H. Physical Restraint	_____
I. Emergency Drugs	_____
J. Psychotropic Medications	_____
BEHAVIORS CATEGORY SCORE	= _____
III. PHYSIOLOGICAL	
K. Gastrointestinal	_____
L. Seizures	_____
M. Anticonvulsant	_____
N. Skin Breakdown	_____
O. Bowel Function	_____
P. Nutrition	_____
Q. Requirements for Licensed Interventions	_____
PHYSIOL. CATEGORY SCORE	= _____ x 2 = _____
(Note: This category score is weighted. Multiply the sum of the item scores by 2.)	
IV. SAFETY	
R. Injuries	_____
S. Falls	_____
SAFETY CATEGORY SCORE	= _____
V. FREQUENCY OF SERVICES	
T. Professional Health Care Serv.	_____
U. Emergency Room Visits	_____
V. Hospital Admissions	_____
FREQ. OF SER. CATEGORY SCORE	= _____
Check: <input type="checkbox"/> Attached List of Current Medications (REQUIRED) <input type="checkbox"/> Attached Additional Information (AS NEEDED)	

Identification of a Health Care Level

Enter Category Scores computed in column one below
AND add them together for a Total Score.

FUNCTIONAL STATUS CATEGORY SCORE	_____
BEHAVIORS CATEGORY SCORE	+ _____
PHYSIOLOGICAL CATEGORY SCORE	+ _____
SAFETY CATEGORY SCORE	+ _____
FREQ. OF SERVICES CATEGORY SCORE	+ _____
TOTAL SCORE	= _____
Count the number of #4 ratings from The Items A. through V. and enter here:	
Total of #4 ratings	_____

Check if Item "Q", Treatments, was scored ☐ Yes ☐ No

Circle the Health Care Level below. Use the Total Score, Number of #4 ratings and Item "Q" score to identify the Health Care Level:

- Level 1: Total score 0 – 12. Three or less #4 ratings.
If item "Q" is scored "YES", raise to Level 2.
- Level 2: Total score 13 – 25. Three or less #4 ratings.
If item "Q" is scored "YES", raise to Level 3.
- **Level 3:** Total score 26 – 38. Raise to Level 4 if 4 or more #4 ratings. If item "Q" is scored "YES", raise to Level 4.
- **Level 4:** Total score 39 – 53. Raise to Level 5 if 4 or more #4 ratings. If item "Q" is scored "YES", raise to Level 5.
- **Level 5:** Total score 54 – 68. If item "Q" is scored "YES", raise to Level 6.
- **Level 6:** Total 69 or greater. If item "Q" is scored "NO", lower to Level 5. To score at Level 6, item "Q" must be scored "YES".

****Levels 3 through 6 require in-depth RN Review of the HRST.**

TURN TO PAGE 2 AND COMPLETE EVALUATION AND TRAINING RECOMMENDATIONS.

**RN Review

Print Name of RN Reviewer: _____

Signature/Title RN Reviewer: _____

Date of RN Review: _____

Compare individual item rating scores with the ***Evaluation and Service Requirements*** on page 17.
 Compare the individual item rating scores with the ***Training Requirements*** on page 18.
 Check the needed Evaluations, Services and Training below.

- ___ *Baseline data collection
- ___ Behavioral
- ___ Communication
- ___ Dental
- ___ Medical
- ___ *Medical specialty (psychiatry, neurology, etc.)
- ___ Nursing
- ___ Nutritional/Clinical Dietitian
- ___ Oral Motor (OT/Speech)
- ___ Personal Support Team
- ___ Pharmacological
- ___ Physical Management (PT/OT)
- ___ Respiratory
- ___ *TD Screen, standardized

*Specify in Reviewer Recommendations Section below

- Behavioral interventions
- Emergency First Aid/CPR
- Health Care Protocols
- Mealtime Management – Basic (Includes: preparation, adaptive equipment, food texture and positioning)
- Mealtime Management – Advanced (Includes: assistive techniques, emergency intervention, oral motor techniques, and troubleshooting mealtime problems)
- Medication Administration
- Physical Management – Basic (Includes: body mechanics, lifting and transfers)
- Physical Management – Advanced (Includes: therapeutic positioning and specialized transfers)
- Seizure Recognition and Management
- Signs/Symptoms/Emergencies
- TD Screen (DISCUS, AIMS, etc.)
- *Individual Specific Training

