

## Northwick Park Dependency Scale: CARER self-complete version 7.7.2011

*These questions are about how able the person you care for care to look after themselves. From what you tell us we can work out:*

- *The time it takes to support someone who cannot manage without help from others*
- *The number of people needed to assist with some activities*
- *What it would cost if all this care were to be provided from outside*

*Please answer every question, even if they can manage some things alone.*

### 2A: Moving around in general

*Please **tick one box** in each section. If you are not sure which of two or more answers to select, please select the one nearest the bottom of the list.*

#### **MOBILITY ...      How do they move around indoors?**

- Without any help
- Without any help apart from a walking aid - e.g. a stick or frame
- With **one person** helping or watching over them
- With **more than one person** helping
- Use a wheelchair independently - including turning corners
- Use a wheelchair pushed by someone else
- Don't move around at all or are bed-bound

#### **TRANSFERS ...      How do they move from bed to chair and back?**

- On their own without any help
- With help or supervision from **one person**
- With help from **two people**
- They use a hoist
- They do not move from bed to chair

#### **STAIRS ... How do they climb stairs at home?**

- Without any help
- With someone carrying their walking aid or providing encouragement
- With physical help from someone
- Use a stair lift
- Never climbs stairs
- They do not have stairs - e.g. lives in a bungalow

## 2B: Personal care - washing, bathing, dressing and skin care

Please tick one box to show how much help is needed for each of the three activities below.

- If you are not sure which of two or more answers to choose, please select the one nearest the bottom of the list.
- **Washing and grooming** includes washing their hands and face, cleaning teeth, brushing hair and shaving or putting on make up.
- **Bathing or showering** includes getting to the bath or shower room, transferring in and out, washing and drying themselves.
- **Dressing** includes putting on shoes and socks, tying laces, putting on a splint or prosthesis.
- **'Setting things up'** refers to getting things ready, such as running the basin or bath, or putting things out, such as wash things or clothes.

	Washing and grooming	Bathing or showering	Dressing
No help needed, manages on their own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Help/Supervision needed:</b>			
To set things up only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidental help (e.g. buttons, shoelaces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From <b>one person</b> and takes <b>under ½ hour</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From <b>one person</b> and takes <b>over ½ hour</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From <b>two people</b> and takes <b>under ½ hour</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From <b>two people</b> and takes <b>over ½ hour</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please ensure you have ticked one box in each column**

### AVOIDING PRESSURE SORES:

**How much help do they need to relieve skin pressure (eg turning, shifting position) - when in bed or when sitting in a chair?**

- Not applicable – don't need to do anything to relieve skin pressure
- Skin is intact and they can relieve pressure independently
- Need prompting (reminding) only to relieve pressure
- Skin is intact** but they need physical help from **one person** to change their position
- Skin is intact** but they need physical help from **two people** to change their position
- Skin is marked or broken** and they need help from **one person** to change their position
- Skin is marked or broken** and they need help from **two people** to change their position

## 2C: Eating and drinking

Please **tick one box** in each section.

### EATING FOOD

**How much help do they need with eating food?**

- No help needed** - able to eat independently with or without special cutlery

**Need some help or supervision/prompting:**

- To set up only** - e.g. cutting up food or spreading butter
- From **one person** and takes **under ½ hour**
- From **one person** and takes **over ½ hour**
- Fed through a tube** – e.g. a gastrostomy or nasogastric tube

### DRINKING FLUIDS

**How much help do they need with drinking?**

- No help needed** - able to pour their own drink and drink it independently

**Need some help or supervision/prompting:**

- But able to drink independently if a cup is left within reach
- From **one person** and takes **under ½ hour**
- From **one person** and takes **over ½ hour**
- Receive fluids through a tube** - e.g. a gastrostomy or nasogastric tube

### TUBE FEEDING

**If they are fed through a gastrostomy or nasogastric tube, how much help is needed?**

- Not applicable** - not tube fed
- Fed through a tube **but can manage this independently**

**Need some help or supervision:**

- To set up a feed just **once a day**
- To set up a feed **twice a day**
- To set up a feed **three times a day**
- Need extra flushes **during the day** in addition to flushes before/after feeds
- Need extra flushes **during the day and night** in addition to before/after feeds

## 2D: Emptying the bladder and continence of urine

Please **tick one box** in each section.

- **Using the toilet** includes getting there and transferring onto the toilet seat, cleaning yourself, adjusting clothing and washing hands afterwards.

**Which method do they use to empty their bladder?**

<b>By DAY</b>		<b>By NIGHT</b>
<input type="checkbox"/>	Toilet	<input type="checkbox"/>
<input type="checkbox"/>	Commode	<input type="checkbox"/>
<input type="checkbox"/>	Bottles	<input type="checkbox"/>
<input type="checkbox"/>	Catheter/convene	<input type="checkbox"/>
<input type="checkbox"/>	Bed-pan	<input type="checkbox"/>
<input type="checkbox"/>	Pads	<input type="checkbox"/>

### HELP TO EMPTY BLADDER

**Do they need help when emptying their bladder?**

- No help needed** can manage everything independently

**Need some help or supervision:**

- Have a catheter or convene which is emptied for them
- Help for set up only - e.g. copes if bottles are within reach
- Help from **one person** and takes **under ¼ hour**
- Help from **one person** and takes **over ¼ hour**
- Help from **two people**

