PDN ACUITY SCALE (choose only 1 from each applicable color coded group)

Name: **Date:**

Pg. 1 Total **0.0**

Skilled Nursing Care			
0.0	☐	Ventilator (> 12 hours per day)	5.0
0.0	☐	Ventilator (12 hours or less per day)	2.5
0.0	☐	Ventilator on standby	1.0
0.0	☐	CPAP/BiPAP (>12 hrs per day)	4.0
0.0	☐	CPAP/BiPAP (< 12 hrs per day)	2.0
0.0	☐	Tracheostomy Care	3.0
0.0	☐	Passey-Muir/cap	1.5
0.0	☐	Tracheal suctioning (1x per day)	1.0
0.0	☐	Tracheal suctioning (2-10x per day)	2.0
0.0	☐	Tracheal suctioning (11-20 per day)	3.0
0.0	☐	Tracheal suctioning (>20x per day)	4.0
0.0	☐	Oxygen – PRN	1.0
0.0	☐	Oxygen – continuous	3.0
0.0	☐	Humidification	0.5
0.0	☐	Pulse oximetry monitoring (>3x/day)	2.0
0.0	☐	Pulse oximetry monitoring (< 3x/day)	1.0
0.0	☐	Injectable meds (1x per day)	1.0
0.0	☐	Injectable meds (> 1x per day)	2.0
0.0	☐	Complex med schedule	2.0
0.0	☐	Routine med schedule	1.0
0.0	☐	CPT /vest/ nebulizer (PRN)	1.0
0.0	☐	CPT/vest/nebulizer (1-2x per day)	2.0
0.0	☐	CPT/vest/nebulizer (3-4x per day)	3.0
0.0	☐	CPT/vest/nebulizer (>5x per day)	4.0
0.0	☐	Peripheral blood draw (1.0 each draw)	1.0
0.0	☐	Central blood draw (1.5 each draw)	1.5

0.0 Total

Skilled Nursing Care			
0.0	☐	Blood products (once per month)	1.0
0.0	☐	Blood products (2-3 times per month)	1.5
0.0	☐	Blood products (>3 times per month)	2.0
0.0	☐	Nasal/Gastric G / J tube – bolus or continuous	2.0
0.0	☐	Nasal/Gastric G / J tube – combination (bolus/cont)	3.0
0.0	☐	Nasal/Gastric G / J tube - complicated (adjust rate, etc)	4.0
0.0	☐	Special diet or prolonged feeding (PO)	1.0
0.0	☐	Reflux or dysphagia	1.5
0.0	☐	Aspiration precautions	1.0
0.0	☐	Seizures – Mild (min. intervention)	1.0
0.0	☐	Seizures – Mod. (intervention, diastat)	2.0
0.0	☐	Seizures – Severe (apnea, diastat, injury)	3.0
0.0	☐	General assessment Q 8hr	1.0
0.0	☐	General assessment Q 4hr	1.5
0.0	☐	Vital Signs (2-3 x per shift)	1.5
0.0	☐	Vital Signs (4 or more times per shift)	2.0
0.0	☐	Peripheral IV Therapy (>8hr or more)	3.0
0.0	☐	Peripheral IV Therapy (4 - 8hr.)	2.0
0.0	☐	Peripheral IV Therapy (<4 hr.)	1.0
0.0	☐	TPN/Lipids	3.0
0.0	☐	Central line care	2.5
0.0	☐	Chemotherapy	2.0
0.0	☐	IV pain control	2.0

0.0 Total

Skilled Nursing Care			
0.0	☐	Blood Sugar Checks (no insulin coverage)	1.0
0.0	☐	Blood Sugar checks with insulin (each)	1.0
0.0	☐	Skin treatment (Q4 hour or more)	1.0
0.0	☐	Wound Care (general, 1x per shift)	1.5
0.0	☐	Wound Care (> 1x per shift)	2.0
0.0	☐	Decubitus Dressing Changes	3.0
0.0	☐	Burn Care/Complex Dressing Change	3.0
0.0	☐	In-dwelling catheter (uncomplicated)	1.5
0.0	☐	In-dwelling catheter (complicated)	2.5
0.0	☐	Straight Catheter (<1 per shift)	1.0
0.0	☐	Straight Catheter (>1 per shift)	2.0
0.0	☐	Peritoneal dialysis	2.0
0.0	☐	Strict I & O	1.0