*Specify in Reviewer Recommendations Section below

Reviewer Recommendations (Sign all entries):

CATEGORY I – FUNCTIONAL STATUS

A. Eating

- ☐ 0. Eats independently. May require simple adaptive equipment (hand splint, special utensil). Able to eat without assistance. Exception: meal preparation (cutting meat).
- ☐ 1. Requires intermittent physical assistance AND/OR verbal prompts to eat. Has difficulty attending to task and/or needs direct physical help due to motor limitation. With assistance, is able to safely complete meal.
- ☐ 2. Requires constant verbal and physical help to complete a meal. Has difficulty attending to task or motor limitations which require constant physical AND/OR verbal assistance. With constant physical assistance, is able to safely complete meal.
- ☐ 3. Requires constant physical assistance and mealtime intervention to eat safely. Unable to obtain adequate calories and fluids without assistance. May have difficulty breathing/swallowing while eating or conditions that impairs ability to eat safely. Interventions are required (specific positioning support, eating devices, presentation techniques, modifications in food/fluid consistency). May have enteral (feeding) tube, but maintains some level of oral eating.
- ☐ 4. Receives all nutrition/hydration through an enteral tube (gastrostomy, jejunostomy). Unable to swallow safely. All nutrition is given through the tube.

B. Ambulation

- ☐ 0. Ambulates independently. May use walker or other means of support without problems of safety.
- ☐ 1. Walks with minimal supervision. Requires some type of support (walker) with support of another in close proximity. The primary issue is safety during ambulation.
- ☐ 2. Uses wheelchair for primary means of mobility. May not have ability to use his/her lower body. Able to use upper body strength for repositioning. Able to maintain trunk alignment. May not recognize need to reposition on a consistent basis.
- ☐ 3. Requires assistance to change positions or shift weight in wheelchair. Has limited use of limbs. May need assistance to propel wheelchair.
- ☐ 4. Disability prevents sitting in an upright position. Requires assistance to change position, shift weight in wheelchair and/or propel wheelchair, but due to degree of musculoskeletal deficits or deformity has limited positioning options.

C. Transfer

- ☐ 0. Transfers independently. May require verbal prompts, but no physical assistance.
- ☐ 1. Needs someone to supervise the transfer for safety.
- ☐ 2. Needs physical assistance of 1 person to transfer or change position.
- ☐ 3. Needs physical assistance of 2 people to transfer or change position.
- ☐ 4. Needs lifting equipment/procedures to safely transfer. May need range of specially designed positions. May require specialized equipment due to severe spasticity, history of bone fragility, potential for injury due to size, or due to degree of physical deformity.

D. Toileting

- ☐ 0. Independently uses toilet. No assistance required or appreciated.
- ☐ 1. Minimal supervision or adaptation required. May require reminders or some verbal and physical assistance to maintain hygienic practice or manage clothing adjustments. Beyond this, minimal assistance is necessary.
- ☐ 2. Continent of bladder or bowel, constant attention is needed. Requires physical assistance to complete hygiene tasks (wiping, hand washing) and clothing repositioning. May have occasional accidents.
- ☐ 3. Incontinent of bowel or bladder. Inability to recognize elimination (loss of sensation, physical inability to manage toileting needs). May require scheduled toileting or use of incontinent briefs.
- ☐ 4. Indwelling catheter or colostomy. Has either a severely disabling medical condition or has experienced a medical crisis making elimination through the rectum or urinary tract either difficult or impossible. May be temporary or permanent. Caregivers require training related to the underlying condition and skills to manage the catheter, colostomy and/or ileostomy.

E. Clinical Issues Affecting Daily Life

- ☐ 0. None. No clinical restrictions.
- ☐ 1. Less than 2 days in a month due to clinical issues. Able to actively participate in usual activities of daily living, but due to chronic, stable condition or behavioral issues, may be ill or have physician appointments to monitor condition or receive treatment.
- ☐ 2. 2 to 4 days in a month due to clinical issues. Able to actively participate in usual activities of daily living, but due to chronic, stable condition or behavioral issues, may be ill or have physician appointments to monitor condition or receive treatment.
- ☐ 3. 5 to 10 days in a month due to clinical issues. Able to actively participate in usual activities of daily living, but due to chronic unstable or progressively worsening health or behavioral issues, may be ill or have physician appointments to monitor condition or receive treatment.
- ☐ 4. More than 10 days in a month or does not attend due to intensity of clinical issues. Able to actively participate in usual activities of daily living, but due to chronic unstable or progressively worsening health or behavioral issues, may frequently be ill or have physician appointments to monitor condition, receive treatment or intensity of clinical issues prevents any attendance.

