

Assessment guidelines – required level of care

When care needs are evaluated, a person's independence is evaluated in six aspects of their life (modules).

Module 1: mobility

Only motor abilities will be assessed	independent	mainly independent	mainly dependent	dependent
Changing position in bed	Unaided or using aids	Aids or a helping hand must be provided	Seldom without aid	Not unaided or only minimally unaided
Maintaining a stable sitting position Sitting upright in bed/on a chair	Unaided	Briefly unaided, e.g. for the duration of a meal	Requires support e.g. for the duration of a meal	The person cannot maintain a sitting position.
Rising and changing seat	Unaided or with individual's own arm strength	Can stand up and change seats using own strength when a helping hand is given	Person affected can provide a small amount of assistance, is able e.g. to stand for a short period	Person must be lifted or carried, is not able to provide any assistance
Walking within home environment	Unaided or with walking aids e.g. walking frame	Walking aids must be provided; observation for safety reasons	Can walk several paces or move several steps with a wheelchair or the support of a carer	Person must be carried or can only be pushed in a wheelchair
Climbing stairs Negotiating stairs between two floors	Unaided	Can climb stairs unaided but must be accompanied because of risk of falling	Climbing stairs only possible with support or if the person is held firmly	Person must be carried or transported using aids, cannot provide any assistance
Special constellation of needs: inability to use		If neither arms nor legs can be used, a person is automatically classified as care level 5 (<i>Pflegegrad 5</i>).		

Only motor abilities will be assessed	independent	mainly independent	mainly dependent	dependent
either legs or arms		However, this shall apply only in the case of complete loss of gripping, standing and walking functions → even if there is still a minimal residual ability to move arms		

Module 2: cognitive und communicative abilities

Only cognitive abilities will be assessed	The ability is			
	present, unimpaired	largely present	minimally present	not present
Recognising familiar faces	Person recognises familiar faces	Periodically has difficulties recognising people they known well	People are rarely recognised; dependent on daily form	Family members are recognised only rarely or not at all
Spatial orientation Negotiating spatial surroundings	Does not get lost in home environment	Has difficulties finding orientation in home environment	Has difficulties in familiar home surroundings	Requires regular support to find orientation
Temporal orientation Recognising temporal structures	No impairment	Generally temporally orientated	Only rudimentarily present	Understanding of passage of time tends to be absent
Remembering important events or observations	Remembers the recent past and can indicate this, also non-verbally	Memory principally centred on own life story	Important events from their own life story are present	Memories of own life story rarely present or entirely absent
Managing daily chores carried out in several stages Focused activities that are to be carried out in everyday life on an almost daily basis	Independent, carried out in the right order	Tasks can be carried out independently with some helpful prompts	Regularly muddles or forgets the order of individual stages in the tasks	Everyday multi-stage chores are not begun or given up after the first few attempts
Making decisions in day-to-day life	Makes logical decisions in unfamiliar situations	Has difficulty making logical decisions in unfamiliar situations	Decisions are not appropriate to achieve the desired goal	Person rarely makes or is unable to make decisions

Making logical and/or suitable decisions in day-to-day life				even with support
Understanding facts and information e.g. being able to arrange information according to content	No problems to speak of	Simple situations can be understood, difficulties with more complicated situations	Simple situations have to be explained repeatedly, dependent on daily form	Situations are not understood, no verbal or non-verbal reaction
Identifying risks and dangers e.g. electric or fire sources, obstacles on the floor	Has no problem recognising sources of danger	Has difficulty recognising risks in traffic or unfamiliar surroundings	Regularly fails to recognise risks and hazards in home environment	Risks and hazards are scarcely recognised at all
Communicating basic needs verbally or non-verbally e.g. hunger or thirst	Needs are expressed	Person is able to express needs only when prompted	Needs expressed only non-verbally, agreement or refusal is clear	Expresses needs only rarely or not at all, agreement or refusal is unclear
Understanding prompts Ability to understand prompts relating to everyday basic needs e.g. food	Prompts and/or requests about everyday basic needs are understood	Prompts in non-everyday situations have to be explained	Prompts have to be repeated; dependent on daily form	Instructions or prompts are scarcely understood or not understood at all
Taking part in conversation Taking in the subject of a conversation, responding appropriately and contributing subject matter to continue a conversation	Individual and group conversations; contributions are appropriate to the subject of the conversation	Speaks well in conversation with one person; generally struggles in groups; Regular difficulty in finding words	Finds it difficult to follow a conversation with one person; little individual initiative; easily distracted	Anything more than simple messages scarcely possible or impossible, even using non-verbal communication

