NORTH DAKOTA MEDICAL ACUITY TIERS SECONDARY ASSESSMENT - SCORING

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEVELOPMENTAL DISABILITIES
SFN 1431 (2-2023)

Clear Fields

Today's Date	Region	Date of Request

Provider Name	Client Name

SECTION I: Identifying Information - No Scores

SECTION II: Diagnosis and Conditions

		Score
1	No Score	0
2	No Score	0
2a	☐ Yes (1) ☐ No (0)	
2b	No Score	0
3	No Score	0
4 (select all)	☐ Independent/Self-Administration (0) ☐ Self-Administer with Prompts (0) ☐ Self-Administer with Physical Assistance (0) ☐ Administration by DD Staff (0) ☐ Administration by Licensed Professional (ex. IV medications) (2)	
5a (select all - max 3 points)	☐ Self-Administration (0) ☐ Nurse to administer at least once per month (2) ☐ Medication certified staff to administer daily (1) ☐ Nurse to administer at least annually or up to once per quarter (1) ☐ Nurse to administer several times weekly (3) ☐ Physician, PCP, or clinic (loading doses, pump refill, long-acting injections) (0)	
6	No Score	0
6a	No Score	0
7	No Score	0
7a	No Score	0
7b	No Score	0
Max possible points for this section: 7	**Total Score:**	**0**

SECTION III: Utilization of Medical Services

8	☐ 0-2 (0) ☐ 3-4 (1) ☐ 5 or More (2)	
9	☐ 1-2 (0) ☐ 3-4 (1) ☐ 5 or More (2)	
10	☐ 0-2 (0) ☐ 3-4 (1) ☐ 5 or More (2)	
11	☐ 0 (0) ☐ 1-2 (1) ☐ 3-4 (2) ☐ 5 or More (3)	
12	☐ Yes (3) ☐ No (0)	
12a	No Score	0
13	☐ Yes (1) ☐ No (0)	
13a	☐ 1-2 (1) ☐ 3-4 (2) ☐ 5 or More (3) ☐ Unknown (0)	
Max possible points for this section: 16	**Total Score:**	**0**

SECTION IV: Vital Signs

Vitals	No Score	0
14	☐ Yes (1) ☐ No (0)	
14a	No Score	0
Max possible points for this section: 1	**Total Score:**	

SECTION V: Nutrition

15	☐ Yes (1) ☐ No (0)	
16 (select all - max 3 points)	☐ Regular (0) ☐ Low Fat (1) ☐ High Calorie (Calories _____) (1) ☐ NPO (0) ☐ Ketogenic (1) ☐ Diabetic (Calories/Carbs _____) (1) ☐ Low Salt (1) ☐ Gluten Free (1) ☐ Other (specify): _____ (1)	
17	No Score	0
18	No Score	0
19	☐ Yes (1) ☐ No (0)	
19a	No Score	0
20	☐ Yes (1) ☐ No (0)	
20a	No Score	0
21	☐ Yes (1) ☐ No (0)	
21a	No Score	0
22	☐ Yes (1) ☐ No (0)	
22a	☐ NG (3) ☐ G Tube (0) ☐ G/J Tube (0) ☐ J Tube (0)	
22b	No Score	0
22c	No Score	0
22d	No Score	0
22e	☐ Weekly or More (2) ☐ Monthly (1) ☐ Yearly (0) ☐ Never (0)	
22f (select all - max 3 points)	☐ Clean and Dry (0) ☐ Macerated Around Stoma (1) ☐ Purulent Drainage (1) ☐ Healthy Pink Stoma (0) ☐ Retracted Stoma (1) ☐ Erosion at Site (1) ☐ Reddened Around Stoma (1) ☐ Leaking Formula (1) ☐ Fistula at Site (1) ☐ Other (specify): _____	
22g	No Score	0
22h	☐ Never or Rarely Touches (0) ☐ Often Touches or Pulls (1) ☐ Pulls Tube Out (2)	
23	☐ High (2) ☐ Medium (1) ☐ Low (0)	
24	No Score	0
25	No Score	0
Max possible points for this section: 20	**Total Score:**	**0**

SECTION VI: Neurological Signs and Symptoms

26	☐ Yes (1) ☐ No (0)	
27	☐ Yes (1) ☐ No (0)	
28	☐ Yes (1) ☐ No (0)	
29	☐ Yes (1) ☐ No (0)	
30	☐ Yes (1) ☐ No (0)	
30a	No Score	0

SECTION VI: Neurological Signs and Symptoms (continued)

