

## 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	<b>independent</b>	<b>mainly independent</b>	<b>mainly dependent</b>	<b>dependent</b>
<b>Changing position in bed</b>	Unaided or using aids	Aids or a helping hand must be provided	Seldom without aid	Not unaided or only minimally unaided
<b>Maintaining a stable sitting position</b> 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.
<b>Rising and changing seat</b> From a usual high 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
<b>Walking within home environment</b>	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
<b>Climbing stairs</b> 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
<b>Special constellation of needs:</b> 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	<b>independent</b>	<b>mainly independent</b>	<b>mainly dependent</b>	<b>dependent</b>
either legs or arms		However, this shall apply only in the case of <b>complete</b> loss of gripping, standing and walking functions → if not compensated by the use of assistive devices.		

## Module 2: cognitive und communicative abilities

Only cognitive abilities will be assessed	The ability is			
	<b>present, unimpaired</b>	<b>largely present</b>	<b>minimally present</b>	<b>not present</b>
<b>Recognising familiar faces</b>	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
<b>Spatial orientation</b> 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
<b>Temporal orientation</b> Recognising temporal structures	No impairment	Generally temporally orientated	Only rudimentarily present	Understanding of passage of time tends to be absent
<b>Remembering important events or observations</b>	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
<b>Managing daily chores carried out in several stages</b> 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
<b>Making decisions in day-to-day life</b>	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
<b>Understanding facts and information</b> 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
<b>Identifying risks and dangers</b> 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
<b>Communicating basic needs</b> verbally or non-verbally e.g. hunger or thirst	Needs are expressed	Person does not always communicate need of his or her own accord, but can make it clear when asked	It is not clear from the communication what the need is, this has to be determined.	Expresses needs only rarely or not at all, agreement or refusal is unclear
<b>Understanding prompts</b> 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
<b>Taking part in conversation</b> 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	Person relies on speaking slowly and clearly, sentences need to be repeated.	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	<b>How often must a carer intervene and/or provide support?</b>			
	<b>never or very rarely</b>	<b>rarely, one to three times per fortnight</b>	<b>regularly, two or more times per week, but not daily</b>	<b>daily</b>

<b>Anomalous behaviour involving motor function</b>	Seemingly aimless wandering around in home or institution and attempts by disorientated people to leave the home or institution unaccompanied, general restlessness, constantly standing up and sitting down or sliding around on seat
<b>Nocturnal restlessness</b>	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
<b>Self-harming and auto-aggressive behaviour</b>	e.g. self-harm with objects, eating or drinking harmful substances, hitting oneself, injuring oneself with fingernails or teeth
<b>Damaging objects</b>	Acting aggressively, such as pushing or shoving objects away, hitting objects, destruction of items; kicking at objects
<b>Physically aggressive behaviour towards other people</b>	e.g. hitting or kicking people, injuring others with fingernails or teeth, pushing or shoving away
<b>Verbal aggression</b>	Verbal aggression e.g. verbal insults or threats to other people
<b>Other anomalous vocalisations relevant to care</b>	e.g. loud shouting, crying out, complaining for no apparent reason, grumbling to oneself, swearing
<b>Resistance to care or other support measures</b>	Resistance to support e.g. in personal hygiene, refusing to eat or take medicine → <b>not</b> deliberate (self-determined) refusal of particular measures
<b>Hallucinations</b>	e.g. delusion of being in contact with dead/imaginary persons; or of being followed or stolen from
<b>Fears</b>	Recurrent, strong fears that are experienced as threatening. The causes may be different. Own coping strategies not given. High level of suffering, coping with everyday life severely impaired.
<b>Listlessness combined with a depressive frame of mind</b>	Severe form of drive disorder, hopelessness, dejection, despair, lack of emotion, Extensive motivation by others necessary
<b>Socially inadequate behaviour</b>	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
<b>Other inadequate actions relevant to care</b>	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.	<b>independent</b>	<b>mainly independent</b>	<b>mainly dependent</b>	<b>dependent</b>
	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
<b>Washing the front region of the abdomen</b>				
<b>Personal hygiene in the head area</b>				
<b>Washing private parts</b>				
<b>Showering and bathing, including washing hair</b> including safety considerations; washing/blow-drying hair				
<b>Dressing and undressing the upper abdomen</b>				
<b>Dressing and undressing the lower abdomen</b>		e.g. handing a piece of clothing; request to start or finish an action	e.g. pulling up a skirt from the thigh to the waist	
<b>Preparing food in bite-sized pieces and pouring out drinks</b> including opening drink bottle caps		E.g. opening a bottle	E.g. regularly spills drink when pouring	
<b>Eating: eating bite-sized, prepared food; e.g. placing in mouth, chewing</b>		E.g. prompts to eat	Motivation, food generally has to be offered	
<b>Drinking</b> 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	
<b>Using a toilet or a commode</b> including e.g. catheter, incontinence supplies, ileostomy or colostomy				
<b>Coping with the consequences of urinary incontinence and</b>				

