

Patient Acuity Assessment

An important part of preparedness is knowing each patient’s status, physical needs, and the availability of a caregiver to assist in an emergency. Upon admission, each patient should have an acuity assessment completed and kept on file for easy access. Using acuity levels, patients should then be categorized in an acuity risk level report. This list should be updated frequently and be easily accessible. The following Patient Acuity Assessment Template can be modified to fit the patient population that the organization serves.

Exhibit C: Patient Acuity Assessment Template

| Patient Name / I.D. | Caregiver: | | |
|--|------------------------|----------------------------|-----------------------|
| Address: | Phone Number: | | |
| Diagnosis: | | | |
| Case Manager/Assigned Staff: | | | |
| <ol style="list-style-type: none"> High Acuity/Risk – Assistance is needed, no caregiver available or unable to assist, requires visit to meet need within 24 hours. Moderate Acuity/Risk – Caregiver is available but patient/caregiver needs support, requires visit within 24-48 hours. Low Acuity/Risk – Caregiver is available, visit can be postponed greater than 48 hours. | | | |
| MEDICAL PROCEDURES / TREATMENTS | 1-High Priority | 2-Moderate Priority | 3-Low Priority |
| Respiratory | | | |
| Ventilator | | | |
| BiPap | | | |
| Oxygen | | | |
| Suction | | | |
| Nebulizer | | | |
| Tracheostomy Care | | | |
| Nutrition | | | |
| Enteral Nutrition (Tube Feedings) | | | |
| Parental Nutrition (TPN) | | | |
| Meal Preparation | | | |
| Needs assistance to be fed | | | |
| Elimination | | | |
| Colostomy/ileostomy | | | |
| Urinary Catheter (indwelling or intermittent) | | | |
| Dialysis in home | | | |
| Dialysis at center | | | |
| Toileting Assistance Needed | | | |
| Incontinent | | | |
| Medication | | | |
| Oral Medication Assistance | | | |
| Intravenous Medication Continuous | | | |
| Intravenous Medication Intermittent | | | |

| MEDICAL PROCEDURES / TREATMENTS (cont.) | 1-High Priority | 2-Moderate Priority | 3-Low Priority |
|--|-----------------------------------|----------------------------|-----------------------|
| Wound Care | | | |
| Basic Wound Care: | | | |
| Complicated Wound Care: | | | |
| Wound Vac | | | |
| Infection - MRSA, VRE | | | |
| ADLS / SUPERVISION / COMMUNICATION | 1-High Priority | 2-Moderate Priority | 3-Low Priority |
| Bedbound | | | |
| Requires Assistance with Transfer | | | |
| Wheelchair Dependent | | | |
| Dementia/Alzheimer's Supervision | | | |
| Behavioral Health Supervision | | | |
| Aphasia | | | |
| Deafness | | | |
| Non-English Language | | | |
| Other | | | |
| Disease Management Assessment | | | |
| Palliative Care | | | |
| Hospice Care | | | |
| Transport Car | | | |
| Transport Wheelchair | | | |
| Transport Ambulance | | | |
| DURABLE MEDICAL EQUIPMENT | In Home | Requires Electric | Portable |
| Oxygen | | | |
| Ventilator, Bipap, Cpap | | | |
| Suction | | | |
| Nebulizer | | | |
| Walker, Crutches, canes | | | |
| Hospital Bed | | | |
| Specialty Air Mattress | | | |
| Hoyer Lift | | | |
| Wheelchair | | | |
| MEDICAL SUPPLIES | Amount needed per day/week | | |
| Ostomy | | | |
| Catheter | | | |
| Glucometer | | | |
| Insulin Pumps | | | |
| Wound Supplies | | | |
| Other | | | |