

NORTHWICK PARK DEPENDENCY SCORE – H (NPDS-H)

PATIENT DETAILS: Surname: Forename(s):

NHS No: Sex: Male/Female Date of birth:.....

Diagnosis:.....

OCCASION: Admission / Fortnightly review /Discharge

Date of assessment...../...../..... **SCORER:**.....

FOR EACH ITEM, CIRCLE THE HIGHEST SCORE THAT APPLIES and answer any additional questions

SECTION 1. BASIC CARE NEEDS

1. MOBILITY
(Give most usual method of mobility around bay (hospital) or indoors (home))

| Description | Dependency |
|---|------------|
| a) Walks fully independently | 0 |
| b) Independent in Electric / self-propelled chair | 1 |
| c) Walks with assistance / supervision of one | 2 |
| d) Uses attendant-operated wheelchair | 3 |
| e) Bed-bound (unable to sit in wheelchair) | 4 |
| f) Walks with assistance / supervision of two | 4 |

2. BED TRANSFERS

| Description | Dependency |
|--|------------|
| a) Fully independent | 0 |
| b) Requires help from one person | 1 |
| c) Requires help from two people | 2 |
| d) Requires hoisting by 1, and takes <1/2 hr* or | 3 |
| e) Requires hoisting by 2, and takes <1/4hr | 3 |
| f) Bed bound | 0 |

2.1. FREQUENCY OF BED TRANSFERS
If he/she needs help/supervision to transfer on/off bed

How many times do they get back to bed *for a rest* during the day?

0 1 2 More than 2

***Note:** It is very rare to hoist with one person, but occasionally happens when family members are in the home setting

3. TOILETING BLADDER
3.1. MODE OF EMPTYING
Which of the following does the patient use to empty their bladder?

| By DAY | | By NIGHT |
|--------------------------|--------------------|--------------------------|
| <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"/> |

3.2. NEED FOR ASSISTANCE
(Includes getting there, transferring onto toilet, cleaning themselves/changing and disposing of soiled pads, adjusting clothing, and washing hands afterwards.
IF USING BOTTLE: includes reaching for it, positioning and replacing it unspilt)

| Description | Dependency |
|---|------------|
| a) Able to empty their bladder independently | 0 |
| b) Set-up only (eg copes if bottles left within reach) or | 1 |
| c) Has indwelling catheter/ convene | 1 |
| d) Needs help/supervision from 1, and takes less than 1/4hr | 2 |
| e) Needs help from 1, and takes more than 1/4hr | 3 |
| f) Needs help from 2, and takes less than 1/4hr | 4 |

3.3. FREQUENCY OF ASSISTANCE FOR EMPTYING BLADDER
If he/she needs help to pass urine

How many times do they pass urine during the day (7am-11pm)?
 up to 4 times 5-6 times >6 times Help at night only

How many times do they pass urine during the night (11pm-7am)?
 0 1 2 >2

3.4. URINARY ACCIDENTS
A urinary accident is the need to change soiled clothing or bed/chair linen. If pads are used as the mode of bladder emptying but urine does not leak outside of these then accidents do not occur

| Description | Dependency |
|--|------------|
| a) No accidents or leakage from catheter / convene | 0 |
| b) Occasional accidents (Less than daily) | 1 |
| c) 1-2 accidents / leakage in 24 hrs | 2 |
| d) >2 accidents / leakage in 24 hrs | 3 |

If scored 1: How many times per week? 1 2 3 4 5 6

If scored 3: How many times in 24 hrs? 3 4 5 6

4. TOILETING BOWELS

4.1. NEED FOR ASSISTANCE

(Includes getting to and transferring onto toilet, cleaning themselves/changing and disposing of soiled pads, adjusting clothing, and washing hands afterwards.

