

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

Client _____

Private Duty Nursing Psychosocial Grid

	Minimal		Moderate		Extensive	
	Pt	Sc	Pt	Sc	Pt	Sc
Medical Management	1		2		3	
	Managed by primary care provider or one specialist.		Requires periodic medical specialty consultation.		Requires multidisciplinary team approach.	
Primary Caregivers	1		2		3	
	Other caregivers present in home to provide care.		Other caregivers available outside of home by arrangement.		No other caregivers available.	
Wage Earner	1		2		3	
	At least 2 responsible adults in home and primary caregiver is not primary wage earner.		At least 2 responsible adults in the home and primary caregiver contribute to wage earnings or is primary wage earner.		Primary caregiver may or may not be primary wage earner. Only one responsible adult in the home.	
Family Constellation	1		2		3	
	No other dependents/or dependents have minimal needs.		1 to 3 dependents with moderate medical or emotional needs.		Greater than 3 dependents in the home with intense medical or emotional needs.	
Problem Solving Skills	1		2		3	
	Exhibits problem identification and problem solving skills.		Requires assistance in identifying problems/problem solving.		Requires extensive assistance to recognize problems and identify solutions.	
Coping	1		2		3	
	Follows through with recommendations, keeps appointments.		Needs encouragement to follow through on recommendations. Inconsistent in keeping appointments.		Family follows through on recommendations only with extensive support and assistance.	
Support Systems	1		2		3	
	Support systems present and utilized.		Support system present but needs encouragement to utilize.		Support systems absent.	
Stressors	1		2		3	
	No history of mental illness, and/or behavior problems.		History of mental illness or behavior problems among family members.		Current diagnosis of mental illness and/or behavior problems.	
Finances	1		2		3	
	Family's physical survival and security needs are met.		Family finances are inadequate, barely meets its needs for security and physical survival. Able to buy only necessities.		Family does not meet its needs for security and physical survival. Unable to buy the necessities.	
Resource Utilization and/or Private Insurance	1		2		3	
	Community resources and/or private insurance utilized.		Requires assistance in identification and utilization of resources.		Requires intensive assistance to identify and utilize resources.	
Safety/Shelter	1		2		3	
	No safety hazards or health hazards identified in home environment.		Needs assistance to correct safety and health hazards.		Home inadequate to meet minimum safety and health standards.	
ADL's	1		2		3	
	ADL's met consistently.		Inconsistent in meeting ADL's.		ADL's not met.	
	Total		Total		Total	

Pt – Point Sc – Score

Person Completing _____

Date Completed _____

Total Points _____

APS/BMS 9/1/2015