31a (select all - max 3 points)	☐ Absence (petit mal) (0) ☐ Atypical absence (0) ☐ Atonic (1) ☐ Clonic (1) ☐ Febrile (0) ☐ Focal (0) ☐ Generalized (1) ☐ Myoclonic (brief muscle jerking) (1) ☐ Tonic-clonic (grand mal) (1) ☐ Psychogenic (0) ☐ Secondary generalized (1) ☐ Simple partial (0) ☐ Complex partial (0) ☐ Other (specify): _____ (0)	
31b	☐ History of seizures but no recent reports of activity (0) ☐ No seizures in the last year (0) ☐ 1-3 seizure in the past year (0) ☐ Several times per year (0) ☐ Several times per month (1) ☐ At least weekly (1) ☐ Multiple times per week (2) ☐ Daily or multiple times per day (3) ☐ Multiple times per hour (3)	
31c	☐ Yes (1) ☐ No (0)	
31d	☐ Yes (1) ☐ No (0)	
32	☐ Yes (1) ☐ No (0)	
32a	No Score	0
33	☐ Yes (1) ☐ No (0)	
34	☐ Yes (1) ☐ No (0)	
34a	No Score	0
35	☐ Yes (1) ☐ No (0)	
35a	No Score	0
Max possible points for this section: 18	**Total Score:**	**0**

SECTION VII: Cardiac/Circulatory/Blood Disorders

36	☐ Yes (1) ☐ No (0)	
36a	No Score	0
36b	☐ Stable on current treatment plan (medication diet, activity, etc.) (0) ☐ Not stable and/or has resulted in limitations at work, home or leisure (3)	
37	☐ Yes (1) ☐ No (0)	
37a	No Score	0
38	☐ Yes (1) ☐ No (0)	
38a	No Score	0
39	☐ Yes (1) ☐ No (0)	
39a	No Score	0
40	☐ Yes (1) ☐ No (0)	
40a	No Score	0
Max possible points for this section: 8	**Total Score:**	**0**

SECTION VIII: Endocrine and Renal

41	☐ Yes (1) ☐ No (0)	
41a	No Score	0
41b	☐ Yes (0) ☐ No (1) ☐ N/A (0)	
41c	☐ Yes (0) ☐ No (1) ☐ N/A (0)	

SECTION VIII: Endocrine and Renal (continued)

41d	☐ Yes (1) ☐ No (0)	
41e	No Score	0
42	☐ Yes (1) ☐ No (0)	
42a	No Score	0
43	☐ Yes (1) ☐ No (0)	
43a	No Score	0
44	☐ Yes (1) ☐ No (0)	
44a	No Score	0
44b	☐ Greater than once per week (3) ☐ Every 2 weeks (1) ☐ Less than Monthly (0) ☐ Weekly (2) ☐ Monthly (1) ☐ PRN (0)	
Max possible points for this section: 10	**Total Score:**	**0**

SECTION IX: Gastrointestinal/Bowel and Bladder

45	☐ Yes (1) ☐ No (0)	
45a	No Score	0
46	No Score	0
47	☐ Yes (1) ☐ No (0)	
47a	No Score	0
48	No Score	0
49	No Score	0
49a	☐ Receive PRN medications or treatments only (0) ☐ Receive routine medications or treatments (may also have PRN) (1) ☐ Has had a bowel impaction in the last year (with regular and/or PRN medications or treatments) (2)	
50	No Score	0
51	No Score	0
52	No Score	0
53	☐ Yes (1) ☐ No (0)	
53a	☐ Intermittent (2) ☐ Indwelling (1) ☐ External or Texas (1) ☐ Suprapubic/Nephrostomy/Indiana Pouch (2)	
53b	☐ Yes (3) ☐ No (0)	
53c	☐ Yes (0) ☐ No (2)	
54	☐ Yes (1) ☐ No (0)	
54a	☐ Colostomy/ileostomy stable (no issues with management) (1) ☐ New colostomy/ileostomy (in the past year) (2)	
55	No Score	0
55a (select all - max 3 points)	☐ Blood in Urine (1) ☐ Rectal Bleeding (1) ☐ Urinary Retention/BPH (1) ☐ Frequent Diarrhea (1) ☐ Other (specify): _____ (1)	
Max possible points for this section: 18	**Total Score:**	**0**

SECTION X: Reproductive Health

56	No Score	0
57	☐ Yes (1) ☐ No (0)	
58 (select all - F)	☐ No reproductive health concerns/menopausal (0) ☐ Abnormal breast lesions or changes (0) ☐ Pregnant (2) ☐ Abnormal vaginal bleeding/discharge (1)	
59 (F)	No Score	0
60 (F)	No Score	0
61 (M)	No Score	0
62 (M)	☐ Yes (1) ☐ No (0)	
Max possible points for this section: 4	**Total Score:**	**0**

