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| **الإدارة:** الإدارة العامة لشؤون الأسرة  **الدائرة:** رعاية المسنين | **رمز النموذج:** | SS-13000-Temp01-v01 |
| **تابع لإجراء عمل معياري رقم:** | SS-13000-13-V-01 |
| **تابع لإجراء عمل معياري بإسم:** | إجراءات تقديم الخدمة في المراكز الإيوائية للمسنين |

**نموذج تقييم الوضع الصحي للمسن**

**القسم الأول: تحديد أهلية المسن/ة**

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| **تاريخ الدخول:** |

**معلومات عامة عن المسن/ة (النزيل/ة)**

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| **الاسم الرباعي للمسن/ة:** |
| **رقم الهوية:** |

**معلومات تفصيلية حول قدرات المسن/ة (النزيل/ة)**

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| **S01** | **الغذاء** | | | **العلامة: \_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **(10) مستقل** |  | **(5) يحتاج لمساعدة** |  | **(0) يحتاج إلى مساعدة كاملة** |  |
| **S02** | **الاستحمام** | | | **العلامة: \_\_\_\_\_\_\_\_\_\_\_** | | |
|  |  |  | **(5) يحتاج لمساعدة** |  | **(0) يحتاج إلى مساعدة كاملة** |  |
| **S03** | **استخدام الحمام (للاحتياجات الشخصية)** | | | **العلامة: \_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **(10) مستقل** |  | **(5) يحتاج لمساعدة** |  | **(0) يحتاج إلى مساعدة كاملة** |  |
| **S04** | **ارتداء الملابس** | | | **العلامة: \_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **(10) مستقل** |  | **(5) يحتاج لمساعدة** |  | **(0) يحتاج إلى مساعدة كاملة** |  |
| **S05** | **السيطرة البرازية** | | | **العلامة: \_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **(10) بدون مشاكل** |  | **(5) بعض الحوادث** |  | **(0) حوادث متكررة** |  |
| **S06** | **السيطرة البولية** | | | **العلامة: \_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **(10) بدون مشاكل** |  | **(5) بعض الحوادث** |  | **(0) حوادث متكررة** |  |
| **S07** | **استخدام كرسي الحمام** | | | **العلامة: \_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **(10) مستقل** |  | **(5) يحتاج لمساعدة** |  | **(0) يحتاج إلى مساعدة كاملة** |  |
| **S08** | **الانتقال بين الكرسي والسرير** | | | **العلامة: \_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **(10) مستقل** |  | **(5) يحتاج لمساعدة** |  | **(0) يحتاج إلى مساعدة كاملة** |  |
| **S09** | **التنقل** | | | **العلامة: \_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **(10) مستقل** |  | **(5) يحتاج لمساعدة** |  | **(0) يحتاج إلى مساعدة كاملة** |  |
| **S10** | **صعود الدرج** | | | **العلامة: \_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **(10) مستقل** |  | **(5) يحتاج لمساعدة** |  | **(0) يحتاج إلى مساعدة كاملة** |  |
| **S11** | **ملاحظات إضافية: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **S12** | **التقييم الكلي (العلامة): \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

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| **S13** | **الوسائل المساعدة التي يستخدمها المسن/ة:** | | | | | | | | | | | | | |
| **كرسي متحرك آلي** |  | **كرسي متحرك يدوي** | | | |  | **مشاية** | | | | | |  |
| **طقم أسنان** |  | **عكاز** | | | |  | **سماعة طبية** | | | | | |  |
| **أجهزة طبية** |  | **أخرى، حدد \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |  | |
| **S14** | **سلس البول:** | | | | | | | | | | | | | |
| **بولي** |  | **برازي** | | | |  | **مختلط** | | | | | |  |
| **S15** | ***استخدام الحفاظات:*** | | | | | | | | | | | | | |
| **بالليل فقط** |  | **بالليل والنهار** | | | |  | **لا يستخدم** | | | | | |  |
| **S16** | **طريقة الاستحمام (حسب الحاجة):** | | | | | | | | | | | | | |
| **حمام سريع** | | | |  | **حمام تفصيلي** | | | | | | |  | |
| **S17** | **تنظيف الفم والأسنان:** | | | | | | | | | | | | | |
| **يقوم المسن بتنظيف فمه وأسنانه بنفسه** | | | |  | **يحتاج المسن للمساعدة لتنظيف فمه وأسنانه** | | | | | | |  | |
| **S18** | ***تثبيت الأزرار:*** | | | | | | | | | | | | | |
| ***حزام الخصر*** |  | ***أزرار أساور القميص*** | | | |  | ***أزرار السترة*** | | | | | |  |
| **أخرى، حدد: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |  |
| **S19** | ***حركة المسن:*** | | | | | | | | | | | | | |
| ***يتحرك بمفرده*** | | |  | | ***قادر على القيام بالأنشطة الموجة إليه*** | | | | | |  | | |
| ***يحتاج إلى مساعدة في الرفع*** | | |  | | ***قادر على تحريك الأصابع واليدين*** | | | | | |  | | |
| ***يذهب إلى الحمام بمفرده*** | | |  | | ***قادر على المشي بمفرده*** | | | | | |  | | |
| ***يحتاج إلى رافعة*** | | |  | |  | | | | | |  | | |
| **S20** | ***هل لدى المسن توازن أثناء المشي؟*** | | | | | | | | ***نعم*** |  | ***لا*** |  | | |

