



NHS Continuing Healthcare Checklist

November 2012 (Revised)

NHS Continuing Healthcare Needs Checklist

Date of completion of Checklist

Name

D.O.B.

NHS number:

Permanent address and
telephone number

Current location (e.g. name of
hospital ward etc)

--	--

Gender:

Please ensure that the equality monitoring form at the end of the Checklist is completed.

Was the individual involved in the completion of the Checklist?

Was the individual offered the opportunity to have a representative such as a family member or other advocate present when the Checklist was completed? Yes

If yes, did the representative attend the completion of the Checklist? No

Did you explain to the individual how their personal information will be shared with the different organisations involved in their care, and did they consent to this information sharing? Yes / No

NHS Continuing Healthcare Needs Checklist

Date of completion of Checklist:

Applied retrospectively for the period:

Name

D.O.B.

NHS number and GP/Practice:

Name of patient		Date of completion	
Please circle statement A, B or C in each domain	C	B	A
Behaviour*	No evidence of 'challenging' behaviour. OR Some incidents of 'challenging' behaviour. A risk assessment indicates that the behaviour does not pose a risk to self, others or property or a barrier to intervention. The person is compliant with all aspects of their care.	'Challenging' behaviour that follows a predictable pattern. The risk assessment indicates a pattern of behaviour that can be managed by skilled carers or care workers who are able to maintain a level of behaviour that does not pose a risk to self, others or property. The person is nearly always compliant with care.	'Challenging' behaviour that poses a predictable risk to self, others or property. The risk assessment indicates that planned interventions are effective in minimising but not always eliminating risks. Compliance is variable but usually responsive to planned interventions.
Evidence in records to support this level			

NHS Continuing Healthcare Checklist

Name of patient		Date of completion	
Please circle statement A, B or C in each domain	C	B	A
Cognition	<p>No evidence of impairment, confusion or disorientation.</p> <p>OR</p> <p>Cognitive impairment which requires some supervision, prompting or assistance with more complex activities of daily living, such as finance and medication, but awareness of basic risks that affect their safety is evident.</p> <p>OR</p> <p>Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment.</p>	<p>Cognitive impairment (which may include some memory issues) that requires some supervision, prompting and/or assistance with basic care needs and daily living activities. Some awareness of needs and basic risks is evident.</p> <p>The individual is usually able to make choices appropriate to needs with assistance. However, the individual has limited ability even with supervision, prompting or assistance to make decisions about some aspects of their lives, which consequently puts them at some risk of harm, neglect or health deterioration.</p>	<p>Cognitive impairment that could include frequent short-term memory issues and maybe disorientation to time and place. The individual has awareness of only a limited range of needs and basic risks. Although they may be able to make some choices appropriate to need on a limited range of issues, they are unable to do so on most issues, even with supervision, prompting or assistance.</p> <p>The individual finds it difficult, even with supervision, prompting or assistance, to make decisions about key aspects of their lives, which consequently puts them at high risk of harm, neglect or health deterioration.</p>
Evidence in records to support this level			

NHS Continuing Healthcare Checklist

Name of patient		Date of completion	
Please circle statement A, B or C in each domain	C	B	A
Psychological/ Emotional	<p>Psychological and emotional needs are not having an impact on their health and well-being.</p> <p>OR</p> <p>Mood disturbance or anxiety or periods of distress, which are having an impact on their health and/or well-being but respond to prompts and reassurance.</p> <p>OR</p> <p>Requires prompts to motivate self towards activity and to engage in care planning, support and/or daily activities.</p>	<p>Mood disturbance or anxiety symptoms or periods of distress which do not readily respond to prompts and reassurance and have an increasing impact on the individual's health and/or well-being.</p> <p>OR</p> <p>Due to their psychological or emotional state the individual has withdrawn from most attempts to engage them in support, care planning and/or daily activities.</p>	<p>Mood disturbance or anxiety symptoms or periods of distress that have a severe impact on the individual's health and/or well-being.</p> <p>OR</p> <p>Due to their psychological or emotional state the individual has withdrawn from any attempts to engage them in care planning, support and daily activities.</p>
Evidence in records to support this level			