IF HAS COLOSTOMY, includes emptying / changing bag hygienically)

| Description | Dependency |
|---|------------|
| a) Able to empty their bowels independently | 0 |
| b) Set-up only (eg giving suppositories / enema) | 1 |
| c) Needs help/supervision from 1, and takes less than ¼hr | 2 |
| d) Needs help from 1, and takes more than ¼hr | 3 |
| e) Needs help from 2, and takes less than ¼hr | 4 |
| f) Needs help from 2, and takes more than ¼hr | 5 |

4.2. FREQUENCY OF OPENING BOWELS (or emptying Colostomy bag) OR TRIAL OF EVACUATION

2-3 times per week 4-5 times per week Once a day
 Twice a day > twice a day

(Do not include faecal incontinence here)

What time/s of day do they normally open their bowels/ have trial of evacuation?

Morning Midmorning Midday Afternoon Evening Bedtime
 07-10.30 10.30-12 12-2pm 2-6pm 6-9pm 9pm-11pm

No specific time (Variable)

How many times do they open their bowels at night (11pm-7am)?

0 1 2 >2

4.3. FAECAL ACCIDENTS

A faecal accident is the need to change soiled clothing or bed/chair linen due to faecal soiling. If pads are used as the mode of faecal toileting but faeces do not leak outside of the pad then accidents do not occur. If bowels are opened once following suppositories/enema onto a pad this is "requires regular bowel regime"

| Description | Dependency |
|---|------------|
| a) No faecal accidents | 0 |
| b) Requires regular bowel regimen - suppositories / enemas in order to remain continent | 1 |
| Enter Section 4: Care Needs assessment Item No. 4a | |
| c) Occasional faecal accidents (less than daily) | 2 |
| d) Regular faecal accidents | 3 |

If scored 2: How many times per week? 1 2 3 4 5 6

If scored 3: How many times in 24 hrs? 1 2 3 4 5 6

5. WASHING AND GROOMING

(Includes washing hands and face, cleaning teeth, brushing hair, and shaving or applying make-up)

NB. This item does not include bathing / showering

| Description | Dependency |
|--|------------|
| a) Able to wash and groom independently | 0 |
| b) Needs help to set up only (eg laying out things, filling bowl with water) | 1 |
| c) Needs help from 1, and takes less than ¼ hr | 2 |
| d) Needs help from 1, and takes more than ¼ hr | 3 |
| e) Needs help from 2, and takes less than ¼ hr | 4 |
| f) Needs help from 2, and takes more than ¼ hr | 5 |

Note: It is very rare to need help from 2 to groom unless patient requires support to sit up or restraint or suctioning when teeth are cleaned.

6. BATHING / SHOWERING

(Includes getting to bath/shower-room, transferring in and out, washing and drying)

NB. If unable to bath or shower: Complete as for THOROUGH STRIPWASH/BED BATH

| Description | Dependency |
|--|------------|
| a) Able to have bath/shower independently | 0 |
| b) Needs help to set up only (eg running bath soaping flannel etc) | 1 |
| c) Needs help from 1, and takes less than ½ hr | 2 |
| d) Needs help from 1, and takes more than ½ hr | 3 |
| e) Needs help from 2, and takes less than ½ hr | 4 |
| f) Needs help from 2, and takes more than ½ hr | 5 |

7. DRESSING

(Includes putting on shoes, socks, tying laces, putting on splint or orthosis)

| Description | Dependency |
|---|------------|
| a) Able to dress independently | 0 |
| b) Needs help to set up only (eg laying out clothes) or | 1 |
| c) Needs incidental help from 1 (eg just with shoes) | 1 |
| d) Needs help from 1, and takes less than ¼hr | 2 |
| e) Needs help from 1, and takes more than ¼hr | 3 |
| f) Needs help from 2, and takes less than ¼ hr | 4 |
| g) Needs help from 2, and takes more than ¼ hr | 5 |