SECTION XI: Behavior Symptoms and Management

63	No Score	0
64	☐ 0 (0) ☐ 1-2 (0) ☐ 3-4 (1) ☐ 5 or More (2)	
65	☐ Yes (1) ☐ No (0)	
66	☐ Yes (1) ☐ No (0)	
67	☐ 0 (0) ☐ 1-5 (0) ☐ 6-10 (1) ☐ 11+ (2)	
Max possible points for this section: 6	**Total Score:**	**0**

SECTION XII: Infection Control

68	☐ Yes (2) ☐ No (0)	
69	☐ Yes (2) ☐ No (0)	
69a	No Score	0
70	☐ Yes (2) ☐ No (0)	
70a	No Score	0
71	☐ Yes (2) ☐ No (0)	
71a	No Score	0
Max possible points for this section: 8	**Total Score:**	**0**

SECTION XIII: Respiratory

72	☐ Yes (2) ☐ No (0)	
72a (select all)	☐ Inhaler/Nebulizer (0) ☐ Cupping/Clapping/Postural Drainage (1) ☐ Oxygen Use Via Cannula/Mask (1) ☐ Oral and/or Pharyngeal Suctioning (1) ☐ Percussion Vest (1)	
73	☐ Yes (3) ☐ No (0)	
73a (select all)	☐ Oxygen Use via Trach (intermittent/scheduled) (1) ☐ Oxygen Use via Trach (continuous) (1) ☐ Ventilator (scheduled/intermittent) (2) ☐ Ventilator (continuous) (3) ☐ Tracheal Suctioning (shallow) (2) ☐ Tracheal Suctioning (deep) (3)	
73b	☐ PRN Only (1) ☐ Daily (1) ☐ Multiple Times per Day (2) ☐ Hourly (3) ☐ Multiple Times per Hour (3) ☐ N/A (0)	
73c	☐ Greater Than Once per Week (2) ☐ Every 2 Weeks (0) ☐ Less than Monthly (0) ☐ Weekly (1) ☐ Monthly (0)	

SECTION XIII: Respiratory (continued)

74	☐ Yes (1) ☐ No (0)	
74a	No Score	0
74b	No Score	0
75	☐ Yes (1) ☐ No (0)	
75a	☐ PRN Only (0) ☐ Weekly (0) ☐ Daily (1) ☐ Multiple Times per Day (2)	
76	☐ Yes (1) ☐ No (0)	
76a	No Score	0
77	☐ Yes (1) ☐ No (0)	
77a	No Score	0
Max possible points for this section: 32	**Total Score:**	**0**

SECTION XIV: Communication/Vision/Hearing

78	No Score	0
79	No Score	0
79a	No Score	0
80	No Score	0
80a	No Score	0
Max possible points for this section: 0	**Total Score:**	0

SECTION XV: Musculoskeletal/Neuromuscular

81	☐ Yes (1) ☐ No (0)	
82	☐ Yes (1) ☐ No (0)	
83	☐ Yes (1) ☐ No (0)	
84	☐ Yes (1) ☐ No (0)	
84a	No Score	0
85	☐ Yes (1) ☐ No (0)	
85a	☐ 1-2 (0) ☐ 3-4 (1) ☐ 5 or More (1)	
85b	☐ Yes (1) ☐ No (0)	
Max possible points for this section: 7	**Total Score:**	**0**

SECTION XVI: Pain

86	☐ Yes (1) ☐ No (0)	
87	No Score	0
88	No Score	0
89	No Score	0
Max possible points for this section: 1	**Total Score:**	

SECTION XVII: Activities of Daily Living

90	No Score	0
91	No Score	0
92	No Score	0
Max possible points for this section: 0	**Total Score:**	0

SECTION XVIII: Skin and Wound

93	☐ Yes (1) ☐ No (0)	
93a (select all)	☐ Pressure Ulcers (2) ☐ Vascular Ulcers (2) ☐ Other open areas (surgical sites, cuts, erosions, etc.) (1)	
93b (select all)	☐ Routine treatment (bandages, ointments, etc.) (0) ☐ Sterile Treatments (2) ☐ Complex Treatments (wound vac, etc.) (3)	
94	☐ Yes(1) ☐ No (0)	
94a	No Score	0
Max possible points for this section: 12	**Total Score:**	

SECTION XIX: Health Practices

95	No Score	0
96	No Score	0
97	No Score	0
98	No Score	0
99	No Score	0
100	No Score	0
Max possible points for this section: 0	**Total Score:**	0

SECTION XX: Final Comments

101	No Score	0
Max possible points for this section: 0	**Total Score:**	0

TOTAL SCORE OF ALL SECTIONS: **0**

Low	1-50
Medium	51-100
High	101-167
Maximum Possible Points	**167**