CATEGORY I – FUNCTIONAL STATUS COMMENTS

Please identify the section (A, B, etc.) on which you are commenting

S

A

I I

P

L

E

CATEGORY II - BEHAVIORS

F. Self Abuse

- ☐ 0. No self abuse.
- ☐ 1. Minimal self abuse, no skin breakdown. May have redness of skin.
- ☐ 2. Self abuse needing additional observation less than 2 times a month. Demonstrates behaviors that cause minor self-injury, which may require treatment, but less than twice a month.
- ☐ 3. Self abuse needing medical/nursing attention more than 2 times per month. Demonstrates behaviors that cause minor self-injury, which may require treatment, but more than twice a month.
- ☐ 4. Self-injury interferes with program, causes extensive physical harm. Self inflicted injury to the extent that he/she is not able to attend programming.

G. Aggression Toward Others and Property

- ☐ 0. No aggression.
- ☐ 1. Less than 5 incidents per month of minor aggression (verbal or physical) but no injuries.
- ☐ 2. More than 5 incidents per month of aggression without injury to others or property.
- ☐ 3. Less than 5 episodes of aggression per month with minor injuries to others (injuries not needing medical attention) or property.
- ☐ 4. Episodes of aggression require increased staffing ratios or restrictive interventions.

H. Use of Physical Restraints: Restraints Defined as Restriction of Movement. These procedures are highly controlled and in most cases PROHIBITED.

- ☐ 0. Has never been restrained
- ☐ 1. Has been restrained less than once per month in past 12 months. May include restraints used to facilitate some type of urgent medical procedure or care that without using restraint would have been impossible. This instance would be rare, requiring a physician's approval. Less restrictive options would have been explored and ruled out.
- ☐ 2. Has been restrained more than once per month in past 12 months. May include restraints used to facilitate some type of urgent medical procedure or care that without using restraint would have been impossible. This instance would be rare, requiring a physician's approval. Less restrictive options would have been explored and ruled out.
- ☐ 3. Use of devices or physical restraint procedures more than 5 times per month or wears some sort of device (fencing mask, helmet) on a regular basis (at least once per day). Generally has behavioral issues (hitting, throwing objects, biting, head-banging, etc.) that cause injury to self and others. May wear protective devices.
- ☐ 4. Individual injury requiring medical attention during application of restraints or use of some sort of device twelve hours a day (fencing mask, helmet). Generally has significant behavioral issues (severe and continuous tissue damage, use of physical/mechanical restraint).

I. Use of Emergency Drugs: The use of any drug to restrict function or movement.

- ☐ 0. Has not received drugs given in an emergency to control behavior in the past 12 months. May have behavior issues, but coping skills are sufficient to calm down without the necessity of drug/medication administration.
- ☐ 1. Received medication before any medical or dental procedure. Anxiety/pain threshold has resulted in use of drugs prior to medical or dental procedure.
- ☐ 2. Has received emergency drugs to control behavior 1 time in last 12 months.
- ☐ 3. Has received emergency drugs to control behavior 2-3 times in last 12 months.
- ☐ 4. Has needed emergency drugs to control behavior 4 or more times in last 12 months.

J. Use of Psychotropic Medications (*Before rating this item consult the list of psychotropic drugs and tardive dyskinesia definition on the back of this page.*)

- ☐ 0. Receives no medication to control behavior or psychiatric disorder.
- ☐ 1. Receives 1 medication not associated with or known to cause Tardive Dyskinesia (TD) to control behavior or psychiatric disorder.
- ☐ 2. Receives 2 medications not associated with or known to cause TD to control behavior which are unchanged in the past year. May or may not be taking a "traditional" psychotropic drug, but is taking medication (e.g., Benadryl, Inderol, Tegretol) for identified behavior.
- ☐ 3. Receives more than 2 behavioral medications not associated with or known to cause TD OR behavior medications have been changed in the past year. On 2 or more medications to control behaviors OR receives 2 medications to control behavior with at least one change in past year.
- ☐ 4. Receives one or more medications associated with or known to cause TD, OR currently on a reduction/discontinuation of medication associated with TD (in the previous 30-90 days), OR anyone on metoclopramide (Reglan), regardless of the reason.