8.1. EATING

| Description | Dependency |
|---|------------|
| a) Entirely gastrostomy / nasogastric fed | 0 |
| b) Able to eat independently | 0 |
| c) Needs help to set up only (eg opening packs or passing special cutlery) or | 1 |
| d) Needs intermittent check/supervision from 1 | 1 |
| e) Needs help from 1, and takes less than ½ hr | 2 |
| f) Needs help from 1, and takes more than ½ hr | 3 |

8.2. DRINKING

| Description | Dependency |
|---|------------|
| a) Entirely gastrostomy / nasogastric fed | 0 |
| b) Able to pour own drink and drink it independently | 0 |
| c) Able to drink independently if left within reach or | 1 |
| d) Able to drink independently but needs prompting to do so | 1 |
| e) Needs help or supervision, and takes less than ¼ hr | 2 |
| f) Needs help/supervision, and takes more than ¼ hr | 3 |
| How many times in 24 hrs? <input type="checkbox"/> 3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7or more | |

8.3. ENTERAL FEEDING (GASTROSTOMY or NASOGASTRIC TUBE)

| Description | Dependency |
|---|------------|
| a) No enteral feeding/ manage feeds independently | 0 |
| b) Needs help to set up feed just once a day (indicate set up time) | 1 |
| c) Needs help to set up feed twice a day (indicate set up times) | 2 |
| d) Needs help to set up feed three times a day (indicate set up time) | 3 |
| e) Needs help to set up feed and extra flushes during the day | 4 |
| f) Needs help to set up feed and extra flushes both day and night | 4 |
| Time feeds set up <input type="checkbox"/> Morning <input type="checkbox"/> Midday <input type="checkbox"/> Evening <input type="checkbox"/> Bedtime <input type="checkbox"/> Night | |

9. SKIN PRESSURE RELIEF

| Description | Dependency |
|---|------------|
| a) Able to relieve pressure independently | 0 |
| b) Needs prompting only to relieve pressure | 1 |
| c) Needs help from 1 to relieve pressure/turn (4 hrly) | 2 |
| d) Needs help from 2 to relieve pressure/turn (4 hrly) (if continued throughout the night indicate >2 night interventions in Special Nursing Needs) | 3 |
| e) Skin marked or broken, needs 1 to relieve pressure/ turn (2 hrly) | 4 |
| f) Skin marked or broken, needs 2 to relieve pressure/turn (2 hrly) | 5 |

10. SAFETY AWARENESS

| Description | Dependency |
|--|------------|
| a) Fully orientated, aware of personal safety | 0 |
| b) Requires some help with safety and orientation but Safe to be left for more than 2 hrs + could summon help in emergency | 1 |
| c) Requires help to maintain safety Could not be left for 2 hrs +could not summon help in an emergency | 2 |
| d) Requires at least hourly checks or constant supervision | 3 |

11. COMMUNICATION

| Description | Dependency |
|--|------------|
| a) Able to communicate needs without help | 0 |
| b) Able to communicate basic needs with a little help or by using a communication aid or chart (<¼hr) | 1 |
| c) Able to communicate basic needs with help or by using a communication aid or chart (>¼hr) | 2 |
| d) Able to respond to direct questions about basic needs | 3 |
| e) Responds only to gestures and contextual cues | 4 |
| f) No effective means of communication | 5 |

If scored 1 or 2:

How many times does communication (outside of care activities) occur within 24 hours?

