

NORTHWICK PARK DEPENDENCY SCORE

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	
<small>(Give most usual method of mobility around bay (hospital) or indoors (home))</small>	
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

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 <1/4 hr	3

NHS Number: _____

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		
<small>(Includes getting there, transferring onto toilet, cleaning themselves, adjusting clothing, and washing hands afterwards.</small>		
<small>IF USING BOTTLE: includes reaching for it, positioning and replacing it unspilt)</small>		
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 <1/4 hr		2
e) Needs help from 1, and takes more than 1/4 hr		3
f) Needs help from 2, and takes <1/4 hr		4

3.3. FREQUENCY OF EMPTYING BLADDER			
If he/she needs help to pass urine			
How many times do they pass urine during the day?			
up to 4 times	5-6 times	>6 times	
How many times do they pass urine during the night?			
0	1	2	>2

3.4. URINARY INCONTINENCE

Description	Dependency
a) No accidents or leakage from catheter / convene	0
b) Continent if toiletted regularly. Occasional accidents	1
c) 1-2 episodes of incontinence / leakage in 24 hrs	2
d) >2 episodes of incontinence / 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?	1 2 3 4 5 6

4. TOILETING BOWELS**4.1. NEED FOR ASSISTANCE**

(Includes getting to and transferring onto toilet, cleaning themselves, 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 <1/4 hr	2
d) Needs help from 1, and takes more than 1/4 hr	3
e) Needs help from 2, and takes <1/4 hr	4
f) Needs help from 2, and takes more than 1/4 hr	5

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

- 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 times of day do they normally open their bowels?

- Morning Midmorning Midday afternoon Evening Bedtime

Do they need to open their bowels during the night?

0 1 2 >2

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4.3. FAECAL INCONTINENCE

Description	Dependency
a) No faecal accidents	0
b) Requires regular bowel regimen - suppositories / enemas 1 in order to remain continent	1
Enter Section 3: Care Needs Assessment Item No. 4a	
c) Occasional faecal accidents (less than daily)	2
d) Regular incontinence of faeces	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 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 <1/2 hr	2
d) Needs help from 1, and takes more than 1/2 hr	3
e) Needs help from 2, and takes <1/2 hr	4
f) Needs help from 2, and takes more than 1/2 hr	5

Note: It is very rare to need help from 2 to wash unless patient requires restraint

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

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 <1/2 hr	2
d) Needs help from 1, and takes more than 1/2 hr	3
e) Needs help from 2, and takes <1/2 hr	4
f) Needs help from 2, and takes more than 1/2 hr	5

7. DRESSING

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

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 <1/2 hr	2
e) Needs help from 1, and takes more than 1/2 hr	3
f) Needs help from 2, and takes <1/2 hr	4
g) Needs help from 2, and takes more than 1/2 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)	1
d) Needs help from 1, and takes <1/2 hr	2
e) Needs help from 1, and takes more than 1/2 hr	3

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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	1
d) Needs help or supervision, and takes <1/2 hr	2
e) Needs help/supervision, and takes more than 1/2 hr	3

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	1
c) Needs help to set up feed twice a day	2
d) Needs help to set up feed three times a day	3
e) Needs extra flushes during the day	4
f) Needs extra flushes during the day and night	4

9. SKIN PRESSURE RELIEF

Description	Dependency
a) Skin intact, able to relieve pressure independently	0
b) Needs prompting only to relieve pressure	1
c) Skin intact, needs help from 1 to turn (4 hrly)	2
d) Skin intact, needs help from 2 to turn (4 hrly)	3
e) Skin marked or broken, needs 1 to turn (2 hrly)	4
f) Skin marked or broken, needs 2 to 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 constant supervision	3

11. COMMUNICATION	
Description	Dependency
a) Able to communicate all needs	0
b) Able to communicate basic needs without help	1
c) Able to communicate basic needs with a little help or by using a communication aid or chart	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

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 / out of house	5

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SECTION 2: SPECIAL NURSING NEEDS

ADD 5 FOR EACH OF THE BELOW

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

	TOTAL SCORES
SECTION 1: BASIC CARE NEEDS
SECTION 2: SPECIAL NURSING NEEDS
NPDS NURSING DEPENDENCY SCORE

SECTION 3: CARE NEEDS ASSESSMENT

1. STAIRS

a) Do they need help or supervision to negotiate stairs:

In the morning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At bed-time	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. MAKING A SNACK / MEAL

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)

Morning Midmorning Midday afternoon Evening Bedtime

NHS Number:

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
e) Other.....		

If skilled help is required

How many times a week?

Who provides that help?

	Times per week	Family	Home Care	Nurse
for a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do they require help for DOMESTIC DUTIES

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