A potentially severe movement disorder resulting from the use of antipsychotic or other psychotropic medications. It is characterized by involuntary, jerky movements of the face, jaw, tongue, trunk and limbs. It may effect swallowing and/or respirations.

(This is not an all inclusive list)

- Acetophenazine (Tindal)
- Butaperazine (Repoise)
- Chlorpromazine (Thorazine)
- Chlorprothixene (Taractin)
- *Clozapine (Clozaril)
- Fluphenazine (Prolixin/Permitil)
- Haloperidol (Haldol)
- Loxipine (Loxitane)
- Mesoridazine (Serentil)
- Molindone (Moban)
- *Olanzapine (Zyprexa)
- Perphenazine (Trilafon)
- Pimozide (Orap)

- Prochlorperazine (Compazine)
- Promazine (Sparine)
- Resperine (Serpasil)
- *Risperidone (Risperial)
- *Sertindole (Serlect)
- Thioridazine (Mellaril)
- Thiothixene (Navane)
- Trifluoperazine (Stelazine)
- Triflupromazine (Vesprin)

Chlordiazepam (Librium)
Methylphenidate (Ritalin)
Metoclopramide (Reglan)
Pemoline (Cylert)

Amoxapine (AsendinN)
Amitriptyline (Elavil)
Desipramine (Norpramine)
Doxepin (Sinequan)
Imipramine (Tofranil)
Nortriptyline (Pamelor)

Perphenazine/Amitriptyline (Trilafon/Etrafon)

*May not cause TD or may be associated with TD at a far lower rate than traditional antipsychotic medications. These are usually referred to as “atypical” antipsychotic medications.

Please identify the section (F, G, etc.) on which you are commenting

[illegible]

CATEGORY III – PHYSIOLOGICAL

K. Gastrointestinal (GI) Conditions (includes vomiting, reflux, heartburn or ulcer) *(Before rating this item consult the list of GI drugs and gastroesophageal reflux definition on the back of this page.)*

- ☐ 0. None. No history or current status of any GI concerns.
- ☐ 1. Occasional episodes of GI symptoms in absence of acute illness. Health is very stabilized, only has an occasional episode of GI symptoms (2 or less per month). GI distress occurs with no apparent explanation.
- ☐ 2. More than 3 episodes of GI symptoms per month. Health is stable with occasional episodes of GI symptoms, but symptoms occur 3 - 6 times a month. A documented pattern of incidents may be developing. These episodes are more likely associated with a disorder of the stomach or GI tract instead of following an acute illness like the flu.
- ☐ 3. More than 6 episodes of GI symptoms per month, OR coughing within 1-3 hours after meals or during the night, OR "hand-mouthing" where person attempts to stick hand down throat (mostly at night or around mealtimes), OR has a history of GI bleeding, OR a current diagnosis of gastroesophageal reflux (GER).
- ☐ 4. GI condition requiring hospital admission in past 12 months (A GI condition requiring hospitalization could include GI bleeding, vomiting, persistent dehydration, reflux-causing aspiration, intestinal infections, parasites, impaction and/or obstruction) OR receives more than one medication for GER.

L. Seizures

- ☐ 0. No seizure in lifetime or by history only.
- ☐ 1. No seizure in last 2 years. Has a history of seizure activity, but has been seizure-free for past 2 years. May or may not be on anticonvulsant medication.
- ☐ 2. Less than 1 seizure per month which DOES NOT interfere with functional activity.
- ☐ 3. Major seizure activity that DOES interfere with functional activities. Generalized seizures more than once a month, OR seizure activity (any classification) more than once a month which interferes with functional activities (work, school, recreation).
- ☐ 4. Has required hospital admission for seizures in past the 12 months. Any classification of seizure requiring a hospital ADMISSION (not just ER visit) to manage problems related to excessive seizure activity.

M. Anticonvulsant Medication Use (if prescribed for behavioral concerns, rate under item J) *(Before rating this item consult the list of anticonvulsant drugs on the back of this page.)*

- ☐ 0. None. Not on an anticonvulsant.
- ☐ 1. Use of SINGLE anticonvulsant which has NOT CHANGED in the past year.
- ☐ 2. Use of 2 anticonvulsant medications which have NOT CHANGED in the past year.
- ☐ 3. Use of 3 or more medications, OR any change in anticonvulsant type or dosage in past 12 months, OR receiving felbamate (Felbatol) or valproic acid (Depakene or Depakote) in combination with any other anticonvulsant medication.
- ☐ 4. ER visit, OR hospitalization due to anticonvulsant toxicity in past 12 months.