**تقييم الممرض لوضع المسن/ة الصحي**

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| **تشخيص الممرض:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **اسم الممرض/ة** | **تاريخ التوقيع** | **التوقيع** |
|  | **يوم شهر سنة** |  |

**القسم الثاني: فحص الأداء الجسدي للمسن/ة – قسم العلاج الطبيعي**

**التاريخ:**

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| **الاسم الرباعي للمسن/ة:** |
| **رقم الهوية:** |
| **اسم أخصائي العلاج الطبيعي المشرف:** |

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| 1. | Standing Static Balance | Feet Together: \_\_\_\_\_\_\_\_ sec. | Semi Tandem: \_\_\_\_\_\_\_\_ sec. | Tandem: \_\_\_\_\_\_\_\_ sec. | | | Score |
| 10s. | 10s. | 10s. | | | 4 |
| 10s. | 10s. | 3-9.9s. | | | 3 |
| 10s. | 10s. | 0-2.9s. | | | 2 |
| 10s. | 0-9s. | Unable | | | 1 |
| 0-9s. | Unable | Unable | | | 0 |
|  | | | | | | | |
|  | | | **Time** | | **Scoring values** | **Score** | |
| 2. | Chair rise | |  | | ≤ 11 sec = 4  11.1--14 sec = 3  14.1--17 sec = 2  >17 sec = 1  unable = 0 |  | |
| 3. | Lift a book and put it on a shelf | |  | | ≤ 2 sec = 4  2.1--4 sec = 3  4.1-- 6 sec = 2  > 6 sec = 1  unable = 0 |  | |
| 4. | Put on and remove a jacket | |  | | ≤ 10 sec = 4  10.1 --15 sec = 3  15.1 – 20 sec = 2  >20 sec = 1  unable = 0 |  | |
| 5. | Pick up a penny from floor. | |  | | ≤ 2 sec = 4  2.1--4 sec = 3  4.1-- 6 sec = 2  > 6 sec = 1  unable = 0 |  | |
| 6. | Turn 360 degrees | | Discontinuous steps = 0  Continuous steps = 2 | | |  | |
| Unsteady (grabs, staggers) = 0  Steady = 2 | | |  | |
| 7. | 50-foot walk test.  . | |  | | ≤ 15 sec = 4  15.1--20 sec = 3  20.1--25 sec = 2  >25 sec = 1  unable = 0 |  | |
| 8. | Climb one flight of stairs. | |  | | ≤ 5 sec = 4  5.1--10 sec = 3  10.1 – 15 sec = 2  >15 sec = 1  unable = 0 |  | |
| 9. | Climb stairs. | | Number of flights of stairs up and down (maximum 4) | | |  | |
| TOTAL SCORE | | | | | 9-item score | **/36** | |

**تقييم أخصائي العلاج الطبيعي المشرف لوضع المسن/ة**

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| **تشخيص الأخصائي:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **اسم الأخصائي/ة** | **تاريخ التوقيع** | **التوقيع** |
|  | **يوم شهر سنة** |  |

**القسم الثالث: نموذج قياس العلامات الحيوية V/S**

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| **الاسم الرباعي للمسن/ة:** |
| **رقم الهوية:** |
| **نوع المرض:** |
| **الدواء:** |

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| **التاريخ** | | | **الوزن بالكلغ** | **السكري** | **ضغط الدم** | **ملاحظة** |
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**تقييم الممرض المشرف لوضع المسن/ة**

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| **تشخيص الممرض:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **اسم الممرض/ة** | **تاريخ التوقيع** | **التوقيع** |
|  | **يوم شهر سنة** |  |