Module 3: Behaviour patterns and problematic mental areas

Only cognitive abilities will be assessed	How often must a carer intervene and/or provide support?			
	never or very rarely	rarely, one to three times per fortnight	regularly, two or more times per week, but not daily	daily
Anomalous behaviour involving motor	Seemingly aimless wandering around in home or institution and attempts by disorientated people to leave the			

function	home or institution unaccompanied, general restlessness, constantly standing up and sitting down or sliding around on seat
Nocturnal restlessness	Nocturnal wandering or phases of nocturnal agitation, even inversion of day/night rhythm; an evaluation should be made of how often there is cause for staff support in managing the person's sleep-wake cycle
Self-harming and auto-aggressive behaviour	e.g. self-harm with objects, eating or drinking harmful substances, hitting oneself, injuring oneself with fingernails or teeth
Damaging objects	Acting aggressively, such as pushing or shoving objects away, hitting objects, destruction of items; kicking at objects
Physically aggressive behaviour towards other people	e.g. hitting or kicking people, injuring others with fingernails or teeth, pushing or shoving away
Verbal aggression	Verbal aggression e.g. verbal insults or threats to other people
Other anomalous vocalisations relevant to care	e.g. loud shouting, crying out, complaining for no apparent reason, grumbling to oneself, swearing
Resistance to care or other support measures	Resistance to support e.g. in personal hygiene, refusing to eat or take medicine → not deliberate (self-determined) refusal of particular measures
Hallucinations	e.g. delusion of being in contact with dead/imaginary persons; or of being followed or stolen from
Fears	The person has strong fears or worries, experiencing panic attacks irrespective of cause
Listlessness combined with a depressive frame of mind	e.g. hardly any interest in surroundings, motivation by others required; seems sad/apathetic, prefers to stay in bed
Socially inadequate behaviour	e.g. intrusive behaviour, conspicuous demands for attention, undressing in front of others in inappropriate situations, inappropriate attempts to touch others, physical or verbal sexual overtures
Other inadequate actions relevant to care	e.g. fiddling with clothing, constant repetition of the same action, hiding or hoarding objects, smearing excrement

Module 4: Looking after oneself

Both cognitive and motor abilities will be assessed.	independent	mainly independent	mainly dependent	dependent
	Without staff assistance	Independent, although items provided, prompts offered or occasional assistance required	Only slightly independent or requires comprehensive instructions	Dependent or only minimally independent
Washing the front region of the abdomen				
Personal hygiene in the head area				
Washing private parts				
Showering and bathing, including washing hair including safety considerations; washing/blow-drying hair				
Dressing and undressing the upper abdomen				
Dressing and undressing the lower abdomen				
Preparing food in bite-sized pieces and pouring out drinks including opening drink bottle caps		E.g. opening a bottle	E.g. regularly spills drink when pouring	
Eating: eating bite-sized, prepared food; e.g. placing in mouth, chewing		E.g. prompts to eat	Motivation, food generally has to be offered	
Drinking including recognising and acting upon the necessity of consuming fluids		Independent, if a beverage is available or prompts are given	Beverage placed in hand, or prompt must be given for every swallow	
Using a toilet or a commode including e.g. catheter, incontinence supplies, ileostomy or colostomy				
Coping with the consequences of urinary incontinence and dealing with long-term catheterisation and urostomy				

Coping with the consequences of faecal incontinence and dealing with a stoma				
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	can feed self independently	not daily, not long-term:	daily, in addition to oral food:	exclusively or almost nearly exclusively:
Parenteral or tube-feeding				
		in addition to taking oral food food/fluids administered parenterally/via tube only occasionally/temporarily	as a rule, food or fluids administered <u>parenterally/via tube daily in addition to daily oral</u> feeding	food/fluids administered (almost) <u>exclusive</u> parenterally/via tube

Module 5: Coping with and dealing independently with illness-related or therapy-related requirements and obligations

Both cognitive and motor abilities will be assessed.			frequency of assistance (enter number)		
Section 1:	n/a	independent	per day	per week	per month
Medication oral medication, eye or ear drops, suppositories and transdermal patches; if medicines are administered, manners of administration are not to be considered separately.					
Subcutaneous and intramuscular injections and subcutaneous infusions e.g. insulin injections					
Managing intravenous provision options (e.g. a port) e.g. checks to avoid complications; <u>not</u> attaching nutrient solutions					
Aspiration and oxygen administration e.g. aspiration, applying and removing nasal cannula, providing an inhalation device (including cleaning) → each treatment is also to be considered individually					
Embrocations and cold/heat treatments external application of <u>medically prescribed</u> salves, creams etc, as well as cold/heat treatments. Each treatment is also to be considered individually					
Monitoring and interpretation of physical condition e.g. blood pressure, blood sugar, bodyweight, fluid balance, where this is required <u>under doctor's orders</u> → <u>identify and take appropriate steps</u> e.g. insulin					

dose					
Aids worn on the body putting on and taking off prostheses, orthodontic devices; orthoses, spectacles, hearing aid or compression stockings (including cleaning). <u>Not</u> dentures					

