

Client _____

Private Duty Nursing Acuity Grid

	Pt	Sc		Pt	Sc		Pt	Sc
Weight < 100 lbs	2		Weight < 125 lbs	3		Weight 125 - 160 lbs	4.5	
Minimal ongoing assessments (less than daily)	2		Moderate ongoing assessments (Hands on every 4 - 6 hours)	4		Frequent visual monitoring (both technical and patient assessment)	9.0	
			VS/GLU/NEURO/RESP Assess < <input type="checkbox"/> 4 hr*	1.5		Continual assessments	6.0	
						VS/GLU/NEURO/RESP Assess > <input type="checkbox"/> 4 hr	1.0	
Routine meds more than <input type="checkbox"/> 4 hrs	2		Complicated med schedule > <input type="checkbox"/> 2 hrs	5.0		VS/GLU/NEURO/RESP Assess > <input type="checkbox"/> 2 hr	3.0	
			Central line	2.5		Reg blood draws/IV Peripheral site**	4.5	
			Occasional transfusion/IV < month	2.5		Reg blood draws/IV central line**	6.0	
						IV Rx less often than <input type="checkbox"/> 4 hr	4.5	
Uncomplicated tube feeding	2		Tube feeding with minimal problem	2.5		IV Rx <input type="checkbox"/> 4 hr or more often	6.0	
Difficult/prolonged oral feeding	2		Occasional reflux	0.5		Central line with TPN	6.0	
			Gastrostomy tube	0.5		Chemotherapy	6.0	
O2 via cannula low flow rate	2		Tracheostomy (routine care)	1.5		IV pain control	6.0	
Suctioning less often than <input type="checkbox"/> 2 hrs	2		Suctioning more often than <input type="checkbox"/> 2 hrs	2.5		Ventilator	9.0	
Aspiration precautions	2		Humidification	1.5		No resp effort 1	2.0	
						C PAP or IMV < 12 hrs/day	6.0	
						C PAP or IMV > 12 hrs/day	9.0	
			CPT or Neb Tx less than <input type="checkbox"/> 4 hr*	1.5		Standby	3.0	
Requires all personal care/hygiene	2					Rehab transition (from ventilator)	9.0	
			Mild-mod seizures (Req min intervention)	2.5		CPT or NEB Rx > <input type="checkbox"/> 4 hr* # _____	3.0	
			Frequency less than 4 x day	1.5		CPT or NEB Rx > <input type="checkbox"/> 2 hr* # _____	3.0	
			Frequency 4 - 6 x day	2		Severe seizures (req IM or IV intervention)	4.5	
Uncontrolled incontinence	2		Intermittent straight catheter.	3.5		Frequency > 6 x day	1.5	
Awake no more than 3 hr a night	2		Moderate sleep disturbance (Awake/turned > <input type="checkbox"/> 2 hr a night)			Uncontrolled incontinence (Frequent linen change)	6.0	
Communication deficit (not cognitive or verbal)	2		Disorientation/combative (Strikes out, attempts to hurt self)	5		Severe sleep disturbance (Awake > <input type="checkbox"/> 2 hr)	6.0	
Developmental deficit	2		< 80 lbs	1.5		Disoriented/combative > 140 lbs	6.0	
			< 110 lbs	2				
			< 140 lbs	2.5		Requires isolation	6.0	
Developmentally delayed mobility	2					Acute mobility problems (Potential for skin breakdown)	6.0	
Basic ROM (No PT or OT program)	2		Full OT (Set program <input type="checkbox"/> 4 hr)	5.5		Attends school/therapy with nurse	6.0	
Play therapy	2		Full PT (Set program <input type="checkbox"/> 4 hr)	5.0		Peritoneal dialysis	6.0	
Fracture or casted limb	2							
Body cast	2		RN case management < 4 hrs week	2.5				
			RN case management > 4 hrs week	5.0				
TOTAL			TOTAL			TOTAL		

Pt - Point * Give points for each type of assessment and each Neb or CPT Rx **** Give points** for each IV Rx or blood draw ordered to a max of 10 points **Sc - Score**

Person Completing _____ **Date Completed** _____ **Total Points** _____