NHS Continuing Healthcare Checklist

Name of patient		Date of completion	
Please circle statement A, B or C in each domain	C	B	A
Communication	<p>Able to communicate clearly, verbally or non-verbally. Has a good understanding of their primary language. May require translation if English is not their first language.</p> <p>OR</p> <p>Needs assistance to communicate their needs. Special effort may be needed to ensure accurate interpretation of needs or additional support may be needed either visually, through touch or with hearing.</p>	<p>Communication about needs is difficult to understand or interpret or the individual is sometimes unable to reliably communicate, even when assisted. Carers or care workers may be able to anticipate needs through non-verbal signs due to familiarity with the individual.</p>	<p>Unable to reliably communicate their needs at any time and in any way, even when all practicable steps to assist them have been taken. The person has to have most of their needs anticipated because of their inability to communicate them.</p>
Evidence in records to support this level			

NHS Continuing Healthcare Checklist

Name of patient		Date of completion	
Please circle statement A, B or C in each domain	C	B	A
Mobility	<p>Independently mobile.</p> <p>OR</p> <p>Able to weight bear but needs some assistance and/or requires mobility equipment for daily living.</p>	<p>Not able to consistently weight bear.</p> <p>OR</p> <p>Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning.</p> <p>OR</p> <p>In one position (bed or chair) for majority of the time but is able to cooperate and assist carers or care workers.</p> <p>OR</p> <p>At moderate risk of falls (as evidenced in a falls history or risk assessment)</p>	<p>Completely unable to weight bear and is unable to assist or cooperate with transfers and/or repositioning.</p> <p>OR</p> <p>Due to risk of physical harm or loss of muscle tone or pain on movement needs careful positioning and is unable to cooperate.</p> <p>OR</p> <p>At a high risk of falls (as evidenced in a falls history and risk assessment).</p> <p>OR</p> <p>Involuntary spasms or contractures placing the individual or others at risk.</p>
Evidence in records to support this level			

NHS Continuing Healthcare Checklist

Name of patient		Date of completion	
Please circle statement A, B or C in each domain	C	B	A
Nutrition	<p>Able to take adequate food and drink by mouth to meet all nutritional requirements.</p> <p>OR</p> <p>Needs supervision, prompting with meals, or may need feeding and/or a special diet.</p> <p>OR</p> <p>Able to take food and drink by mouth but requires additional/supplementary feeding.</p>	<p>Needs feeding to ensure adequate intake of food and takes a long time (half an hour or more), including liquidised feed.</p> <p>OR</p> <p>Unable to take any food and drink by mouth, but all nutritional requirements are being adequately maintained by artificial means, for example via a non-problematic PEG.</p>	<p>Dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway.</p> <p>OR</p> <p>Subcutaneous fluids that are managed by the individual or specifically trained carers or care workers.</p> <p>OR</p> <p>Nutritional status 'at risk' and may be associated with unintended, significant weight loss.</p> <p>OR</p> <p>Significant weight loss or gain due to an identified eating disorder.</p> <p>OR</p> <p>Problems relating to a feeding device (e.g. PEG) that require skilled assessment and review.</p>
Evidence in records to support this level			

NHS Continuing Healthcare Checklist

Name of patient		Date of completion	
Please circle statement A, B or C in each domain	C	B	A
Continence	<p>Continent of urine and faeces.</p> <p>OR</p> <p>Continence care is routine on a day-to-day basis.</p> <p>OR</p> <p>Incontinence of urine managed through, for example, medication, regular toileting, use of penile sheaths, etc.</p> <p>AND</p> <p>Is able to maintain full control over bowel movements or has a stable stoma, or may have occasional faecal incontinence/constipation.</p>	<p>Continence care is routine but requires monitoring to minimise risks, for example those associated with urinary catheters, double incontinence, chronic urinary tract infections and/or the management of constipation.</p>	<p>Continence care is problematic and requires timely and skilled intervention, beyond routine care. (for example frequent bladder wash outs, manual evacuations, frequent re-catheterisation).</p>
Evidence in records to support this level			

