

HBTS Universal Hospice Field Capture Sheet

Patient Information

Patient Name: _____ Date: _____

Diagnosis: _____ Location: _____

PPS: _____ % MAC (if applicable): _____

Physical Appearance

■ Thin ■ Frail ■ Cachectic ■ Muscle wasting

■ Loose clothing ■ Dry skin/poor turgor ■ Sleeping most of visit

Other observations: _____

Functional Status

Prior Mobility: _____

Current Mobility: _____

ADLs (___ of 6): _____

Safety concerns: _____

Intake & Nutrition

Prior intake: _____

Current intake: _____

Percent of meals consumed: _____ %

Fluids: _____

Symptom Assessment

Pain: ___/10 Location: _____

Description/Quality: _____

Other symptoms: _____

Respiratory Status

■ SOB at rest ■ With exertion ■ No distress

O2 use: _____ L/min

Lung sounds: _____

Congestion/Secretions: _____

Cognitive / Safety

Orientation: _____

Behavior changes: _____

Supervision needs: _____

Caregiver stress level: _____

Active Dying Indicators

Responsiveness: _____

Intake/Output: _____

Breathing pattern: _____

Skin changes (mottling/cool): _____

Medications

■ Medications reviewed

Refills needed: _____

PRNs used today: _____

Response to PRNs: _____

Teaching & Communication

Teaching provided: _____

- Verbalized understanding
- 24/7 hospice call instructions reinforced

MD Notification

- Not required
- MD notified – Reason/Orders: _____

Skilled Nursing Summary

Skilled actions performed today: _____

