

Barnestorm Hospice Assessment

Bereavement

HOSPICE Bereavement

Assessment

Start
Admission Pkg
Mental
Psychosocial
Spiritual
Bereavement
Bereave Risk
Clergy Assess
Chaplain Note
Misc Notes
Finish

- The graphic to the left shows the menu that appears on the left for a Bereavement assessment. This is in Barnestorm Point-of-Care, when you have selected a patient and then clicked on **Visits/Assessments** and started an assessment.
- The green buttons indicate new screens (Start button is the exception)
- The following pages are screen shots of the hospice-specific screens for a Bereavement.

HOSPICE Bereavement

Assessment

- Assessment Button: **Admission Pkg**

Discussed with patient/caregiver prior to provision of care
<input type="checkbox"/> Rights/responsibilities (copy given)
<input type="checkbox"/> Charges for services/assignment of benefits
<input type="checkbox"/> Complaint procedure and hotline phone #
<input type="checkbox"/> Hospice benefit discussed
<input type="checkbox"/> services provided/anticipated frequency
<input type="checkbox"/> Advance directives
<input type="checkbox"/> Patient/caregiver development of plan of care
<input type="checkbox"/> HIPAA information (copy given)
Comments
<div style="border: 1px solid gray; height: 300px; width: 100%;"></div>

HOSPICE Bereavement

Assessment

- Assessment Button: **Mental**

485 Box 19. Mental Status + Other Emotions/Behaviors			
<input type="checkbox"/> Oriented	<input type="checkbox"/> Anxious	<input type="checkbox"/> Combative	<input type="checkbox"/> Semi-Comatose
<input type="checkbox"/> Comatose	<input type="checkbox"/> Alert	<input type="checkbox"/> Confused	<input type="checkbox"/> Good Self-Esteem
<input type="checkbox"/> Forgetful	<input type="checkbox"/> Awake	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Poor Self-Esteem
<input type="checkbox"/> Depressed	<input type="checkbox"/> Contented	<input type="checkbox"/> Tearful	<input type="checkbox"/> Auditory Hallucinations
<input type="checkbox"/> Disoriented	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Visual Hallucinations
<input type="checkbox"/> Lethargic	<input type="checkbox"/> Pleasant	<input type="checkbox"/> Fearful	<input type="checkbox"/> Auditory Delusions
<input type="checkbox"/> Agitated	<input type="checkbox"/> Angry/Hostile	<input type="checkbox"/> Comatose	<input type="checkbox"/> Visual Delusions
↑ ↓			
Social Interactions			
<input type="checkbox"/> Social isolation	<input type="checkbox"/> Open/Expressive	↑ ↓	
<input type="checkbox"/> Abusive relationship	<input type="checkbox"/> Dependent on others		
<input type="checkbox"/> Over stimulated	<input type="checkbox"/> Guarded		
Psychological Function			
<input type="checkbox"/> Orientation	<input type="checkbox"/> Cognitive Impairment	↑ ↓	
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> History of Depression		
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Anxious		
<input type="checkbox"/> Anger/Irritability	<input type="checkbox"/> Significant Losses		
Neurological			
<input type="checkbox"/> Impaired Thought Process	<input type="checkbox"/> PERRL	<input type="checkbox"/> Migraine Headaches	↑ ↓
<input type="checkbox"/> Impaired Memory	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Cluster Headaches	
<input type="checkbox"/> Limited Decision Making	<input type="checkbox"/> Syncope	<input type="checkbox"/> Tension/Stress Headaches	
<input type="checkbox"/> Impaired Judgement	<input type="checkbox"/> Tremors	<input type="checkbox"/> Frontal Headaches	
<input type="checkbox"/> Poor recent memory	<input type="checkbox"/> Vertigo		
<input type="checkbox"/> Good recent memory	<input type="checkbox"/> Numbness		
<input type="checkbox"/> Poor remote memory	<input type="checkbox"/> No Headaches		
<input type="checkbox"/> Good remote memory	<input type="checkbox"/> Sinus Headaches		
↑ ↓			
Other Comments			
↑ ↓			