Less than twice 2-4 times More than 4 times

12. BEHAVIOUR

| Description | Dependency |
|--|------------|
| a) Compliant and socially appropriate | 0 |
| b) Needs verbal /physical prompting for daily activities | 1 |
| c) Needs persuasion to comply with rehab or care | 2 |
| d) Needs structured behavioural modification programme | 3 |
| e) Disruptive, inclined to aggression | 4 |
| f) Inclined to wander off ward | 5 |

SECTION 2: SPECIAL NURSING NEEDS

ADD 5 FOR EACH OF THE BELOW (if applicable)

| | Dependency |
|---|------------|
| 1. Tracheostomy | 5 |
| 2. Open pressure sore / wound requiring dressings | 5 |
| 3. More than 2 interventions required at night | 5 |
| 4. Pt or relatives need substantial psychological support | 5 |
| 5. Infective isolation | 5 |
| 6. Intercurrent medical / surgical problem | 5 |
| 7. Needs one-to-one "specialing" | 5 |

NPDS TOTAL SCORES

SECTION 1: BASIC CARE NEEDS

SECTION 2: SPECIAL NURSING NEEDS

NPDS NURSING DEPENDENCY SCORE

SECTION 3: IN-PATIENT NURSING NEEDS

Tick if applicable

| | Yes | No |
|--|--------------------------|--------------------------|
| 1. Maintenance of rehabilitation programme | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Complex feeding needs (requires skilled carer) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Complex basic care needs (requires skilled carer) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Complex discharge needs | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 3 or more people needed for basic care needs | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Active teaching of self-catheterisation | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Infective Isolation | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. More than 2 night interventions | <input type="checkbox"/> | <input type="checkbox"/> |

1. TRACHEOSTOMY MANAGEMENT

| Description | Dependency |
|--|------------|
| a) No tracheostomy in situ / or self management | 0 |
| b) Maintenance tracheostomy intervention e.g changing inner tube, minimal suction <2 day | 1 |
| c) Active tracheostomy intervention e.g weaning, frequent suction 2-6 times a day | 3 |
| d) Maximal tracheostomy intervention e.g very frequent suction >6 per day or requires 2 people or very close monitoring | 5 |

2. WOUND DRESSING OR PROBLEMATIC STOMA DRESSINGS

| Description | Dependency |
|--|------------|
| a) No wound dressing / self management | 0 |
| b) Simple dressing (does not require Qualified staff) | 1 |
| c) Simple dressing – requires qualified staff intervention | 3 |
| d) Complex – requires qualified staff intervention or 2 people | 5 |

3. MEDICATION (Including remembering to take it, opening bottles etc)

| | |
|---|---|
| a) No medication OR able to take all medication independently | 0 |
| b) Supervised practise – patient dispenses & takes medication under supervision | 1 |
| c) Nurse dispenses and administers all medication | 2 |
| d) Requires additional time from qualified staff | 3 |
| tick e.g <input type="checkbox"/> CD meds <input type="checkbox"/> IV meds <input type="checkbox"/> PEG meds <input type="checkbox"/> Supervised practice | |

How many times per day does any medication need to be given?

1 2 3 4 5 More than 5

4. PATIENT AND/OR FAMILY REQUIRE PSYCHOLOGICAL SUPPORT FROM NURSING/CARE STAFF

| | |
|--|---|
| a) No additional psychological support needed | 0 |
| b) Require frequent reassurance – can be provided by any care staff | 1 |
| c) Require psychological support from experienced nurse <2hours per week | 3 |
| d) Requires additional time from an experienced nurse >2 hrs/ week | 5 |

5. SERIAL/ RESTING SPLINTS

| Description | Dependency |
|-------------|------------|
|-------------|------------|

| | |
|---|----------|
| a) No splints/able to apply own splints | 0 |
| b) Simple splint application (e.g Velcro splint) can be applied by one person , limb does not need prior stretching | 1 |
| c) Moderate splint application (e.g back slab and bandage) requiring application by 2 people (or 2 required due to behavioural issues) | 2 |
| d) Complex splint application (e.g bivalve and bandage) stretching of limb required prior to application and requires 2 to apply | 3 |

