

compreher	nsive			comprehe	nsive (c
level	amt of assistance	function	ot tx	III - localized	total assist
1- no response	total assistance	No response to any kind of stimuli, including visual, auditory or tactile input or movement.	-Passive range of motion - Splinting and positioning to manage contractures - Sensory stimulation	response	
II - genera- ized response	total assistance	Begins to respond to sensory stimuli, including visual, auditory or tactile input or movement -Responses are inconsistent -Responses are the same to all types of stimuli - Responses are not purposeful - Responses may include chewing, sweating, changes in respiration rate, increased blood pressure, or others.	-Passive range of motion - Splinting and positioning to manage contractures - Sensory stimulation		

comprehensive (cont)				
III -	total	1. Awake on and off 2.	-Passive	
localized	assistance	Displays more movement 3.	range of	
response		Starts reacting more specif-	motion -	
		ically to different types of	Sensory	
		stimuli -jumps at loud noise or	stimul-	
		withdraws from pain -turns	ation -	
		head to look at specific people	Visual	
		or objects -turns head in the	and	
		direction of noise reactions are	auditory	
		slow and inconsistent 4.	tracking	
		Begins to respond to family	activities	
		and friends. 5. Responds to	-Adapt-	
		simple instructions 6. Begins	ations for	
		to answer simple yes and no	safety	
		questions	and	
			restraint	
			reduction	



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comprehensive (cont) comprehensive (cont) IV-1. Displays confusion and fear Active or ٧ max 1. Pays attention for a few -Active or max confu assistance 2. Does not understand active confused, assistance minutes at a time 2. active sed/feelings or what is happening assistive inappr-Confused, difficulty making assistive in surroundings -may not sense of anything beyond range of range of agiopriate, tated understand that other people motion as non self 3. Disoriented 4. Needs motion are providing help 3. step by step instructions to Simple person will agitated Responds to stimuli by acting tolerate complete simple, everyday reaching out - hitting, yelling or Simple tasks 5. May become and single screaming, using abusive reaching restless when overwhelmed step fine language -extreme behavior activities or when too many people motor tasks due to confusion -may need Simple are around 6. Poor short -Simple restraints to avoid self injury 4. cognitive term memory -May cognitive Overly focused on basic activities remember events prior to activities needs, such as eating, going such as injury better than daily including to the bathroom, etc. 5. picture or routine -May try to fill in orientation Displays difficulty attending for object gaps in memory by making to self, more than a few seconds 6. identificthings up -May become place, ation -Parti-Has difficulty following frustrated as elements of locating directions 7. Recognizes family memory start to return 7. cipate in own room, and friends inconsistently 8. May get stuck on a thought etc. -Basic simple Completes simple, routine activities of or activity and may need hygiene, tasks with assistance daily living assistance transitioning to grooming with assistthe next activity or step 8. and Continues to focus on basic ance, i.e. dressing washing needs tasks with face, step by brushing step cues hair, self Adaptfeeding ations for safety, such as a



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bed alarm



comprehensive (cont) comprehensive (cont) VI moderate 1. Some confusion due to -Therapeutic VII min 1. Will be able to -Therapeutic confused, assistance memory problems. -may exercise and automatic, assistance follow a schedule. 2. exercise and remember main events or activity as for daily Will complete basic activity as appropappropself care tasks riate main points, but will forget appropriate riate living skills appropriate for the details2. Ability to for physical independently 3. May physical follow a schedule with condition with have problems in new condition with assistance-may become direct supervsituations 4. May initial instruction confused by changes in ision and have problems and general inroutine 3. Orientation to planning, initiating, clinic supervcuing month and year 4. Attend Cognitive and completing ision -Cognitive to task for about 30 activities activities 5. May have activities minutes. -may be including trouble paying including short distracted by noisy short term attention in noisy, term memory environments -may be crowded settings or memory exercises, confused by tasks with exercises. stressful situations. simple problem too many steps 5. Will simple such as sporting solving, decision complete basic self care sequencing, events or family making, basic tasks with help -will be structured gatherings -may executive aware of need to use the demonstrate slower function tasks single step toilet 6. May be impulsive, problem processing speed in Hygiene, do or say things without solving -Basic stressful situations 6. grooming and thinking first 7. Will be hygiene, May not be aware of dressing tasks aware of hospitalization grooming and how changes in with set-up and due to injury but may not dressing memory and cognitive periodic supervhave insight into existing skills affect the future ision -Simple tasks with problems -will be more supervision -may expect to return cooking tasks aware of physical and periodic to previous job or with assistance problems than cognitive cues -Simple roles 7. Will demonsand direct problems -may associate cold food trate impaired safety supervision, problems with being in instruction in preparation awareness and the hospital and may Simple, judgment 8. May be use of have the expectation that inflexible, rigid in familiar microwave problems will go away housekeeping thinking, stubborn 9. oven, toaster upon return home 8. Able tasks -Adapt-May express interest Basic housekto make sense when ations to in completing an eeping tasks speaking immediate activity, but may Basic home surroundings, require assistance maintenance or including actually completing it tool use -Adaptlabels on ations including drawers and labels on kitchen closets for cupboards, clothing and closets



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personal items



comprehensive (cont)

VIII purpos eful, approp riate, stand by assistance

1. Will realize that there is a problem with memory and cognitive skills 2. Will start to be more flexible and less rigid in thinking 3. Will begin to compensate for problems 4. Will be able to learn new information at a slower rate 5. May be ready to resume driving or undergo a return to work evaluation 6. Continues to display difficulty dealing with stressful situations 7. Will display poor judgment in new situations and may require assistance 8. May need guidance when making decisions 9. Cognitive

-Therapeutic exercise and activity as appropriate for physical condition -Home exercise program with repeated instruction in clinic and supervision in follow through from staff or a family member -Higher level cognitive activities including problem solving, decision making, judgment, executive function -Hygiene, grooming, dressing tasks completed independently, monitor for thoroughness -Housekeeping tasks and food preparation with set-up help, supervision, cuing to problem solve -Instruction in the use of memory aids including calendars, planners, pill organizers, timers, and other devices -Instruction and practice in energy conservation and work simplification

techniques

comprehensive (cont)

IX - stand by purposeful assistance appropriate

1. Will be able to pay attention for long, sustained

periods of time.

2. Aware of
limitations may need
some

assistance to problem solve during tasks may become

depressed or

have low frustration tolerance
3. Will
complete all
familiar tasks -

may ask for help problem solving 4. Will compensate for memory loss by using memory aids 5.

Will consider the point of view of others during conversation 6. May return to work or daily routine

with some assistance

-Therapeutic exercise and activity as appropriate for physical condition -Home exercise program, may

complete independently after repeat inclinic instruction -Able to complete hygiene, grooming and dressing tasks independently -

food preparation tasks with supervision, assist with problem solving as needed -Continued instruction in the use of memory aids -Instr-

Housekeeping and

uction and assistance with higher level instrumental activities of daily living (IADLs), including money management, taking

medications, making and keeping appointments -Assessment to determine potential to resume driving -Instruction in relaxation

techniques



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problems may not

know the person

be obvious to people who do not

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comprehensive (cont)					
X -	mod	1. Will complete all	Home exercise and		
purposeful	indepe	daily activities with	activity programs with		
approp-	ndence	adaptations or	follow up monitoring -		
riate		extra time 2. May	Instruct in use of and		
		need rest breaks 3.	monitor follow through		
		Will compensate	with memory aids,		
		for memory loss,	including calendars, pill		
		using adaptive aids	boxes, alarms and		
		or methods 4. Will	timers, assistive		
		problem solve and	technology -Follow up		
		make decisions	checks to insure		
		with extra time or	independence with		
		adaptations 5. May	housekeeping, food		
		become depressed	preparation, safety at		
		or display low	home -Periodic		
		frustration	monitoring of medica-		
		tolerance when	tions, money manage-		
		sick or tired 6. Will	ment, appointments -		
		return to work or	Driving instruction to		
		daily routine with	regain drivers license if		
		adaptations	appropriate		

simple		
I	no response, total assistance	
П	generalized response, total assistance	
Ш	localized response, total assistance	
IV	confused, agitated, max assistance	
V	confused, inappropriate non agitated, max assistance	
VI	confused appropriate moderate assistance	
VII	automatic appropriate minimal assistance for daily living skills	
VIII	purposeful appropriate stand by assistance	
IX	purposeful appropriate standby assistance on request	
Χ	purposeful appropriate modified independent	



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