N. Skin Breakdown

- ☐ 0. None. Skin breakdown is not a problem.
- ☐ 1. Red or dusky color of skin. Skin is reddened or has signs of poor circulation, especially in the area of the buttock, elbow, heel and/or hip.
- ☐ 2. Either currently has, or has had, broken skin in last 12 months, OR has a history of areas of broken skin. Areas of susceptible skin breakdown include the buttock, elbow, heel, hips or possible pressure areas identified by bony protrusions, especially if there are musculoskeletal deformities.
- ☐ 3. Within the past 12 months a pressure sore has developed which required more than 3 months to heal, OR has a condition directly associated with skin vulnerability (examples include spina bifida, spinal cord injury, nutritional compromise, diabetes mellitus).
- ☐ 4. The skin condition required recurrent medical treatment or hospitalization in past 12 months.

O. Bowel Function *(Before rating this item consult the list of bowel drugs on the back of this page.)*

- ☐ 0. No bowel elimination problems. No problems with intestinal tract. No history or present condition of constipation or diarrhea.
- ☐ 1. Bowel elimination is easy to manage with diet. May receive a diet modification or fiber supplement.
- ☐ 2. Bowel elimination is easy to manage with diet and routine supplements. Has slight problems with constipation requiring intermittent or routine stool softener.
- ☐ 3. Daily management of bowel elimination requires on-going observation and preventative measures including enemas AND/OR manual impaction assessment. Has recurrent problem with constipation requiring 3-6 suppositories per month, OR one or more enemas. Experiences episodes of intermittent diarrhea, OR requires more than 1 medication to prevent constipation. May require manual assessment for impaction.
- ☐ 4. Any hospitalization in past 12 months required to treat an impaction or bowel obstruction. Has required a physician office visit or has been hospitalized to treat constipation, OR history of any hospitalizations for a bowel obstruction.

CATEGORY III – PHYSIOLOGICAL

Gastroesophageal Reflux definition – The backward flow of food into the stomach after it has entered the stomach and usually mixed with stomach acid; heartburn.

GASTROINTESTINAL (GI) DRUGS

Axid (nizatidine)
Carafate (Sucralfate)
Gaviscon (antacid)
Gelusil (antacid)
Maalox (antacid)
Milk of Magnesia

Mylanta (antacid)
Pepcid or Pepcid AC (famotidine)
Pepto Bismol (bismuth subsalicylate)
Prevacid (lansoprazole)
Prilosec (omeprazole)
Propulsid (cisapride)

Reglan (metoclopramide)
Rolaids (antacid)
Sucralfate (carafate)
Tagamet (cimetidine)
Tums (antacid)
Zantac (ranitidine)

ANTICONVULSANT DRUGS

Acetazolamide (Diamox)
Carbamazepine (Tegretol, Tegretol XR)
Clonazepam (Klonopin, Clonopin)
Clorazepate (Tranxene)
Divalproex sodium (Depakote)
Ethosuximide (Zarontin)

Felbamate (Felbatol)
Gabapentin (Neurontin)
Lamotrigine (Lamictal)
Lorazepam (Ativan)
Methsuximide (Celontin)

Phenobarbital
Phenytoin (Dilantin)
Primidone (Mysoline)
Tiagabine (Gabatril)
Topiramate (Topamax)
Valproic acid (Depakene, Depakote)

BOWEL DRUGS

Colace (docusate sodium)stool softener
Chronulac (lactulose).....laxative
Citroma (magnesium citrate).....laxative
Citrucel (methylcellulose).....bulk laxative
Dulcolax (bisacodyl).....stimulant laxative
epsom salts (magnesium sulfate).....laxative
Ex-Lax (phenolphthalein, yellow).....stimulant laxative
FiberCon (calcium polycarbophil).....bulk laxative
Fleet Phospho-soda (sodium phosphates).....enema

Glycerine suppository.....laxative
Metamucil (psyllium).....bulk laxative
Milk of Magnesia (magnesium hydroxide)....laxative
mineral oil (liquid petrolate).....lubricant laxative
Modane (phenolphthalein, white).....stimulant laxative
Peri-colace (docusate casanthranol).....stool softener/
laxative
Senokot (senna).....stimulant laxative
Surfak (docusate calcium).....stool softener

