



HOSPICE ASSESSMENTS CHECKLIST

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CMS Criteria	Yes	No	Comments
Initial Assessment			
Completed by RN within 48 hours (2 days) after the election of hospice care unless requested to be completed sooner (not an option to be completed after 48 hours)			
Assesses the patient's immediate physical, psychosocial, emotional, and spiritual status related to the terminal illness and related conditions			
Assesses the patient's/family's immediate care needs			
The RN, in consultation with the other members of the IDG, considers the information gathered from the initial assessment as they develop the plan of care and the group determines who should visit the patient/family during the first 5 days of hospice care in accordance with patient/family needs and desires and the hospice's own policies and procedures			Should be evidence in the record that the RN has communicated with others
Comprehensive Assessment			
Is completed by all members of the IDG* including the patient's attending physician, if any			
Is completed no later than 5 calendar days after the election of hospice care			
Written and patient-specific			
Identifies the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient's well-being, comfort & dignity throughout the dying process			Documentation should indicate that needs on all levels (physical, spiritual, etc.) were assessed
Includes a thorough evaluation of the caregiver's and family's willingness and			

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capability to care for the patient			
<p>Includes screening for at least the following:</p> <ul style="list-style-type: none"> • Pain, • Dyspnea, • Nausea, • Vomiting, • Constipation, • Restlessness, • Anxiety, • Sleep disorders, • Skin integrity, • Confusion, • Emotional distress, • Spiritual needs, • Support systems, • And family need for counseling and education 			
<p>Takes into consideration, the following:</p> <ul style="list-style-type: none"> • The nature and condition causing admission (including the presence or lack of objective data and subjective complaints) • Complications and risk factors that affect care planning • Functional status, including the patient's ability to understand and participate in his or her own care • Imminence of death • Severity of symptoms • An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death • Information gathered from the initial bereavement assessment is incorporated into the plan of care 			

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<p>and considered in the bereavement plan of care</p> <ul style="list-style-type: none"> • The need for referrals and further evaluation by appropriate health professionals 			
<p>Drug profile that is part of the comprehensive assessment includes: A review of all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following:</p> <ul style="list-style-type: none"> • Effectiveness of drug therapy • Drug side effects • Actual or potential drug interactions • Duplicate drug therapy • Drug therapy currently associated with laboratory monitoring 			
<p>An update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any)</p>			Ensure all members of the IDG are part of the update
<p>Include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care</p>			
<p>Assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days</p>			
<p>Include data elements that allow for measurement of outcomes</p>			
<p>Assessment uses objective data elements and these data elements/measurements are used as a baseline for documenting change</p>			

*Core members of the IDG are defined by CMS as:

- Doctor of medicine or osteopathy (who is an employee or under contract with the hospice)
- Registered nurse
- Social worker
- Pastoral or other counselor