HOSPICE Bereavement

Assessment

- Assessment Button: **Psychosocial** – General Tab

General PsychoSocial Status

General Status

History of dysfunctional relationships	Losses - multiple
Family conflicts - past	Losses - complicated
Family conflicts - present	Financial stress
Limited support system	Substance abuse - present
Losses - recent	Substance abuse - past

⌵ **Mental and Emotional Status**

⌵ **Home Environment and Safety Hazards**

⌵ **Alternative Placement**

⌵ **Communication**

⌵ **Style of Expression**

⌵ **Comments**

HOSPICE Bereavement

Assessment

- Assessment Button: **Psychosocial** – Mental and Emotional Tab

∨ General PsychoSocial Status			
⌄ Mental and Emotional Status			
Mental Status			
Alert/Oriented	Lethargic	Non-Compliant	
Forgetful	Disoriented		
Confused	Compliant		
Poor Memory		Orientation	
Recent	Remote	Time	Person
		Place	Situation
Coping Skills			
Adequate	Anxious	Agitated	Demanding
Depressed	Isolated	Self Neglect	Suicide Risk
Verbally Abusive	Cooperative	Resistive to Care	Forgetful
Restless	Withdrawn	Combative	Tearful
Unresponsive	Patient Coping	Family Coping	
∨ Home Environment and Safety Hazards			
∨ Alternative Placement			
∨ Communication			
∨ Style of Expression			
∨ Comments			

HOSPICE Bereavement

Assessment

- Assessment Button: **Psychosocial** – Home Environment Tab

⌵ General PsychoSocial Status		
⌵ Mental and Emotional Status		
⌵ Home Environment and Safety Hazards		
Hazards		
Structural Hazards	Smoke Alarm	Pets
Electrical Hazards	Inadequate Housekeeping	Safety Concerns Identified
Level of Care at Home		
Excellent	Good	Adequate
Marginal	Inadequate	
⌵ Alternative Placement		
⌵ Communication		
⌵ Style of Expression		
⌵ Comments		

HOSPICE Bereavement

Assessment

- Assessment Button: **Psychosocial** – Alternative Placement Tab

⌵ General PsychoSocial Status			
⌵ Mental and Emotional Status			
⌵ Home Environment and Safety Hazards			
⌵ Alternative Placement			
<p>Person Choosing</p> <table border="1"> <tr> <td>Patient</td> <td>Spouse</td> <td>Family Member</td> </tr> </table>	Patient	Spouse	Family Member
Patient	Spouse	Family Member	
<p>Needs Alternative Placement</p> <table border="1"> <tr> <td>Needs Placement</td> <td>Does NOT Need Placement</td> </tr> </table>	Needs Placement	Does NOT Need Placement	
Needs Placement	Does NOT Need Placement		
<p>Considering Alternative Placement</p> <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No	
Yes	No		
<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>			
⌵ Communication			
⌵ Style of Expression			
⌵ Comments			

HOSPICE Bereavement

Assessment

- Assessment Button: **Psychosocial** – Communication Tab

⌵ General PsychoSocial Status	
⌵ Mental and Emotional Status	
⌵ Home Environment and Safety Hazards	
⌵ Alternative Placement	
⌵ Communication	
Skill Level	
Excellent	Fair
Good	Poor
Assessment	
Idiosyncracies	Circumstantiality
Circumlocution	Confabulation
⌵ Style of Expression	
⌵ Comments	

HOSPICE Bereavement

Assessment

- Assessment Button: **Psychosocial** – Style of Expression Tab

❖ General PsychoSocial Status

❖ Mental and Emotional Status

❖ Home Environment and Safety Hazards

❖ Alternative Placement

❖ Communication

⌵ Style of Expression

❖ Comments

HOSPICE Bereavement

Assessment

- Assessment Button: **Psychosocial** – Comments Tab

The screenshot displays a software interface with a list of assessment categories. The categories are:

- General PsychoSocial Status
- Mental and Emotional Status
- Home Environment and Safety Hazards
- Alternative Placement
- Communication
- Style of Expression
- Comments

The 'Comments' category is selected, indicated by a small icon to its left. Below the list is a large, empty text area for entering comments, with a vertical scrollbar on the right side.