COMMENTS

Please identify the section (K,L,M,N, or O) on which you are commenting

CATEGORY III – PHYSIOLOGICAL

(continued)

P. Nutrition

- ☐ 0. Within ideal body weight range and is able to maintain weight. Requires no diet modifications, prescribed nutritional supplements or intervention to maintain health.
- ☐ 1. Is slightly above or below ideal body weight range. May require extra calories or some dietary restrictions. Health generally stable, though weight not within ideal range. May require additional calories through supplemental products or snacks, OR may require dietary restrictions (single servings at mealtime, low fat and low calorie foods).
- ☐ 2. Is well managed on a prescribed diet (Low Sodium, Low Fat/Cholesterol, calorie controlled, etc.). Within desired weight range, but has a diet prescription for health maintenance or health concerns which have been under control for the past 12 months.
- ☐ 3. Is on a prescribed diet with a history of weight instability OR nutritional risk which requires nutrition status monitoring within past 12 months. Has displayed unstable nutritional status episodes or trends in past 12 months which have produced health issues requiring intervention to maintain health. Risk factors to monitor are:
 - inability to reach or maintain desired body weight
 - unplanned changes/trends in body weight
 - a chronic medical condition which affects nutritional status (diabetes mellitus, anemia, renal or hepatic disease, GI disorder, impaction, decubitus ulcer, etc.)
 - fluid intake levels specific to nutrition
 - difficulty consuming adequate intake, poor appetite or frequent meal refusals
 - food allergies or intolerance which limits intake of major food groups
- ☐ 4. Nutritional status unstable. High nutritional risk with an unstable nutritional status. Requires intensive nutritional intervention to address any of the following conditions:
 - unplanned weight loss >10% of usual weight in past 12 months
 - morbid obesity (body weight 100 pounds greater than, or twice the desired weight range)
 - hospitalization and/or treatment in past 12 months for recurrent aspiration pneumonia, choking episodes, GI bleeding, unresolved diarrhea, vomiting or unresolved decubitus ulcer
 - inability to consume an adequate diet due to chewing or swallowing disorder
 - gastrostomy or jejunostomy tube placement, OR complications with existing enteral tube in the last 12 months

Q. Requirements for Licensed Interventions (if any apply, score is 4 - please check all that pertain)

- ☐ Tracheotomy that requires suction.
- ☐ Ventilator dependent.
- ☐ Nebulizer treatments. Receives medications such as Ventolin or Theophylline, by oxygen mist nebulizer.
- ☐ Deep suction. Requires deep suction which means entering a suction catheter 6" or more into or below the voice box either via tracheotomy, oral or nasal routes.
- ☐ Diabetic requiring insulin. Requires complex medication calculations.
- ☐ Has a condition that requires hands-on treatment by a professional nurse that CANNOT be taught and delegated to a non-licensed person. Has a chronic condition that requires professional nursing assessment and evaluation, including but not limited to:
 - medication therapy requiring intramuscular or intravenous injections or hemaport irrigations
 - catheterization requiring sterile technique
 - physician ordered treatments that CANNOT be delegated to a non-licensed person
 - sterile dressing/wound treatments routinely performed only in clinical settings or by licensed practitioners
 - individuals in acute and/or end stages of liver, lung or kidney disease
 - terminal illness (cancer) or persons with progressive neurological disorders (San Phillip Syndrome, Multiple Sclerosis, Huntingtons Chorea) when multiple systems problems begin occurring which require regular licensed intervention.
- ☐ 1:1 staffing due to behavioral issues.

CATEGORY III – PHYSIOLOGICAL COMMENTS

Please identify the section (P or Q) on which you are commenting

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CATEGORY IV - SAFETY

R. Injuries

- ☐ 0. No injury or minor bruises requiring no medical intervention.
- ☐ 1. Bruises or cuts less than 1 to 2 times per year requiring nursing/medical attention.
- ☐ 2. Bruises or cuts requiring nursing attention or first aid occurring 3 or more times a year. Can be due to safety problems, self abuse, etc., but must occur more than 3 times in the past 12 months.
- ☐ 3. Injury requiring medical attention in the past year. Sustained an injury which has required medical intervention or emergency room treatment (sutures, casting a fracture).
- ☐ 4. Major injuries requiring hospital admission. Has documented evidence of fracture or other major trauma which has required hospital admission.