Acute Care Episodes			
0.0	☐	Bone surgery in last 45 days	1.5
0.0	☐	New or revised trach (30 days)	2.0
0.0	☐	Abd/Thoracic surgery (45 days)	2.0
0.0	☐	VP shunt new or revised (30 days)	2.5
0.0	☐	Overnight Hospitalization (>3x per year)	3.0
0.0	☐	Overnight Hospitalization in last 30 days	2.0
0.0	☐	Discharge from ECF in last 30 days	1.0
0.0	☐	Diagnosed Pneumonia/Resp Inf (>2x per year)	2.0

0.0 Total

Nurse Assessor:

If the subtotal on page 1 is less than 15

nless there are extenuating psychosocial circumstances, in which case, document the circumstances in the narrative and progress to second page. :

PDN ACUITY SCALE (choose only 1 from each applicable color coded group)

Name: **Date:**

Pg. 2 Total 0.0

Score		Non-Skilled Needs	Points
0.0	☐	No caregiver available	8.0
0.0	☐	Only 1 caregiver (employed)	3.5
0.0	☐	Only 1 caregiver (not employed)	2.5
0.0	☐	Only 2 caregivers (At least 1 employed)	2.0
0.0	☐	Only 2 caregivers (not employed)	1.0
0.0	☐	Awake 1-3 times per night	1.0
0.0	☐	Awake 4 or more times per night	1.5
0.0	☐	Sleeps <5 hours consecutively	1.5
0.0	☐	Sleeps <3 hours consecutively	2.0
0.0	☐	1 or 2 dependents over age 5	1.0
0.0	☐	1 or 2 dependents under age 5	1.5
0.0	☐	3 or more dependents	2.0
0.0	☐	Limited Ability to Communicate Needs	1.0
0.0	☐	Unable to Communicate Needs	2.0
		(N/A for children < 3 years old)	
0.0	☐	Oriented <x3	0.5
0.0	☐	Confused	1.0
0.0	☐	Cognitive impairment – dependent	1.5
0.0	☐	Personal Care/ADL	2.0
0.0	☐	Oral feeds, supervise, assist	1.5
0.0 Total			

Score		Non-Skilled Needs	Points
0.0	☐	< 65 lbs (no or partial lift, 1 person)	0.5
0.0	☐	= or >65 lbs (no or partial lift, 1 person)	1.0
0.0	☐	< 55 lbs. (total lift, Hoyer, one person)	1.0
0.0	☐	= or > 55 lbs. (total lift, Hoyer, 2 person)	2.0
0.0	☐	> 125 lbs. (partial lift, one person assist)	2.5
0.0	☐	>125 lbs. (total lift, Hoyer, 2 person)	3.5
		Only score one from this category	
0.0	☐	Spasticity or Tremors	1.0
0.0	☐	Hemiplegia	1.5
0.0	☐	Paraplegia	2.0
0.0	☐	Quadriplegia	2.5
0.0	☐	Dysfunctional limb	1.5
0.0	☐	AFO/splint/orthotics application	0.5
0.0	☐	ROM	1.0
0.0	☐	WC or walker dependent	2.0
0.0	☐	Turn and Repositioning Q2hr	1.5
0.0	☐	Ambulation Assists	1.0
0.0	☐	Weakness/Fall Risk	1.0
0.0	☐	Recording of I &O	0.5
0.0	☐	Oronasal suctioning	1.0
0.0	☐	Ostomy Care	1.0
0.0 Total			

Score		Non-Skilled Needs	Points
0.0	☐	Visual impairments	
0.0	☐	Auditory impairments	0.5
0.0	☐	Tactile impairments	0.5
0.0	☐	Blind	0.5
0.0	☐	Deaf	1.0
0.0	☐	Self-abusive behavior – no injury	1.0
0.0	☐	Self-abusive behavior – mod. injury	1.0
0.0	☐	Self-abusive behavior – severe injury	1.5
0.0	☐	Combative	2.0
0.0	☐	Frequent redirection	1.5
0.0	☐	Occasional redirection	1.0
0.0	☐	Global Delays (current age 4yrs or under)	0.5
0.0	☐	Global Delays (current age >4yrs)	1.0
		(N/A for children < 3 years old)	2.0
0.0	☐	Incontinent occasionally	
0.0	☐	Incontinent daily	0.5
0.0	☐	Toilet Program	1.5
0.0 Total			1.0

Grand Total 0.0

15-25 points=basic care 4-8 hrs/day (<56 hours per week)

25-35 points=moderate care 8-12 hrs/day (56-84 hours per week)

35-40 points=high care 12-14 hrs/day (84-98 hours per week)

40+ points=intense up to16 hrs/day (99 to 112 hours per week)

Narrative:

Revised 9/2015