### FREQUENCY:

**If they need help for emptying their bladder, how many times a day do they go?**

- | <b><u>Day-time</u></b>                                   | <b><u>Night-time</u></b>                                   |
|--|--|
| <input type="checkbox"/> <b>No help</b> needed           | <input type="checkbox"/> <b>No help</b> needed             |
| <input type="checkbox"/> <b>Up to four times</b> a day   | <input type="checkbox"/> <b>Up to four times</b> a night   |
| <input type="checkbox"/> <b>Five or more times</b> a day | <input type="checkbox"/> <b>Five or more times</b> a night |

## BLADDER ACCIDENTS

**A bladder accident is leakage of urine that requires a change of clothes/bedding. It includes leaks from a catheter or convene, or accidental spillage from a bottle**

### Do they have bladder accidents?

- Never** have bladder accidents
- Have **occasional accidents** - less than once a week
- Have regular accidents – more than once a week**
- Have **accidents once or twice** a day
- Have **accidents more than twice** a day

## 2E: Using the toilet to open the bowels and control of the bowels

***Please tick one box in each section.***

- ***Using the toilet*** includes getting there and transferring onto the toilet seat, cleaning themselves, adjusting clothing and washing hands afterwards.
- *Also includes dealing with a colostomy bag hygienically if they use one or using pads, bed-pan etc.*

## HELP TO OPEN YOUR BOWELS

### Do they need help using the toilet to open their bowels?

- No help needed** can manage everything independently

### Need some help or supervision

- For set up only - e.g. giving an enema or suppositories
- From **one person** and takes **under ¼ hour**
- From **one person** and takes **over ¼ hour**
- From **two people** and takes **under ¼ hour**
- From **two people** and takes **over ¼ hour**

## FREQUENCY

### If they need help to open their bowels, how many times a day do they go?

- No help needed
- Once a day** or less often
- More than once** a day

## **BOWEL ACCIDENTS**

**A bowel accident is leakage of faeces or soiling requires a change of clothes/bedding.**

### **Do they have bowel accidents?**

- Never** have bowel accidents
- Do not have accidents provided someone gives them a regular enema or suppositories to remain continent
- Have **occasional accidents** – weekly or less often but not everyday
- Have **regular accidents – more than once a week**
- Have **more frequent accidents** - one or more times a day

## **2F: Special nursing needs requiring input from a nurse or trained carer?**

***Please tick any that apply***

### **Do they have any of the following needs for trained nursing?**

- A **tracheostomy** and/or ventilation support - either invasive or non-invasive
- An **open pressure sore** or a **wound** requiring dressings once a week or more often
- Splints or a brace** requiring time and experience to apply
- An **additional medical or surgical problem** causing a significant temporary increase in nursing needs
- They or other family members receive regular **psychological support** or counselling
- Need **more than two interventions at night**
- A need for **one-to-one special nursing care** from a nurse or trained carer

***Please tick any that apply***

**Do they need skilled help from a nurse or trained carer for any of the following?**

**Suppositories/enema**

Times per week: ..... Provided by:  Family  Home care  Nurse

**Stoma care** (tracheostomy, gastrostomy, etc)

Times per week: ..... Provided by:  Family  Home care  Nurse

**Pressure sore/wound dressing**

Times per week: ..... Provided by:  Family  Home care  Nurse

**Special medication** (e.g. insulin injections)

Times per week: ..... Provided by:  Family  Home care  Nurse

**Other**.....

## 2G: Taking medication

***Please tick one box only in this section***

**How much help do they need to take medication**

**- including remembering to take it, opening bottles etc?**

**Not applicable** - not taking any medication

**No help needed** - able to take all medication independently

**Able to help yourself** if tablets are left out in the morning

Require help for **medication to be given**

**Which times per day does any medication need to be given?**

Morning  Mid-morning  Mid-day  Afternoon  Evening  Bed-time

Or alternatively say how many times a day:  1  2  3  4  5  6 or more

## 2H: Making a snack / meal

Please ***tick one box only*** in this section

**How much help do they need to make a snack or meal**

- Not applicable** – entirely gastrostomy fed
- Able to make a snack and drink** at home independently
- Able to help themselves** if a snack is left out in the kitchen
- Need meals or drinks **putting in front of them**

## 2I: Help with domestic duties

**Do they require help with the following domestic duties?**

	Do not need help	Can do some things	Unable to do anything	Could manage but other people do it
<b>a) Light housework</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b) Heavy housework</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c) Shopping</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d) Laundry</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## 2J: Communication, safety, and behaviour

**These questions ask about problems that affect the communication, safety and/or their behaviour.**

- **Please answer them all**, even if they do not seem to apply in their case.

**Please tick one box only in each section.**

### COMMUNICATION

**How well are they able to communicate about their needs?**

- Able to communicate** about all their needs
- Able to communicate basic needs **without help** – may have some speech difficulties
- Able to communicate basic needs **with a little help**, or by using a communication aid or chart
- Able to **respond to direct questions** about basic needs
- Responds **only to gestures** – signs or miming – and visual clues

### SAFETY

**How much help do they need to remain safe?**

- Always know where they are, the time of day and are aware of personal safety
- Require some **help with safety**, but could safely be left for **more than 2 hours** and **could call for help** in emergency
- Require **help to maintain safety**. Could **not be left safely for 2 hours** and **could not call for help** in an emergency
- Requires **constant supervision** or checks at least once an hour

### BEHAVIOUR

**How much of a problem is their behaviour**

- No problem behaviours** and act in a socially appropriate way
- Need **verbal and/or physical prompting** for daily activities
- Need **persuasion to participate** in care, activities or rehabilitation
- Need a **structured programme** designed to improve their behaviour
- Disruptive, may show **physical/verbal aggression** to others which they cannot always control
- Inclined to wander out of the house** on a regular basis