HOSPICE Bereavement

Assessment

- Assessment Button: **Spiritual** – Needs Tab

^ **Spiritual Needs**

Needs

Caring Presence	Music
Funeral Plans	Sacraments / Rituals
Scripture Reading	Dialogue / Communication
Prayer	Practical Assistance

v **Spiritual Concerns**

v **Comments**

HOSPICE Bereavement

Assessment

- Assessment Button: **Spiritual** – Concerns Tab

⌵ **Spiritual Needs**

⌵ **Spiritual Concerns**

Concerns

Alienation from God	Salvation Concerns	Reconciliation
Loneliness	Despair	Anger with God
Guilt	Anger	Relationship Issues
Abandonment by God	Need for Forgiveness	Unfinished Business
Abandonment by Others	Fear of Death	Separation from Faith
Inner Strengths	Lack of Self Worth	
Inner Weaknesses	Fear	

⌵ **Comments**

HOSPICE Bereavement

Assessment

- Assessment Button: **Bereavement** – Social Tab

Problems

Social, Religious, or Cultural Variables

Risk Factors

Survivor Needs and Resources

Anticipated Need for Bereavement Counseling

Time of Death

Two Week Followup

Comments

HOSPICE Bereavement

Assessment

- Assessment Button: **Bereavement** – Time of Death Tab

⌵ Problems			
⌵ Social, Religious, or Cultural Variables			
⌵ Risk Factors			
⌵ Survivor Needs and Resources			
⌵ Anticipated Need for Bereavement Counseling			
⌵ Time of Death			
N/A			
Survivor's Preparedness for Patient Death			
Fully Prepared for more than 2 Weeks	Partially Prepared		
Fully Prepared for less than 2 Weeks	Unprepared		
Survivor's Level of Dependence			
Minimally Dependent on Deceased	Moderately Dependent on Deceased	Highly Dependent on Deceased	
Survivor's Family			
Warm, Will Give Support	Family Supportive, but Live	Family not Supportive	No Family
Anticipated Ability to Cope			
Normal Grief and Recovery w/o Special Help			
Fair, Probably get by w/o Special Help			
May Require Special Help			
Poor, Likely to Require Special Help			
Very Poor, Requires Urgent Help			
<input type="checkbox"/> Immediate need for survivor support			
⌵ Two Week Followup			
⌵ Comments			

HOSPICE Bereavement

Assessment

- Assessment Button: **Bereavement** – 2 Week Followup Tab

∨ Problems			
∨ Social, Religious, or Cultural Variables			
∨ Risk Factors			
∨ Survivor Needs and Resources			
∨ Anticipated Need for Bereavement Counseling			
∨ Time of Death			
⊞ Two Week Followup			
Funeral			
<input type="text"/>			
<input type="text"/>			
Support Services			
Discussed Bereavement Program	Desires Referral to Bereavement Group		
Desires Phone Contact/Visits from Staff/Volunteers	Desires Pamphlets/Other Bereavement Mailings		
<input type="text"/>			
Impressions			
<input type="checkbox"/> Normal Bereavement	<input type="text"/>		
Concerns			
<input type="text"/>			
IDT Discussion			
<input type="checkbox"/> Discussed	<input type="text"/>		
Referrals Made To			
Bereavement Group	Spiritual Counselor/Pastor	Bereavement Volunteer	Private Counselor/Therapist
<input type="text"/>			
<input type="text"/>			
∨ Comments			