S. Falls

- ☐ 0. No falls.
- ☐ 1. 1 - 3 falls per year.
- ☐ 2. 4 - 6 falls per year. OR wears a protective helmet to protect from injuries due to falls.
- ☐ 3. More than 6 falls per year.
- ☐ 4. Any fall which results in fracture OR hospital admission due to injuries.

CATEGORY V- FREQUENCY OF SERVICE

T. Professional Health Care Services

- ☐ 0. No visits other than annual and/or quarterly health assessment.
- ☐ 1. Required 2 visits per quarter on an average over one year period to health care provider(s).
- ☐ 2. Required 1 - 2 visits per month on average to health provider(s) OR required daily nursing services greater than 14 days continuously in past 12 months.
- ☐ 3. Required 3 visits per month on average to health care providers.
- ☐ 4. Required 3 visits per month to health care providers plus emergency appointments.

U. Emergency Room Visits

- ☐ 0. No Emergency Room visits.
- ☐ 1. Emergency Room visit due to physician absence or non-emergency situation.
- ☐ 2. One Emergency Room visit in last year for acute illness or injury.
- ☐ 3. More than one Emergency Room visit for acute illness or injury in last year.
- ☐ 4. Any Emergency Room visits in the last year for acute illness or injury that resulted in hospital admission.

V. Hospital Admission

- ☐ 0. No hospital admissions.
- ☐ 1. Hospital admission for scheduled surgery or procedure.
- ☐ 2. Hospital admissions for acute illness.
- ☐ 3. 2 or more hospital admissions for acute illness in the past 12 months.
- ☐ 4. Transfer to ICU during hospitalization in past 12 months.

CATEGORY IV – SAFETY COMMENTS

Please identify the section (R or S) on which you are commenting

CATEGORY V – FREQUENCY OF SERVICES COMMENTS

Please identify the section (T, U or V) on which you are commenting

[illegible]

A series of four hand-drawn letters on lined paper. The first row shows the letter 'M' at the top center. The second row shows the letter 'P' to the right of the center. The third row shows the letter 'L' to the right of the center. The fourth row shows the letter 'H' to the right of the center. The letters are drawn with simple, slightly irregular lines, suggesting a child's drawing. The background consists of horizontal lines on a white page.

MEDICAL HISTORY

S

—

II

P

L

—

E

TRAINING REQUIREMENTS BASED ON HRST RATING RESULTS																						
A. 																						

ALL DIRECT SERVICE STAFF CERTIFIED

CODES: S&S = Signs and Symptoms F.A. = First Aid

B. EVALUATION AND SERVICE REQUIREMENTS BASED ON HRST RATING RESULTS

TYPES OF EVALUATIONS AND SERVICES	FUNCTIONAL STATUS					BEHAVIORAL					PHYSIOLOGICAL								SAFETY		FREQ. SERV.			
	A EATING	B AMBULATION	C TRANSFER	D TOILETING	E CLINICAL ISSUES AFFECTING DAILY LIFE	F SELF ABUSE	G AGGRESSION	H USE PHYSICAL RESTRAINT	I USE EMERGENCY DRUGS	J USE PSYCHOTROPIC MEDS	K GASTROINTESTINAL CONDITIONS	L SEIZURES	M ANTICONVULSANT MED	N SKIN BREAKDOWN	O BOWEL FUNCTION	P NUTRITION	Q REQUIREMENTS FOR LICENSED INTERVENTIOS	R INJURIES	S FALLS	T PROFESSIONAL HEALTH SERVICES	U EMERGENCY ROOM	V HOSPITAL ADMISSIONS		
Baseline Data Collection	3	4		3	4		3	4	3	4	3	4	3	4	2		3	4	3	4	3	4	3	4
Behavioral																								
Dental																								
Medical																								
Medical Specialty: see code																								
Nursing**																								
Nutritional/Clinical Dietitian	3	4																						
Oral Motor (OT/Speech)	3	4																						
Personal Support Team																								
Pharmacological																								
Physical Management (PT/OT)																								
Respiratory	3	4																						
TD Screen Standardized																								

CODES: DE = dermatology GE = gastroenterology NE = neurology PS = psychiatry UR = urology * = if non-ambulatory ** = Nursing Assessment Required at Health Care Levels 3,4,5, and 6