NHS Continuing Healthcare Checklist

Name of patient		Date of completion	
Please circle statement A, B or C in each domain	C	B	A
Skin integrity	<p>No risk of pressure damage or skin condition.</p> <p>OR</p> <p>Risk of skin breakdown which requires preventative intervention once a day or less than daily, without which skin integrity would break down.</p> <p>OR</p> <p>Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound.</p> <p>OR</p> <p>A skin condition that requires monitoring or reassessment less than daily and that is responding to treatment or does not currently require treatment.</p>	<p>Risk of skin breakdown which requires preventative intervention several times each day, without which skin integrity would break down.</p> <p>OR</p> <p>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment.</p> <p>OR</p> <p>A skin condition that requires a minimum of daily treatment, or daily monitoring/reassessment to ensure that it is responding to treatment.</p>	<p>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is not responding to treatment.</p> <p>OR</p> <p>Pressure damage or open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule', which is responding to treatment.</p> <p>OR</p> <p>Specialist dressing regime in place which is responding to treatment.</p>
Evidence in records to support this level			

NHS Continuing Healthcare Checklist

Name of patient		Date of completion	
Please circle statement A, B or C in each domain	C	B	A
Breathing*	<p>Normal breathing, no issues with shortness of breath.</p> <p>OR</p> <p>Shortness of breath, which may require the use of inhalers or a nebuliser and has no impact on daily living activities.</p> <p>OR</p> <p>Episodes of breathlessness that readily respond to management and have no impact on daily living activities.</p>	<p>Shortness of breath, which may require the use of inhalers or a nebuliser and limit some daily living activities.</p> <p>OR</p> <p>Episodes of breathlessness that do not respond to management and limit some daily activities.</p> <p>OR</p> <p>Requires any of the following:</p> <ul style="list-style-type: none"> • low level oxygen therapy (24%); • room air ventilators via a facial or nasal mask; <p>other therapeutic appliances to maintain airflow where individual can still spontaneously breathe e.g. CPAP (Continuous Positive Airways Pressure) to manage obstructive apnoea during sleep.</p>	<p>Is able to breathe independently through a tracheotomy that they can manage themselves, or with the support of carers or care workers.</p> <p>OR</p> <p>Breathlessness due to a condition which is not responding to therapeutic treatment and limits all daily living activities.</p> <p>OR</p> <p>A condition that requires management by a non-invasive device to both stimulate and maintain breathing (non-invasive positive airway pressure, or non-invasive ventilation)</p>
Evidence in records to support this level			

NHS Continuing Healthcare Checklist

Name of patient		Date of completion	
<p>Please circle statement A, B or C in each domain</p>	<p>C</p>	<p>B</p>	<p>A</p>
<p>Drug therapies and medication: symptom control*</p>	<p>Symptoms are managed effectively and without any problems, and medication is not resulting in any unmanageable side-effects.</p> <p>OR</p> <p>Requires supervision/administration of and/or prompting with medication but shows compliance with medication regime.</p> <p>OR</p> <p>Mild pain that is predictable and/or is associated with certain activities of daily living; pain and other symptoms do not have an impact on the provision of care.</p>	<p>Requires the administration of medication (by a registered nurse, carer or care worker) due to:</p> <ul style="list-style-type: none"> – non-concordance or non-compliance, or – type of medication (for example insulin); or – route of medication (for example PEG). <p>OR</p> <p>Moderate pain which follows a predictable pattern; or other symptoms which are having a moderate effect on other domains or on the provision of care.</p>	<p>Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for this task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with such monitoring the condition is usually non-problematic to manage.</p> <p>OR</p> <p>Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care.</p>
<p>Evidence in records to support this level</p>			

NHS Continuing Healthcare Checklist

Name of patient		Date of completion	
Please circle statement A, B or C in each domain	C	B	A
Altered states of consciousness*	No evidence of altered states of consciousness (ASC). OR History of ASC but effectively managed and there is a low risk of harm.	Occasional (monthly or less frequently) episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.	Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm. OR Occasional ASCs that require skilled intervention to reduce the risk of harm.
Evidence in records to support this level			

Total from all pages			
----------------------	--	--	--

NHS Continuing Healthcare Checklist

Please highlight the outcome indicated by the checklist:

1. Referral for full assessment for NHS continuing healthcare is necessary.

or

2. No referral for full assessment for NHS continuing healthcare is necessary.

(There may be circumstances where you consider that a full assessment for NHS continuing healthcare is necessary, even though the individual does not apparently meet the indicated threshold. If so, a full explanation should be given.)

Rationale for decision

--

Signature of professional (with qualifications) completing the checklist:	Date:
Signature of clinical validator:	Date: