



PATIENT STATUS PATIENT CLASSIFICATION 3 COL. 1
SURVEY FORM N-01 Date February 1, 1966

ENTER ZERO (0) OR ONE (1) FOR ITEMS 7 THROUGH 70

IBM FIELD	DATA	CODE
2	HOSPITAL <u>Marlboro</u>	
	PATIENT'S NAME <u>Marie Jones</u>	
3-4	AGE (Nearest Yr.) <u>77</u>	
5	SEX (Write in 1 or 2) <u>2</u>	
	Male <u>1</u> Female <u>2</u>	
6	MARITAL STATUS (Code No.) <u>3</u>	
	Single <u>1</u> Married <u>2</u> Widowed <u>3</u>	
	Divorced <u>4</u> Separated <u>5</u>	
7	APPETITE GOOD <u>0</u>	
8	APPETITE EXCESSIVE <u>1</u>	
9	APPETITE POOR <u>0</u>	
10	FEEDS SELF <u>1</u>	
11	FEEDS WITH ASSISTANCE <u>0</u>	
12	SPOON FED <u>0</u>	
13	TUBE FED <u>0</u>	
14	DRESSES SELF <u>0</u>	
15	DRESSES WITH ASSISTANCE <u>1</u>	
16	MUST BE DRESSED <u>1</u>	
17	BATHES SELF <u>0</u>	
18	BATHES WITH ASSISTANCE <u>1</u>	
19	MUST BE BATHED <u>0</u>	
20	BED BATH <u>0</u>	
21	AMBULATORY <u>1</u>	
22	AMBULATORY SLOW MOVING <u>0</u>	
23	SEMI-AMBULATORY <u>0</u>	
24	NON-AMBULATORY <u>0</u>	
	Impairment or Pathology of:	
25	SPEECH <u>0</u>	
26	HEARING <u>0</u>	
27	VISION <u>0</u>	
28	SKIN <u>1</u>	
29	SKELETAL SYSTEM <u>0</u>	
30	VASCULAR SYSTEM <u>1</u>	
31	RESPIRATORY SYSTEM <u>0</u>	
32	GASTRO INTESTINAL SYSTEM <u>1</u>	
33	GENITO URINARY SYSTEM <u>0</u>	
34	TEM <u>0</u>	
35	ORAL <u>1</u>	
36	INJECTION <u>0</u>	

IBM FIELD	DATA	CODE
37	DRESSINGS <u>1</u>	
38	CONTINENT URINE <u>1</u>	
39	CONTINENT FECES <u>1</u>	
40	INCONTINENT URINE <u>0</u>	
41	INCONTINENT FECES <u>0</u>	
42	TALKATIVE <u>0</u>	
43	OVERTALKATIVE <u>1</u>	
44	COHERENT <u>1</u>	
45	MUTE <u>0</u>	
46	IRRITABLE <u>1</u>	
47	AGGRESSIVE <u>1</u>	
48	COMBATIVE <u>1</u>	
49	SUICIDAL TENDENCIES <u>0</u>	
50	ACTIVE <u>0</u>	
51	OVERACTIVE <u>0</u>	
52	INACTIVE <u>1</u>	
53	HOME ACTIVITY <u>0</u>	
54	WORK ACTIVITY <u>0</u>	
55	RECREATIONAL ACTIVITY <u>0</u>	
56	CONFUSED <u>0</u>	
57	HALLUCINATIONS <u>0</u>	
58	DELUSIONS <u>1</u>	
59	MASTURBATES <u>0</u>	
60	SEX ADVANCES TOWARD SAME SEX <u>0</u>	
61	SEX ADVANCES TOWARD OPPOSITE SEX <u>0</u>	
62	FREQUENT FAMILY VISITS <u>0</u>	
63	INFREQUENT FAMILY VISITS <u>0</u>	
64	NO VISITORS <u>1</u>	
65	ASKS TO LEAVE HOSPITAL <u>1</u>	
66	DOES NOT WANT TO LEAVE HOSPITAL <u>0</u>	
67	SOCIABLE WITH: ONE PERSON <u>0</u>	
68	SEVERAL PERSONS <u>1</u>	
69	PATIENTS <u>1</u>	
70	STAFF <u>0</u>	
71-74	SCHEDULE NUMBER *	
75	COUNTY (Alpha Code) <u>N</u>	
76	HOSPITAL SECTION <u>1</u>	
77	BUILDING <u>D</u>	
78-79	NURSING UNIT <u>4</u>	

PATIENT STATUS
Survey Form N-01

INSTRUCTIONS AND DEFINITION OF TERMS



NJ/KA8
I5/P3
1966

*FOR PERSONNEL ONLY
1965-66

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A C K N O W L E D G M E N T

I wish to express my gratitude to Mr. Alphonse Sotkoos, formerly Psychiatric Nursing Consultant, Division of Mental Health and Hospitals, New Jersey Department of Institutions and Agencies, the Nurse Directors of each of the New Jersey State Mental Hospitals, and their associates, who contributed many valuable suggestions for the content and organization of this Manual.



V. Terrell Davis, M.D., Director
Division of Mental Health and Hospitals

INTRODUCTION

These instructions and Definition of Terms have been prepared to aid you in filling out the Patient Status Form (Survey Form N-01). It is important that all the form items be completed as accurately as possible.

You will, no doubt, be quite familiar with many of these descriptive terms. However, to insure consistency in term usage, the terms are defined. In case there is any question in your mind in regard to the meaning or intent of a term, this booklet should be used as a reference source and its content should answer your question.

In order to do a complete and meaningful check it is necessary for you to be very familiar with the patient. You should have observed the patient's attitudes and reaction to ward situations, you should be familiar with his physical status, treatments and medications being administered. You should be aware of his attitude and behavior toward both patients and staff as well as his appearance, daily habits, how he interacts within the group, what are his preferences, likes and dislikes; all these observations should be clearly fixed in your mind. You should know the patient before you attempt to fill out the Survey Form.

This form should be made out by the Registered Nurse or Psychiatric Technician in charge of the nursing unit. Do not guess what is wanted or merely fill in an item to complete the form. If you do not know or cannot recall whether or not the item applies, leave the item blank until you have further observed the patient or made inquiries regarding the item. When completing items 7 through 70, enter the number one (1) for only those items that apply and may be answered in the affirmative. A zero (0) should be entered for those items between 7 through 70, which have not been identified by the number one (1). Whenever in doubt about any item, you should refer to the "Definition of Terms" (pages 7-12).

FORM N-01 PROCEDURE

Please be as thorough as possible in making out the N-01 Form.

Item 1. From the following list, enter the appropriate code number which identifies the patient classification:

- | | |
|-----------------------------------|--|
| <u>1</u> Medical Surgical, Acute | <u>5</u> Psychiatric, Acute |
| <u>2</u> Medical Surgical, Infirm | <u>6</u> Psychiatric, Extended Care (Self Care) |
| <u>3</u> Geriatrics | <u>7</u> Psychiatric, Extended Care (Closed Section) |
| <u>4</u> Psychiatric, Children | |

Date: Note the month, day and year that the patient assessment was completed.

Item 2. Write in the name of the hospital and enter the identification number of the hospital from the following list:

- | | |
|--|-------------------|
| <u>1</u> Greystone | <u>3</u> Marlboro |
| <u>2</u> Trenton | <u>4</u> Ancora |
| <u>5</u> N. J. Neuro-Psychiatric Institute | |

Patient's name - self explanatory. No code number required

Items 3-4. Round off to nearest year, i.e., 25 years, 6 months becomes 26;
25 years, 3 months should be recorded as 25.

Item 5. Enter number one (1) for male or number two (2) for female designation.

Item 6. Complete this item by entering the corresponding number on the form, i.e., number one (1) for a single person, number five (5) for a separated individual, etc.

Complete each item, 7 through 70, by inserting the number one (1) synonymous with "yes", or zero (0) synonymous with "no", whichever is applicable.

Items 7-24. All descriptive terms indicate degrees or levels of self care. The 18 items are subdivided into five subgroups which deal respectively with appetite (7-9); the ingestion of food (10-13); dressing (14-16); bathing (17-20); and ambulation (21-24). In coding choose one item in each of the five subgroups which most clearly describes the patient's status and label this one (1). The remaining items within the subgroup should be coded zero (0), i.e.:

- | | |
|-----------------------|----------|
| Item 7. Appetite Good | <u>0</u> |
| 8. Appetite Excessive | <u>1</u> |
| 9. Appetite Poor | <u>0</u> |

In the above example the patient's appetite may indeed be good but he is consistently inclined to overindulge in food well beyond the limits of normal intake for his age and build.

Item 77. Each hospital will prepare and submit to the Central Office of the Division an alphabetic code omitting the letters I, O, V, Y, Z, for its several bed-containing patient buildings.

For a hypothetical hospital, the code might be as follows:

<u>BUILDINGS</u>	<u>CODE NO.</u>
Central Annex	A
Blue Building	B
Hazelton Infirmary	C
Main Building South	D
etc.	

Items 78-79. Each hospital will prepare and submit to the Central Office of the Division an arabic numerical code for its several Nursing Units* not to exceed 99.

For a hypothetical building, the code might be as follows:

<u>NURSING UNIT</u>	<u>CODE NO.</u>
Ward A	1
Reception Unit	2
Second Floor South	3
Ward 59	4
etc.	

As an aid in filling out the form, you may wish to review the narrative paragraph and related sample survey of Form N-01 on pages 5 and 6.

The form has been designed to provide nursing with an organized and systematic procedure on patient assessment and a planned nursing regimen for the patient. The Division of Mental Health and Hospitals welcomes suggestions for the modification or improvement of the form.

*A "Nursing Unit" is a physically coherent portion of a hospital containing patient beds and supporting facilities which, for purposes of nursing care, is under the charge of a member of the nursing staff. The words "Nursing Unit" are preferred to "Ward" since the latter is often used synonymously with "Dormitory". Two or more Nursing Units may, during certain shifts, become the responsibility of a single member of the nursing staff. However, the Nursing Service must always be able to answer the question: "What member of your staff is now in charge of this Unit?"

Narrative Sample of Hypothetical Case:

Mrs. Mary Jones, age 77, widowed, has been hospitalized for a period of four years. The patient is obese and weight control is difficult. Eats more than one serving at mealtime or eats food left by other patients. Appearance is poor, will not dress herself and is inclined to occasionally disrobe. Is careless and indifferent to personal hygiene. Must be supervised or assisted in bathing. At times becomes angry and may strike out at patients or staff. Patient moves about ward but resents interference of any kind. Will occasionally enter into some ward activity but her participation is infrequent, unpredictable and spasmodic according to her likes and dislikes at the moment. Is inclined to talk excessively although her speech is understandable. Considering the age factor, her physical condition is satisfactory, except for an ulceration of the left lower leg, condition due to varicosities which require daily dressings. Is predisposed to constipation and is troubled with hemorrhoids. Suppositories and sitz baths control the hemorrhoidal discomfort. The patient is continent of both urine and feces. Refuses to do any type of ward work. Behavior is reasonably controlled with ataractic drugs. At times she believes she is illegally confined to the hospital and was hospitalized by members of her family who wanted to get her money and property. These ideas persist even though she has no known living relatives. Frequently asks to be discharged from the hospital and at times becomes very irritable when she is advised that this is not possible until she is able to make a better social adjustment. Associates and is friendly with several patients but seems to avoid and resent staff contacts.

Completed Survey Form N-01. Model made out in relation to narrative findings (page 6).

PATIENT STATUS

PATIENT CLASSIFICATION 3
COL. 1

6.

SURVEY FORM N-01

Date February 1, 1966

ENTER ZERO (0) OR ONE (1) FOR ITEMS 7 THROUGH 70

IBM FIELD	DATA	CODE
2	HOSPITAL <u>Marlboro</u>	<u>3</u>
	PATIENT'S NAME <u>Mary Jones</u>	
3-4	AGE (Nearest Yr.)	<u>77</u>
5	SEX (Write in 1 or 2)	<u>2</u>
	Male <u>1</u> Female <u>2</u>	
6	MARITAL STATUS (Code No.)	<u>3</u>
	Single <u>1</u> Married <u>2</u> Widowed <u>3</u> Divorced <u>4</u> Separated <u>5</u>	
7	APPETITE GOOD	<u>0</u>
8	APPETITE EXCESSIVE	<u>1</u>
9	APPETITE POOR	<u>0</u>
10	FEEDS SELF	<u>1</u>
11	FEEDS WITH ASSISTANCE	<u>0</u>
12	SPOON FED	<u>0</u>
13	TUBE FED	<u>0</u>
14	DRESSES SELF	<u>0</u>
15	DRESSES WITH ASSISTANCE	<u>0</u>
16	MUST BE DRESSED	<u>1</u>
17	BATHES SELF	<u>0</u>
18	BATHES WITH ASSISTANCE	<u>1</u>
19	MUST BE BATHED	<u>0</u>
20	BED BATH	<u>0</u>
21	AMBULATORY	<u>1</u>
22	AMBULATORY SLOW MOVING	<u>0</u>
23	SEMI-AMBULATORY	<u>0</u>
24	NON-AMBULATORY	<u>0</u>
	<i>Impairment or Pathology of:</i>	
25	SPEECH	<u>0</u>
26	HEARING	<u>0</u>
27	VISION	<u>0</u>
28	SKIN	<u>1</u>
29	SKELETAL SYSTEM	<u>0</u>
30	VASCULAR SYSTEM	<u>1</u>
31	RESPIRATORY SYSTEM	<u>0</u>
32	GASTRO INTESTINAL SYSTEM	<u>1</u>
33	GENITO URINARY SYSTEM	<u>0</u>
34	NERVOUS SYSTEM	<u>0</u>
35	MEDICATION ORAL	<u>1</u>
36	MEDICATION INJECTION	<u>0</u>

IBM FIELD	DATA	CODE
37	DRESSINGS	<u>1</u>
38	CONTINENT URINE	<u>1</u>
39	CONTINENT FECES	<u>1</u>
40	INCONTINENT URINE	<u>0</u>
41	INCONTINENT FECES	<u>0</u>
42	TALKATIVE	<u>0</u>
43	OVERTALKATIVE	<u>1</u>
44	COHERENT	<u>1</u>
45	MUTE	<u>0</u>
46	IRRITABLE	<u>1</u>
47	AGGRESSIVE	<u>1</u>
48	COMBATIVE	<u>1</u>
49	SUICIDAL TENDENCIES	<u>0</u>
50	ACTIVE	<u>0</u>
51	OVERACTIVE	<u>0</u>
52	INACTIVE	<u>1</u>
53	HOBBY ACTIVITY	<u>0</u>
54	WORK ACTIVITY	<u>0</u>
55	RECREATIONAL ACTIVITY	<u>0</u>
56	CONFUSED	<u>0</u>
57	HALLUCINATIONS	<u>0</u>
58	DELUSIONS	<u>1</u>
59	MASTURBATES	<u>0</u>
60	SEX ADVANCES TOWARD SAME SEX	<u>0</u>
61	SEX ADVANCES TOWARD OPPOSITE SEX	<u>0</u>
62	FREQUENT FAMILY VISITS	<u>0</u>
63	INFREQUENT FAMILY VISITS	<u>0</u>
64	NO VISITORS	<u>1</u>
65	ASKS TO LEAVE HOSPITAL	<u>1</u>
66	DOES NOT WANT TO LEAVE HOSPITAL	<u>0</u>
67	SOCIABLE WITH: ONE PERSON	<u>0</u>
68	SEVERAL PERSONS	<u>1</u>
69	PATIENTS	<u>1</u>
70	STAFF	<u>0</u>
71-74	SCHEDULE NUMBER*	
75	COUNTY (Alpha Code)	<u>N</u>
76	HOSPITAL SECTION	<u>1</u>
77	BUILDING	<u>D</u>
78-79	NURSING UNIT	<u>4</u>

DEFINITION OF TERMS - SURVEY FORM N-01

- 1-6. These items, "Date, Hospital, Patient's Name, Age, Sex, and Marital Status" are self explanatory and do not require further definition. For "Patient Classification" - operational definitions are given under "Formula for Nursing Service Ward Staffing", Addenda I, at the end of this section.
7. Appetite Good - patient eats well, maintains body weight.
8. Appetite Excessive - patient eats in excess of what would be required to maintain body weight under average circumstances. Requires large or multiple servings beyond what might be recommended from a dietary standpoint. May or may not have a tendency toward overweight.
9. Appetite Poor - patient eats less than is required to maintain body weight. Must be encouraged to eat, may require supplementary feeding.
10. Feeds Self - patient eats meal without assistance, capable of using full silver or may be limited to a spoon, however, is capable of eating the meal by himself without encouragement or assistance.
11. Feeds With Assistance - patient requires some assistance during mealtime, either verbal encouragement, occasionally having food put in his mouth, may require having food cut into small pieces or may require supervision because of lack of food intake.
12. Spoon Fed - patient cannot feed self, staff member must feed patient or he would not eat.
13. Tube Fed - patient cannot eat or does not eat solid food, often refuses to swallow. Food requirement provided via gastric tube.
14. Dresses Self - patient capable of dressing himself without assistance or supervision. Dresses appropriately, appears reasonably neat and clean from a clothing standpoint,
15. Dresses With Assistance - patient requires supervision or limited actual help in getting dressed or undressed. May, on occasion, dress inappropriately, may frequently have to be reminded or encouraged to change into clean clothing.
16. Must Be Dressed - patient not capable of dressing himself or to assist with own dressing. May disrobe or remove portion of clothing.
17. Bathes Self - patient fully capable of bathing or showering self. Does not require supervision. Bathes and washes in an acceptable manner for adequate body cleanliness.

18. Bathes With Assistance – patient requires supervision or limited actual assistance in maintaining bodily cleanliness, must be helped in the shower or tub, must be reminded to wash or rinse body parts, may require staff assistance to apply soap or the like. However, patient does help himself to a limited degree.
19. Must Be Bathed – patient incapable of bathing self. Requires full assistance from staff.
20. Bed Bath – patient incapable of tub or shower bathing, bed bath required. Patient may or may not be capable of assisting staff with bed bath.
21. Ambulatory – patient capable of walking about and participating in expected activity, patient's gait is stable, requires no devices for assistance in ambulation.
22. Ambulatory Slow Moving – patient capable of moving about, however, gait may be somewhat unsteady. Patient may require devices to assist in ambulation such as crutches or cane. May move slowly because of medical conditions, however, although the pace is slow, patient can move about by himself without the assistance of staff.
23. Semi-Ambulatory – patient may move about but may require some staff assistance, may have marked difficulty in climbing stairs, and needs assistance. Patient may be blind and require the assistance of staff or other patients to help him about. Patient may be limited in the distance he can travel because of medical conditions. For example, an arthritic who might move around the ward but could not go to a central dining room.
24. Non-Ambulatory – patient incapable of moving about without staff support or with the assistance of devices such as wheelchair, crutches or cane. Patient remains in bed or in a chair and requires full care from the standpoint of ambulation.
25. Speech – speech is defective and difficult to understand. Impairment is moderate to severe, and may include consistent stuttering or complete inability to utter words. Oral defects, harelip, cleft palate, and any other condition that impairs speech are included. Chronic laryngeal difficulty or pathology which makes it difficult for the listener to understand. Muteness for psychological reasons will be considered impairment or pathology of speech.
26. Hearing – patient may have varying degrees of hearing impairment or pathology. Patient may require and wear a hearing aid. Voice may have to be raised when speaking to the patient. Selective deafness or lack of response to others suggesting the patient does not wish to hear is to be considered an impairment or pathology of hearing.

27. Vision – patient has difficulty in seeing near or distant objects. If the patient wears corrective glasses which provide adequate vision, vision will be considered normal and patient will not be judged to have impairment or pathology of vision, provided patient has had an eye examination within the past year.
28. Skin – patient has lesions, irritations, or other skin breakdowns requiring special care or other specific treatment. Breakdowns ranging from decubitus ulcer, to acne and the cracking of skin requiring attention due to the aging process will be considered an impairment or pathology of skin.
29. Skeletal System – any impairment of the skeletal system, amputations, arthritis which limits activity or distorts skeletal lines, differences in length of limbs, fractures, or repaired fractures which limit activity, or require special precautions or consideration, foot drop in bed patients will be considered an impairment or pathology of the skeletal system.
30. Vascular System – the patient with any vascular or circulatory disturbance will be considered to have an impairment or pathology of the vascular system. This will include cardiac conditions, phlebitis, anemia, varicose vessels, edema, or any other diagnosed or observed conditions related to the blood or lymphatic system.
31. Respiratory System – tuberculosis, asthma, removal of lung lobes, marked decrease in vital capacity, chronic and acute conditions of the respiratory system will be considered an impairment or pathology of the respiratory system.
32. Gastro-Intestinal System – consider the wide range of problems in this area which would include frequent vomiting and nausea, frequent or chronic diarrhea, constipation, complaints of gastric distress that occur frequently, ulcers, colostomy, rectal bleeding, hemorrhoids and other conditions relative to the digestive tract.
33. Genito-Urinary System – consider incontinence or retention of urine, tumors of the kidney or bladder, inflammatory processes which are or border on chronicity, absence of kidney, enlarged prostate, ovarian cyst, uterine abnormality, chronic menstrual difficulty or inconsistency, hydrocele, and the like will be considered an impairment or pathology of the genito-urinary system.
34. Nervous System – consider a wide range of neurological impairment or pathology to include Parkinson's Syndrome, tremors, facial tics, paralyzes, areas of anesthesia, cerebral hemorrhage, brain tumors, injuries involving nerve tracts, brain damage due to birth trauma or accident, congenital cerebral defect or other areas in this category.

35. Medication Oral - oral medication including vitamins which are taken on a regular schedule or other oral medication taken on the date of survey. This category will include all drugs, liquid, tablets or capsules.
36. Medication Injection - this category will include all injectable medications whether received on a daily, long-term basis or given only on the date of the survey. It will include intravenous fluids, clysis, saline, glucose or any other drugs or fluids given by injection.
37. Dressings - this will include all bandages or dressings. Applications, including lotions for hands, feet, or any other portion of the body. Special soaps, salves, suppositories, medicated baths and irrigations will also be included.
38. Continent of Urine - bladder capacity is adequate, adequate control, incontinence or dribbling rarely occurs (no more than once or twice per month) and on these occasions special circumstances can be found to contribute to the "accident".
39. Continent of Feces - bowel movements are controlled. Incontinence of feces or dribbling rarely occurs (no more than once or twice per month) and on these occasions special circumstances can usually be found to precipitate the "accident".
40. Incontinent of Urine - urinary control is lacking or absent. This can encompass complete bladder evacuation or dribbling. This may occur only once or twice per week or many times daily.
41. Incontinent of Feces - control over fecal elimination is lacking or absent. Fecal incontinence occurs at least once or twice weekly or may occur several times daily. Do not include acute episodes of diarrhea during which the patient might have an "accident".
42. Talkative - the patient talks freely, readily responds to questions, will initiate and carry on conversation in an acceptable fashion, verbalizations are appropriate to topic and situation.
43. Overtalkative - excessive verbalizations, inclined to talk constantly whether appropriate or not. Patient inclined to talk entirely too much.
44. Coherent - verbalizations can be understood, choice of words express meaning. Able to convey thoughts and ideas in an understandable manner.
45. Mute - patient does not speak, does not utter any words, will not respond to questions nor will he initiate conversation. On rare occasions may utter a word or two but this is not usual nor is it done in any consistent manner or situation.
46. Irritable - does not respond in an acceptable manner, easily angered by others, quite easily annoyed, at times displays a temper, ill humored, difficult to get along with, not sociable.

47. Aggressive - very forward in attitude, dominating, indifferent to the rights and wants of others, at times belligerent, aggressiveness may be acted out verbally or physically.
48. Combative - inclined to assault others, may do this impulsively without apparent cause or provocation. May strike out at others in varying degrees.
49. Suicidal Tendencies - displays a desire for death, may state wish or display through behavior. Attitude and behavior may indicate some preparation for self-destruction, i.e., seclusiveness, hoarding or collecting items such as knives, broken pieces of glass, belts, matches, etc. Must be closely supervised.
50. Active - participates in ward program, performs daily living and recreational requirements in an acceptable manner, freely enters into ward activities.
51. Overactive - constantly on the move, rarely rests or relaxes, movements often do not accomplish any purpose, may constantly pace floor, activity such that he may exhaust himself, activity often of an aimless nature.
52. Inactive - rarely participates in voluntary activity of any kind, requires considerable urging to become activated, prefers doing nothing, wants to lie down, or merely sit for long periods of time. At times no amount of coaxing will induce the patient to activity.
53. Hobby Activity - patient has interest and is able to apply interest in a chosen endeavor, such as stamp collecting, leather craft, or drawing. He may have great interest in an area such as fishing, baseball or other sports and will avail himself of all pertinent information, literature or programs relative to his chosen subject. Female patients may have a hobby of sewing, collecting pictures, crocheting, etc. Patients actively do something in a concrete fashion that confirms their interest. The statement of interest alone is not considered a hobby.
54. Work Activity - patient contributes in some way to ward routine. Contribution should consist of at least one hour of work or more daily on a planned basis if he is considered as active in work. This may extend to assignments both on and off the ward.
55. Recreational Activity - the patient enjoys and participates in whatever recreational activity is available. Patient participates in active recreation such as ward dances, baseball, volleyball, drama, etc., or he may participate in passive activity such as playing cards, checkers, bingo, reading, watching T.V.

56. Confused - speech and actions are of a purposeless nature, appears mixed up, little or no goal idea in verbalizations or actions, not able to follow directions. May not be aware of time, place or person, cannot be left to own resources, must be constantly supervised.
57. Hallucinations - reports or appears to have visual or auditory perceptions not founded on reality. Imagines he sees or reports that he sees objects or hears voices that are non-existent. This may be periodic or consistent.
58. Delusions - expresses fixed ideas that are not based on known fact or reality. A false belief which cannot be corrected by reason, argument or persuasion.
59. Masturbates - inclined to manipulate genital or vaginal areas. Action should not be confused with a patient who is scratching or rubbing an uncomfortable or itchy area.
60. Sex Advances Toward Same Sex - excessive and inappropriate fondling of a member of the same sex.
61. Sex Advances Toward Opposite Sex - inclined to take verbal or physical advantage of any opportunity for association with the opposite sex. May go out of their way in implying sexual significance in bodily contacts. Includes speech that is provocative or clearly of a sexual nature. Actions may suggest or imply the sex act. Thought and behavior generally centers around the sex activity and may interfere with other activity.
62. Frequent Family Visits - relatives visit at least twice monthly.
63. Infrequent Family Visits - relatives generally visit at least three times a year.
64. No Visitors - does not have any visits from family or friends.
65. Asks to Leave the Hospital - frequently requests or states that he would like to leave the hospital either for a home visit or on a complete discharge basis. Requests may be either verbal or in written form. Requests may be made to hospital staff or visitors.
66. Does Not Want to Leave Hospital - appears content to be in hospital setting, displays a negative attitude toward any plans for discharge or home visit.
67. Sociable With:
 - a. One person - has selected one person with whom he associates and communicates well. Prefers the company and association of one person and tends to avoid socialized grouping.
 68. b. Several persons - enjoys participating with groups, adapts well to the group. Socializes in an acceptable manner in the group setting.
 69. c. Patients - appears more comfortable when associating with patients. Prefers socializing with patients rather than personnel.
 70. d. Staff - seeks out staff relationships and contacts, tends to avoid patient associations.

DEPARTMENT OF INSTITUTIONS AND AGENCIES
Division of Mental Health and Hospitals

FORMULA FOR NURSING SERVICE WARD STAFFING

The formula for ward staffing and the steps outlined for formula application have been developed to provide a standard approach to staffing nursing units to allow a basic level of acceptable care for patients in the categories that are identified.

The formulas are based on accurate classification of patients in accordance with the Operational Definitions for Patient Classification. When these standards have been achieved, any requests for additional nursing personnel will be based on actual or projected change in classification of nursing units.

The following classes have been defined and the number of hours of nursing care designated as follows:

Medical-Surgical, Acute	3	hours	daily	care	from	nursing	staff
Medical-Surgical, Infirm	2½	"	"	"	"	"	"
Geriatric	1½	"	"	"	"	"	"
Psychiatric, Children	3	"	"	"	"	"	"
Psychiatric, Acute (Intensive Treatment and Adm.)	2	"	"	"	"	"	"
Psychiatric, Extended Care (Self Care)	½	"	"	"	"	"	"
Psychiatric, Extended Care (Closed Section)	1	"	"	"	"	"	"

DEFINITIONS

Medical and Surgical

To include patients of any age and of any psychiatric diagnosis whose somatic disorder requires the type of professional care available in a general hospital accredited by the Joint Commission. The classification is divided into two components:

- A. Acute - Patients whose disorder requires maximal attention from the medical and nursing staffs.
- B. Infirm - Convalescent, chronically ill and permanently disabled patients, ambulant and non-ambulant, who require intensive nursing care under the close and continuing supervision of a physician.

Geriatric

To include patients (not in need of specialized psychiatric treatment) who have reached their 65th birthday; who, under staff supervision, are capable of considerable self-care and who are either ambulant or able to spend their day in a wheelchair. Disability in this classification of patients will be definitely less than for those on either component of the Medical and Surgical Service. Disorders will be of mild to moderate severity and will include, but

will not be limited to confusion, continuous or episodic; general enfeeblement; and permanent physical disability.

Psychiatric, Children

The group of 75 patients up to the age of 17 as defined in Board of Control policy who are not suffering from a disorder requiring transfer to and treatment on the Medical and Surgical Service. Children in the latter group should be classified as medical and surgical patients. (Note: At this point in programming it is necessary that the Children's Service be clearly identified and that recommendations for its staffing continue to stem from consistent principles. Institutionalized patients in excess of the authorized 75 who are under the age of 17 should, at this time, be classified in one of the following categories:)

Psychiatric, Acute (Intensive Treatment and Admissions)

Patients of any age who do not require transfer to and treatment in the Medical and Surgical, Geriatric, or Children's Service who (a) have been in hospital during the current admission for less than sixty days; or who (b) in the opinion of the professional staff will profit by continued intensive psychiatric treatment.

Psychiatric, Extended Care

To include all patients of any age not appropriately classified as Medical and Surgical; Geriatric; or children, who have been in hospital during the current admission for more than 60 days, and who in the opinion of the professional staff will NOT profit by intensive psychiatric treatment. The group should be divided into two components: "self-care and closed sections."

STAFFING FORMULAS AND STAFF COMPOSITION:

Medical and Surgical, Acute

3 hours per patient per day
30% Registered Nurse
30% L.P.N. - Technician
40% Attendant

Medical and Surgical, Infirm

2½ hours per patient per day
20% Registered Nurse
20% L.P.N. - Technician
60% Attendant

Geriatric

1½ hours per patient per day
20% Registered Nurse
20% L.P.N. - Technician
60% Attendant

Psychiatric, Children

3 hours per patient per day
30% Registered Nurse
30% L.P.N. - Technician
40% Attendant

Psychiatric, Acute

2 hours per patient per day
30% Registered Nurse
30% L.P.N. - Technician
40% Attendant

Psychiatric, Extended Care (Self Care)

$\frac{1}{2}$ hour per patient per day
50% Technician
50% Attendant

Psychiatric, Extended Care (Closed Section)

1 hour per patient per day
20% Registered Nurse
20% L.P.N. - Technician
60% Attendant

It is to be noted that these 7 groupings are based on characteristics related to behavior, age, acuity of illness and level of service required from the staff rather than on diagnostic classification. Certain categories of patients remain for whom individual determinations will be made in accordance with the following criteria:

Tuberculous

Patients with active tuberculosis will ordinarily be cared for on the Acute or Infirm Medical and Surgical Service depending on medical determination of individual need. They will be so classified for present purposes of reporting. Arrested cases will be appropriately classified in one of the remaining 5 categories: "Geriatric", "Psychiatric, Children", "Psychiatric, Extended Care", etc.