dealing with long-term catheterisation and urostomy				
Coping with the consequences of faecal incontinence and dealing with a stoma				

	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)		
<b>Section 1:</b>	n/a	independent	per day	per week	per month
<b>Medication</b> oral medication, eye or ear drops, suppositories and transdermal patches; if medicines are administered, manners of administration are not to be considered separately.					
<b>Subcutaneous and intramuscular injections and subcutaneous infusions</b> e.g. insulin injections					
<b>Managing intravenous provision options (e.g. a port)</b> e.g. checks to avoid complications; <u>not</u> attaching nutrient solutions					
<b>Aspiration and oxygen administration</b> e.g. aspiration, applying and removing nasal cannula, providing an inhalation device (including cleaning) → each treatment is also to be considered individually					
<b>Embrocations and cold/heat treatments</b> external application of <u>medically prescribed</u> salves, creams etc, as well as cold/heat treatments. Rubs and cold and heat applications are each a measure, regardless of the number of application sites.					

<b>Monitoring and interpretation of physical condition</b> 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					
<b>Aids worn on the body</b> putting on and taking off prostheses, orthodontic devices; orthoses, spectacles, hearing aid or compression stockings (including cleaning). Cleansing alone does not count. <u>Not</u> dentures					
<b>Section 2:</b>	n/a	independent	per day	per week	per month
<b>Changing bandages and wound care</b> management of chronic wounds, e.g. venous ulcers or bedsores					
<b>Management of stoma</b> 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					
<b>Regular single-use catheterisation and use of purging methods</b>					
<b>Therapeutic measures in home environment</b> e.g. physiotherapeutic/speech therapy exercises, breathing exercises					

<b>Section 3:</b>	n/a	independent	per day	per week	per month
<b>Time-consuming and technology-intensive measures in home environment</b> 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					
<b>Doctor's appointments</b> support on way to or during appointments at doctor's → average frequency					
<b>Appointments at other clinical or therapeutic institutions (up to three hours)</b> e.g. occupational therapist; physiotherapist, speech therapist, psychotherapist					
<b>Extended appointments at clinical or therapeutic institutions (longer than three hours)</b> 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. Is the person capable of understanding and implementing the behavioural rules? He/she may need support to do so.

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

Both cognitive and motor abilities will be assessed.	<b>independent</b>	<b>mainly independent</b>	<b>mainly dependent</b>	<b>dependent</b>
<b>Organising day's events and adapting to changes</b> Plan daily routine. Planning ability is in the foreground, not practical implementation.	Without staff assistance	Routine procedures largely planned independently, support is necessary in unfamiliar situations.	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
<b>Resting and sleeping</b> maintaining a day/night rhythm in accordance with the individual's habits and ensuring there are sufficient periods of rest and sleep	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, e.g. also change of position
<b>Occupying self</b> Making use of available time to carry out activities in accordance with own preferences and interests	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
<b>Making plans for the future</b>	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
<b>Interaction in direct contact with people</b> direct contact with relatives, carers, fellow	Without staff assistance	Independent interaction with familiar persons, support or occasional	Scarcely takes the initiative independently; must be addressed or	No reaction to being addressed; even non-



residents or visitors; initiating contact, addressing people, reacting to conversation		assistance to overcome problems with speaking, language or hearing is required when initiating contact with strangers	motivated, but reacts verbally or with other forms of communication in a clearly recognisable manner;	verbal attempts → no reaction to speak of
<b>Maintaining contact with people beyond the person's immediate surroundings</b> 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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