Section 2:	n/a	independent	per day	per week	per month
Changing bandages and wound care management of chronic wounds, e.g. venous ulcers or bedsores					
Management of stoma care, cleaning, disinfection, management of artificial body openings such as tracheostomy, PEG, suprapubic bladder catheter, colostomy or ileostomy; <u>not</u> simple changing or emptying					
Regular single-use catheterisation and use of purging methods					
Therapeutic measures in home environment e.g. physiotherapeutic/speech therapy exercises, breathing exercises					

Section 3:	n/a	independent	per day	per week	per month
Time-consuming and technology-intensive measures in home environment special therapeutic measures such as ventilation → constant monitoring by trained care professionals during treatment; if special clinical monitoring is generally required round the clock, e.g. in the case of mechanical ventilation, enter once per day					
Doctor's appointments support on way to or during appointments at doctor's → average frequency					
Appointments at other clinical or therapeutic institutions (up to three hours) e.g. occupational therapist; physiotherapist, speech therapist, psychotherapist					
Extended appointments at clinical or therapeutic institutions (longer than three hours) specialised institutions that may require considerable travel times, time-consuming diagnostic or therapeutic treatment e.g. oncological treatment or dialysis					
Maintaining a diet or other illness-related or therapy-related behavioural constraints medically prescribed diet or administration of food and fluids					

Module 6: making arrangements for day-to-day life and social contact

Both cognitive and motor abilities will be assessed.	independent	mainly independent	mainly dependent	dependent
<p>Organising day's events and adapting to changes</p> <p>consciously breaking up day according to habits/preferences, adapting to external changes</p>	Without staff assistance	Organises routine events largely independently, support is required in the event of unfamiliar change	Assistance in planning routine daily events; own plans are often forgotten; daily reminders and/or prompts	No assistance is given or is only minimally possible
<p>Resting and sleeping</p> <p>maintaining a day/night rhythm in accordance with the individual's habits and ensuring there are sufficient periods of rest and sleep</p>	Without staff assistance	Staff assistance in getting up or going to bed, generally sleeps through night, assistance is required at night only occasionally	Regular problems falling asleep/nocturnal discomfort that the person is generally unable to deal with unaided; e.g. when changing sleeping position or going to the toilet during the night	No or disturbed sleep-wake rhythm; requires staff support at least 3x during the night
<p>Occupying self</p> <p>Making use of available time to carry out activities in accordance with own preferences and interests</p>	Without staff assistance	Only minimal assistance required, e.g. provision and arrangement of items	Able to take part in activities, but only with (constant) instructions, accompaniment or motor support	Displays no individual initiative, is unable to process instructions cognitively, takes part in available activities only minimally or not at all
<p>Making plans for the future</p>	Without staff assistance	Makes plans to do something, but must also be reminded to carry it out; regular assistance with communication as a result of physical impairment	Does not make plans independently, but makes decisions with support; reminders to carry out own decisions; requires emotional or physical support to carry these out	Has no notion of time for plans beyond that day, no agreement/refusal even when given a choice of options
<p>Interaction in direct contact with people</p>	Without staff	Independent interaction with familiar	Scarcely takes the initiative	No reaction to being

direct contact with relatives, carers, fellow residents or visitors; initiating contact, addressing people, reacting to conversation	assistance	persons, support or occasional assistance to overcome problems with speaking, language or hearing is required when initiating contact with strangers	independently; must be addressed or motivated, but reacts verbally or with other forms of communication in a clearly recognisable manner;	addressed; even non-verbal attempts → no reaction to speak of
Maintaining contact with people beyond the person's immediate surroundings maintaining, ending or temporarily refusing existing contact with friends, acquaintances and neighbours	Without staff assistance	The person can make plans but need help to carry them out, e.g. putting out a reminder note or adding names or pictures to telephone numbers; carer dials the telephone number, the person then conducts the conversation;	Management of contact tends to be reactive; scarcely makes contact on own initiative, even in the case of a person who, due to somatic impairment, requires support in initiating contact, e.g. by using communication aids or assistance in overcoming problems with speaking, language or hearing.	The person makes contact with no one beyond their immediate surroundings and does not react to prompts to make contact

Points are scored as appropriate in each module; these are weighted and added to calculate the required level of care (*Pflegegrad*).

The staff at the Consulting Centre are happy to help you.

Toll-free service number 0800 5950059

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