

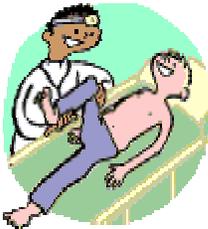
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JCAHO

News, tips, info, details, and ideas brought to you by the  
Clinical Center JCAHO Work Group

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### Patient Assessment



When a patient is admitted to the Clinical Center (CC), the initial patient assessment is conducted by the interdisciplinary team (social work, nutrition, medical staff, etc.). This assessment should address the patient's psychological, social and medical needs. The timeframe of these assessments are determined by CC policy or departmental policy.

Some assessments must be performed and documented for **all patients within 24 hours of admission, even on weekends and holidays**. These elements include, but are not limited to:

- ❑ **Medical History and Physical Examination**
- ❑ **Nursing Care Assessment**
- ❑ **Pain Assessment**
- ❑ **Screening assessments– nutrition, functional, communicable disease, advanced directives, teaching/learning assessment.**



Routine reassessments and follow up are performed according to the policies of the Clinical Center and/or the department, but minimally, whenever the condition of the patient changes.

Test yourself...in the area where you work, do you know which team members perform an initial assessment when a patient is admitted? Do you know when they perform this assessment?. Here are some questions that surveyors are likely to ask:

- **When is a nutritional assessment performed? How about a reassessment?**
- **What are the screening questions for functional assessment?**
- **Does Social Work see every patient on the unit, and within what time frame from admission? When does Social work reassess a patient?**

### Pain

#### **Pain Screening, Assessment, Interventions, and Reassessment**

If a patient affirms they are having pain now or are being treated for pain, a comprehensive pain assessment is conducted. Some of the elements of a comprehensive pain assessment include **pain intensity, location, quality and pattern** of pain. To measure pain intensity (one element of the assessment) the CC endorses the use of the

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Numeric Rating Scale and the Wong-Baker Faces Pain Rating Scale for the majority of our patients. Other intensity instruments are available as needed. (see next page)

When a pain intervention is administered to a patient, a **reassessment** of pain is conducted when the onset of action is expected to peak and to evaluate efficacy. Reassessments are continued until discharge or until pain interventions are no longer needed. Outpatients who report pain should be reassessed again on their next visit to determine if the pain has been adequately addressed.

The interdisciplinary team should be knowledgeable about each patient’s report of pain and systematically intervene and evaluate until the patient reports satisfactory relief.

### Numeric Rating Scale

0
1
2
3
4
5
6
7
8
9
10

None
Mild
Moderate
Severe

	You have no pain.
1-3	Mild Pain is nagging and annoying
4-6	Moderate Pain gets in the way of your daily life
7-10	Severe Pain is the worst you can imagine.

### Wong-Baker Faces Pain Rating Scale



0  
NO HURT
2  
HURTS  
LITTLE BIT
4  
HURTS  
LITTLE MORE
6  
HURTS  
EVEN MORE
8  
HURTS  
WHOLE LOT
10  
HURTS  
WORST

0-1	This is a very happy because there is no hurt at all
2-3	This face hurts just a little bit
4-5	This face hurts a little more.
6-7	This face hurts even more
8-9	This face hurts a whole lot.
10	This face hurts as much as you can imagine

### Patient Education

It all begins with **ASSESSMENT** of the patient/family learning needs. When prioritizing and planning patient education outcomes, all members of the health care team need to consider the patient and family’s:

- preferred method of learning
- cultural and religious practices
- emotional barriers
- desire and motivation to learn
- physical and cognitive limitations
- language barriers
- financial implications of care choices



Assessment of the patient’s learning needs must include the following key areas:

- medication use
- medical equipment use
- potential drug-food interactions
- rehabilitation techniques
- pain
- language barriers
- community resources
- follow-up care

We are responsible for using our assessment in the **PLANNING** and **IMPLEMENTATION** of patient education. Sometimes a single discipline is responsible for assisting the patient to meet the mutually agreed upon outcomes. But when several disciplines are involved in assisting the patient to meet the same outcomes, the delivery of care must be coordinated and communicated among the disciplines

involved. The final step in the education process is **EVALUATION** of the patient and family's learning. How do you test to make sure the patient and/or the family has learned what you are trying to teach?

**RESOURCES** in the Clinical Center can be accessed through the Patient Information Resources website ([http://www.cc.nih.gov/ccc/patient\\_education/resource.html](http://www.cc.nih.gov/ccc/patient_education/resource.html)) through the Education and Training icon on your Standard Clinical Desktop and find an assortment of materials available from the CC and institutes.

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Visit the Clinical Center JCAHO website  
<http://intranet.cc.nih.gov/cconly/od/jcaho/>