**The GNA: Vital Support to Nursing Assessment: Key Points**

* The nursing process is a systematic way to plan and deliver care based on assessment of resident needs and strengths; it includes Assessment, Nursing Diagnosis, Planning, Implementation & Evaluation
* Assessment involves the collection and analysis of data to determine the resident’s condition
* Federal regulations require that we provide care to help residents achieve, or maintain resident’s highest level of function in accordance with assessment and plan
* State regulations require that nurses routinely observe for and assess a change of condition
* **The GNA is in an excellent position to detect whether a resident is getting better, staying the same, or shows a change in condition, through daily interactions and ADL care.**
* **By observing, reporting, recording, the GNA provides data to the nurse that is essential for assessment.**
* **Observation requires the full engagement of senses** to identify signs and symptoms
* **Signs** are something that you can see or measure (examples: redness, fever)
* **Symptoms** are things that the resident describes to you (examples: c/o pain, dizziness)
* The GNA should collect as much information as possible about signs & symptoms to report to the nurse
* **Reporting** is verbal communication of actions observations; **recording** is written communication (via pen/paper or computer)
* Report new signs/symptoms, change of condition, behavioral challenges or any other significant information
* Follow policies and procedures for written communication. Be clear, accurate, and complete. Provide date/time, signature/title. Chart after care and only for what you did. Do not chart for anyone else.
* Documentation is a legal document and is important for: coordinating care, providing evidence of what care has been given, obtaining payment, protecting the facility in a court of law, determination of quality

**GNA OBSERVATIONS**

**General Observations:**  change in mental status, slurred speech, facial drooping, difficulty breathing, chest pain, restlessness, hearing difficulties, any new signs or symptoms, weight loss/gain

**Unusual Occurrences:** falls/accidents, injuries, suspected/actual abuse – what was happening at the time? when did it happen? Where? Examine environment for clues: lighting, wet floor, Are there witnesses to what happened?

**OBSERVATIONS DURING ADLs and ROUTINE CARE**

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| **BATHING**  Skin conditions: reddened, bruise, open, rash, blisters  Lumps/swelling  Enlarged veins  Color changes; Hot/cold areas  Unusual discharge from any orifice  Ear wax  Difficulty or pain with movement  Increased or decreased assistance needed  Behavioral issues | **DRESSING**  Pain/stiffness with ROM  Problems with motor coordination  Visual difficulties  Swelling of extremities  c/o numbness  Ill-fitting clothing(wt. loss/gain?)  Fatigue  Ability to follow directions  Increased or decreased assistance needed  Behavioral issues | **HAIR/NAIL CARE**  Dry, brittle hair  New hair loss  Lesions on scalp  Dry, scaly scalp  Head lice  Brittle, broken nails  Nail discoloration  Nail fungus (thick, yellow)  Behavioral issues |
| **MOUTHCARE**  Cracked mouth  White patches on tongue  Red, swollen, bleeding gums  Loose/broken/missing teeth  Ill-fitting dentures  Sores in mouth  Reddened tongue  Dry mouth/lips  c/o oral pain or soreness  Excessive drooling  Ability to follow directions  Problems with motor coordination  Increased/decreased assistance needed  Behavioral issues | **MEALTIME**  Increased/decreased appetite  GI symptoms – nausea, vomiting, bloating  Food likes/dislikes  Visual problems  Motor coordination problems – difficulty getting food from plate to mouth  Difficulty chewing  Choking/difficulty swallowing  Gurgling cough  Holding food in mouth  Spitting out food  Social interactions/behaviors  Increased/decreased assistance needed | **MOBILITY**  Balance  Gait  Visual problems  Pain  Ability to use, or need for assistive device  Strength  Fatigue  c/o dizziness upon standing  Increased/decreased assistance needed  Wandering  Safety issues (resident & environment)  Ability/willingness to call for assistance |
| **TOILETING** | **VITAL SIGNS** | **DAILY ACTIVITY** |
| Characteristics of urine: amount, color, clarity, odor  Characteristics of stool: hard/soft, watery, foul smelling  New onset incontinence  Pain/burning with urination  Hesitancy to start stream  Difficulty passing stool  Cramping  Frequency of bowel/bladder  Hemorrhoids  Bleeding  Increased/decreased assistance needed  Problems r/t catheter or ostomy | Weight changes (loss/gain)  Type of scale needed/used  Abnormal temperature, pulse, respiration, or B/P measurements  Irregular pulse/respirations  Changes from usual measurements  Shortness of breath  Shallow respirations | Level of activity – social/non-social  Passive/active participant  Mood/behavior  Sensory deficits  Complaints |