

NORTHWICK PARK DEPENDENCY SCORE

PATIENT DETAILS: Surname: Forename(s):

Hosp No: Sex: Male/Female Date of birth:

Diagnosis:.....

NHS No:.....

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

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

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, 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 <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

Patient Name.....

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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

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

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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

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

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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

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

SECTION 1: BASIC CARE NEEDS

SECTION 2: SPECIAL NURSING NEEDS
NPDS NURSING DEPENDENCY SCORE

TOTAL SCORES

.....
.....
.....

Patient Name.....

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SECTION 3: CARE NEEDS ASSESSMENT

1. STAIRS

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

In the morning Yes No No stairs or remains on one level

At bed-time Yes No No stairs or remains on one level

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

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