NURSING SUPPORT SERVICES
CHILD HEALTH ASSESSMENT
DIRECT CARE SERVICES

Child's Name: Last Name, First Name. DOB: YYYY-MM-DD.

☐ **New Presentation** ☐ **School Hours** ☐ **Presentation Notes** ☐ **Appeal** ☐ **Final Assessment**	☐ **Reassessment** ☐ **Annual Assessment** ☐ **Change in Hours** *For these assessments, provide updated information only from the most recent assessment—detailed medical and systems history is required for admission to Direct Care Services*

NSS COORDINATOR	ASSESSMENT DATE (YYYY/MM/DD)	DATE OF REFERRAL (YYYY/MM/DD)

PERSONAL INFORMATION

LAST NAME OF CHILD	FIRST NAME OF CHILD	MIDDLE NAME OF CHILD	DATE OF BIRTH	CHILD'S PHN	GENDER
					☐M ☐F

NAME OF PARENT(S)/GUARDIAN(S)	RELATIONSHIP TO CHILD	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER

FULL ADDRESS	CITY	PROVINCE	POSTAL CODE	EMAIL ADDRESS

Primary Diagnosis:	•
Secondary Diagnosis:	•
Current Nursing Care Needs:	•
Child Goals:	•
Family Goals:	•
NSS Eligibility:	The Knowledge, judgement, and skill of a nurse is required in the absence of the parent(s)for: •
Transition / Discharge Criteria:	The Knowledge, judgement, and skill of a nurse is no longer required in the absence of the parent(s) as evidenced by: •

Hours Requested:	Home Hours: School Hours: Transportation need: ☐yes ☐no	**Reassessment Date** **Date of Consent:**	
Recommended Care Team:	•	**Rationale for Recommendation:**	•

RECOMMENDATIONS:
CURRENT CONSULTING HEALTH PROFESSIONALS/OTHER SERVICES/SUPPORTS (Specific Names Not Required):
•
CHILD'S PAST HEALTH HISTORY (Succinct & Comprehensive Summary): *This section is required for all new applications for Direct Care Services; use bulleted points*
•

CURRENT HEALTH HISTORY (Bulleted Summary): *This section pertains to new applications and reassessments*	
Prognosis/Goals of Care:	•
Equipment in Home: type/how often required	•

Medications	Dosage	Route

IMMUNIZATIONS/VACCINATIONS UP TO DATE:	Choose an item.

SYSTEMS SUMMARY: Include with each system summary using bulleted points **Symptoms:** presentation, frequency, variability, , interventions, response to interventions (note if consistent response or variable as applicable) **Adverse Events** history – frequency, interventions, outcome	
Allergies:	•
Respiratory:	•
Cardiovascular:	•
Gastro-Intestinal/ Nutrition:	•
Genito-Urinary/ Elimination:	•
Musculoskeletal/ Mobility:	•
Neurological/ Seizures:	•
Endocrine:	•
Integumentary/ Skin/Integrity:	•
Comfort/Pain:	•
Sleep/Rest- *describe night time care*	•
Communication – hearing, vision, speech	•
Safety *(what are the safety concerns in the environment & for the family?) – will build basis for development*	•

of a safety plan & discussion around escalation of care)	

Activities of Daily Living *(list all interventions & frequency & if there's any variability in the care required daily to care for child)*	•
Psycho Social/ Family Factors/ Spiritual/ Cultural: *(Integrate family strengths & areas they want to build capacity and learning in)*	•
Lifestyle/ Environment	•
Information Obtained From:	•

ASSESSED AND SUBMITTED BY:		
NSS COORDINATOR NAME	NSS COORDINATOR SIGNATURE	DATE SIGNED (YYYY/MM/DD)

Child's Name: Last Name, First Name. DOB: YYYY-MM-DD.

RATIONALE FOR HOURS: Determination of Hours is Based Upon an Overall Assessment of the Child's Care Needs	
Rate **ALL** from dropdown below	**FREQUENCY / PREDICTABILITY**
Choose an item.	☐ 1. Frequency of nursing interventions required
Choose an item.	☐ 2. Unpredictable symptoms and care requirements
Choose an item.	☐ 3. Inability to alter timing of scheduled nursing interventions.
	COMPLEXITY:
Choose an item.	☐ 4. Severity of symptoms
Choose an item.	☐ 5. Number of body systems significantly and currently affected
Choose an item.	☐ 6. Complexity of nursing assessments
Choose an item.	☐ 7. Complexity of nursing interventions
Choose an item.	☐ 8. Dependence for Activities of Daily Living (ADL's)
Choose an item.	☐ 9. Degree of nursing judgement required
Choose an item.	☐ 10. Degree of ongoing deterioration
	ADVERSE EVENTS:
Choose an item.	☐ 11. Likelihood / frequency of adverse events
Choose an item.	☐ 12. Risk of harm from adverse events
	CHILD / YOUTH'S ABILITY TO DIRECT / PERFORM CARE:
Choose an item.	☐ 13. Inability to communicate need for care, safely direct care and / or safely perform care
	TECHNOLOGY:
Choose an item.	☐ 14. Complexity of technology / biomedical equipment
Choose an item.	☐ 15. Amount of biomedical equipment
Choose an item.	☐ 16. Degree of dependence on technology / biomedical equipment
Choose an item.	☐ 17. Frequency / duration of need for technology / biomedical equipment