HOSPICE Bereavement

Assessment

- Assessment Button: **Bereavement Risk**

<p>1. Dependent family members (handicapped, elderly, sick, children): <input type="text"/></p> <p><input checked="" type="radio"/> None (0) <input type="radio"/> One or two dependents (2) <input type="radio"/> Three or more dependents or a dependent that requires an unusual amount of care (5)</p>	<p>Patient Risk Scale:</p> <div style="background-color: #f08080; padding: 5px; text-align: center;">SEVERE</div> <div style="background-color: #ffa500; padding: 5px; text-align: center;">HIGH</div> <div style="background-color: #90ee90; padding: 5px; text-align: center;">ELEVATED</div> <div style="background-color: #90ee90; padding: 5px; text-align: center;">MODERATE</div> <div style="background-color: #90ee90; padding: 5px; text-align: center;">LOW</div> <div style="background-color: #32cd32; padding: 5px; text-align: center;">VERY LOW</div>
<p>2. Acceptance of the illness: <input type="text"/></p> <p><input type="radio"/> Illness has been common knowledge for more than six months and/or family is accepting (0) <input type="radio"/> Family is having difficulty accepting the family member has a terminal illness (2) <input type="radio"/> Loss of a constant companion, young patient, or child (3) <input type="radio"/> Family became aware of the illness recently (within last 6 months) (4) <input type="radio"/> Family became aware of the illness recently and is having difficulty accepting the death (5)</p>	
<p>3. Anticipated financial status of the Survivor: <input type="text"/></p> <p><input type="radio"/> Will have no financial hardship (0) <input type="radio"/> Some financial hardship (2) <input type="radio"/> Financial crisis (5)</p>	
<p>4. Current support system: <input type="text"/></p> <p><input type="radio"/> Warm supportive relationship with at least 1 other person and with free expression of feelings (0) <input type="radio"/> Support system available but not known to provide emotional support (1) <input type="radio"/> Support system available but at a geographical distance (2) <input type="radio"/> Ineffective or questionable support system (5) <input type="radio"/> Bereaved appears to be without support system (8)</p>	
<p>5. Difficulty in relationship with the deceased: <input type="text"/></p> <p><input type="radio"/> Has an adequate to warm relationship with the deceased (0) <input type="radio"/> Unresolved issues, anger, or difficult relationship exist between deceased and the survivor (3)</p>	
<p>6. Guilt: <input type="text"/></p> <p><input type="radio"/> No guilt is evident (0) <input type="radio"/> Possible future guilt or some self-reproach which appears to be related to normal grieving (2) <input type="radio"/> Strong feelings of guilt (5)</p>	
<p>7. Ineffective coping: <input type="text"/></p> <p><input type="radio"/> Appears to be coping effectively and anticipate continued effective coping (0) <input type="radio"/> Factors are present that suggest poor future coping (5) <input type="radio"/> Coping poorly and will likely need special help (11) <input type="radio"/> Suicidal statements made by griever (15)</p>	
<p>8. Recent or difficult past losses: <input type="text"/></p> <p><input type="radio"/> No known difficult past losses within the last five years (0) <input type="radio"/> Losses within the last five years or difficulty with past losses (3) <input type="radio"/> Un-reconciled and recent losses besides death of the patient (5)</p>	
<p>9. Other: <input type="text"/></p>	
<p>Risk Score = 0</p> <p>0-2 Very Low Risk 3-4 Low Risk 5-7 Moderate Risk 8-10 Elevated Risk 11+ High Risk 15+ Severe Risk</p>	
<p><small>** Assessment created by Jim Jenkins, Care Partners **</small> <small>*Click any score to reset its value</small></p>	

HOSPICE Bereavement

Assessment

- Assessment Button: **Clergy Assess**

Clergy's Spiritual Assessment

Specific Religion Information

Religion

Church/Synagogue

Spiritual/Religious Importance to Patient/Famly	Patient	Family
Belief in Deity	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Participates in organized Religion	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Expresses belief RE: Life / Death	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Pastoral support is important	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

How much does the patient suffer from spiritual distress?

^
v

012345678910

No Suffering Extreme Suffering

Clergy's Spiritual Plan of Care

Frequency of Clergy Contacts/Visits x Month PRN **Schedule Visits**

Spiritual Religious Support Desired from Clergy:

Clergy Visits	Ordinances/Sacraments	Prayer
Counseling	Phone	Scripture

Comments

HOSPICE Bereavement

Assessment

- Assessment Button: **Chaplain Note**

Chaplains Note

Persons Contacted:

Add Contact

Edit Contact

Type of Contact:

Funeral

Letter

Phone

Special Occasion

Visit

Other:

Discusses:

Patients Illness

Familys Feelings

Memories

Faith

Questions

Church Home:

Pastor:

Would like monthly Chaplains visits
 Does not desire Chaplains visits at this time

Notes: