**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, blistersLumps/swellingEnlarged veinsColor changes; Hot/cold areasUnusual discharge from any orifice Ear waxDifficulty or pain with movementIncreased or decreased assistance neededBehavioral issues | **DRESSING**Pain/stiffness with ROMProblems with motor coordinationVisual difficultiesSwelling of extremities c/o numbnessIll-fitting clothing(wt. loss/gain?)FatigueAbility to follow directionsIncreased or decreased assistance neededBehavioral issues | **HAIR/NAIL CARE**Dry, brittle hairNew hair lossLesions on scalpDry, scaly scalpHead liceBrittle, broken nailsNail discolorationNail fungus (thick, yellow)Behavioral issues |
| **MOUTHCARE**Cracked mouthWhite patches on tongueRed, swollen, bleeding gumsLoose/broken/missing teethIll-fitting denturesSores in mouthReddened tongueDry mouth/lipsc/o oral pain or sorenessExcessive droolingAbility to follow directionsProblems with motor coordinationIncreased/decreased assistance neededBehavioral issues | **MEALTIME**Increased/decreased appetiteGI symptoms – nausea, vomiting, bloatingFood likes/dislikesVisual problemsMotor coordination problems – difficulty getting food from plate to mouthDifficulty chewingChoking/difficulty swallowingGurgling coughHolding food in mouthSpitting out foodSocial interactions/behaviorsIncreased/decreased assistance needed | **MOBILITY**BalanceGaitVisual problemsPainAbility to use, or need for assistive deviceStrengthFatiguec/o dizziness upon standingIncreased/decreased assistance neededWanderingSafety issues (resident & environment)Ability/willingness to call for assistance |
| **TOILETING** | **VITAL SIGNS** | **DAILY ACTIVITY** |
| Characteristics of urine: amount, color, clarity, odorCharacteristics of stool: hard/soft, watery, foul smellingNew onset incontinencePain/burning with urinationHesitancy to start streamDifficulty passing stoolCrampingFrequency of bowel/bladderHemorrhoidsBleedingIncreased/decreased assistance neededProblems r/t catheter or ostomy  | Weight changes (loss/gain)Type of scale needed/usedAbnormal temperature, pulse, respiration, or B/P measurementsIrregular pulse/respirationsChanges from usual measurementsShortness of breathShallow respirations | Level of activity – social/non-socialPassive/active participantMood/behaviorSensory deficitsComplaints  |