5.1. FREQUENCY OF SPLINT APPLICATION
How frequently do they have their splint/s applied?

Daytime Once Twice Three or more
Night time Night splints

6. POSTURAL MANAGEMENT (IN BED OR CHAIR)

| Description | Dependency |
|-------------|------------|
|-------------|------------|

| | |
|---|----------|
| a) Able to maintain own posture | 0 |
| b) Needs prompting or help from one to maintain posture/position, 1-3 times in 24 hours | 1 |
| c) Needs prompting or help from 1 to maintain posture/position, 4 or more times in 24 hours | 2 |
| d) Needs help from 2 to maintain posture/position, 1-3 times in 24 hours | 3 |
| e) Needs help from 2 to maintain posture/position 4 or more times in 24 hours | 4 |

7. INTERCURRENT MEDICAL/SURGICAL PROBLEM

| Description | Dependency |
|-------------|------------|
|-------------|------------|

| | |
|--|----------|
| a) No intercurrent medical/surgical problem | 0 |
| b) Requires daily monitoring of vital signs | 1 |
| c) Requires 4 hourly monitoring of vital signs or specific intervention by a qualified nurse for less than 2 hours a day | 3 |
| d) Requires specific intervention by a qualified nurse for more than 2 hours a day | 5 |

8. ONE TO ONE SPECIALING **Dependency**

| | |
|---|----------|
| a) No one to one specialing required | 0 |
| b) Needs specialing (no specific skill needed) | 1 |
| c) Requires specialing by a nurse/skilled carer with rehabilitation experience | 3 |
| d) Requires specialing either by a specialty trained nurse (mentally unwell) or by a qualified nurse (acutely unwell) | 5 |

TIME SPECIALING REQUIRED

Daytime only Night time only 24 hours a day

TOTAL NPDS-H SCORE

SECTION 1: BASIC NURSING NEEDS (65)

SECTION 3: IN PATIENT NURSING NEEDS (35)

TOTAL NPDS-H SCORE (Add section 1 + 3 only)

SECTION 4: CARE NEEDS ASSESSMENT

1. STAIRS (Based on if they were at home.)

Would they be able to go up/down stairs at home?

| | |
|---|--------------------------|
| a) Yes, without help (independent) | <input type="checkbox"/> |
| b) Yes, with assistance/supervision | <input type="checkbox"/> |
| c) No, unable to do stairs (stays on one level) | <input type="checkbox"/> |
| d) No, does not have stairs at home | <input type="checkbox"/> |

2. MAKING A SNACK / MEAL (at home)

| | |
|--|----------|
| a) Not applicable as entirely gastrostomy fed | 0 |
| b) Able to make a snack and drink at home independently | 0 |
| c) Able to help themselves if a snack is left out in the kitchen | 1 |
| d) Needs meals or drinks putting in front of them | 2 |

3. MEDICATION (Including remembering to take it, opening bottles etc)

- | | |
|---|----------|
| a) Not applicable (eg on no medication) | 0 |
| b) Able to take all medication independently | 0 |
| c) Able to help themselves if tablets left out in the morning | 1 |
| d) Requires help for medication to be given | 2 |
- If requires help, which times does medication need to be given?**

(Tick all that apply)
7am 10am Midday 2pm 4pm 6pm 8pm 10pm Other
4. Do they require skilled help from a NURSE or TRAINED CARER for any of the following tasks?

- | | | |
|---|------------------------------|-----------------------------|
| a) Suppositories / Enema | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Stoma Care (Tracheostomy, gastrostomy etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Pressure Sore / wound dressing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Special medication (eg insulin injections) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If skilled help is required**How many times a week?****Who provides that help?**

| | Times per week | Family | Home Care | Nurse |
|-------------------------|-----------------------|--------------------------|--------------------------|--------------------------|
| for Supps | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stoma care | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wound care | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Medication..... | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Do they require help for DOMESTIC DUTIES?**(Based on if they were at home)**

- | | | |
|--------------------|------------------------------|-----------------------------|
| a) Light housework | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Heavy housework | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Shopping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Laundry | <input type="checkbox"/> Yes | <input type="checkbox"/> No |