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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 = 411.1--14 sec = 314.1--17 sec = 2>17 sec = 1unable = 0 |  |
| 3. | Lift a book and put it on a shelf  |  | ≤ 2 sec = 42.1--4 sec = 34.1-- 6 sec = 2> 6 sec = 1unable = 0 |  |
| 4. | Put on and remove a jacket |  | ≤ 10 sec = 410.1 --15 sec = 315.1 – 20 sec = 2>20 sec = 1unable = 0 |  |
| 5. | Pick up a penny from floor. |  | ≤ 2 sec = 42.1--4 sec = 34.1-- 6 sec = 2> 6 sec = 1unable = 0 |  |
| 6. | Turn 360 degrees | Discontinuous steps = 0Continuous steps = 2 |  |
| Unsteady (grabs, staggers) = 0Steady = 2 |  |
| 7. | 50-foot walk test. . |  | ≤ 15 sec = 415.1--20 sec = 320.1--25 sec = 2>25 sec = 1unable = 0 |  |
| 8. | Climb one flight of stairs. |  | ≤ 5 sec = 45.1--10 sec = 310.1 – 15 sec = 2>15 sec = 1unable = 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** |
| **ي** | **ش** | **س** |
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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** **[ ] [ ]  [ ] [ ]  [ ] [ ] [ ] [ ]**  |  |