For hospitals operating a separate TB service, patients will be classified according to the same principles although it may be expedient for a single nursing unit to house patients of different classifications, e.g., "Acute Medical" and "Infirm Medical" or "Geriatric" and "Psychiatric, Extended Care".

Narcotic Addicts

During the brief period of withdrawal, patients presenting a drug abuse syndrome may properly be classified as "Medical and Surgical Acute" whether or not they are treated on an acute medical nursing unit. Subsequent to the physiologic crisis and dependent on age, patients are appropriately classified during the period of active psychiatric therapy as "Acute Psychiatric" or "Children". After the elapse of 60 days, classificatory decisions will be based on considerations elaborated in the definitions for the 7 patient classes.

For hospitals operating residential narcotic treatment centers with designated nursing units assigned to the exclusive management of patients with drug abuse syndromes, classification for present purposes of reporting will be carried out in the same manner.

Criminally Insane

Patients will be classified in one of the 7 established patient classes although it may be expedient for a single nursing unit to house patients of different classification. Under these circumstances, final nursing staff ratios will be composite, reflecting the heterogeneity of the nursing unit. In the event that on-duty personnel established by these criteria are insufficient for security purposes, well-substantiated supplementary requests for additional personnel above calculated ratios may be requested to augment nursing staff.

Other Patient Groups

Classify in accordance with principles outlined in the above examples.

FORMULA APPLICATION:

- Step 1. The number of patients in a particular classification is multiplied by the number of nursing hours per patient per day indicated for this class of patients.
- Step 2. The total number of hours thus arrived at (Step 1 above) is divided by 8 to determine the number of on-duty positions required.
- Step 3A.^{1/}The number of on-duty positions arrived at (Step 2 above) will be multiplied by 35 minutes because of related necessary activities associated with the total on-duty function.
 - B. The total minutes arrived at will be divided by 60 to determine the number of man-hours this represents.
 - C. The total number of hours will then be divided by 8 to determine the number of on-duty positions this 35 minute factor represents.
- Step 4. The on-duty positions obtained in Step 2 and Step 3 are added to give the total number of on-duty positions required to staff the nursing unit.
- Step 5. The total on-duty positions are multiplied by the employment factor 1.6.

^{1/} Supplemental Time Allowance - In addition to the hours of patient care indicated for each of the categories an allowance of 35 minutes per on-duty staff member is added.

- (20 minutes - major housekeeping functions)
- (10 minutes - coffee break)
- (5 minutes - toilet needs of staff)

Step 6. The total number of positions arrived at in Step 5 are then multiplied by the percentages to determine the number of registered nurse personnel, psychiatric technician or licensed practical nurse, and the number of attendants to be considered in the staff composition of the unit. For example, if the total number of personnel required was 50 and the staff composition was to reflect 20% Registered Nurse; 20% Psychiatric Technician or L.P.N., and 60% Attendant, this unit would require

$$\begin{aligned} 20\% \times 50 &= 10 \text{ Registered Nurses} \\ 20\% \times 50 &= 10 \text{ Psychiatric Technicians or L.P.N.} \\ 60\% \times 50 &= 30 \text{ Attendants} \end{aligned}$$

In computing staff composition, decimal factors may result in a total that exceeds the total positions required obtained in Step 5. When this occurs, an adjustment will be made to insure that there is agreement with the figure obtained in Step 5.

In each of the above steps the computation should be carried out one decimal place and rounded out to the nearest whole number.

Example:

50 Bed Medical-Surgical, Acute

Step 1.
$$\begin{array}{r} 50 \text{ beds} \\ \times 3 \\ \hline 150 \text{ hours} \end{array}$$

Step 2. $150 \div 8 = 18.7$ or 19 on-duty positions

Step 3A. $19 \times 35 \text{ minutes} = 665 \text{ minutes}$
 B. $665 \div 60 \text{ minutes} = 11.0 \text{ hours}$
 C. $11 \div 8 \text{ hours} = 1.3$ or 1 on-duty position

Step 4.
$$\begin{array}{r} 19 \text{ on-duty positions (Step 2)} \\ + 1 \text{ on-duty position (Step 3)} \\ \hline 20 \text{ on-duty positions} \end{array}$$

Step 5.
$$\begin{array}{r} 20 \text{ on-duty positions} \\ \times 1.6 \text{ Employment factor} \\ \hline 32.0 \text{ Total positions required} \end{array}$$

Step 6.
$$\begin{array}{r} 32 \times 30\% = 9.6 \text{ or } 10 \text{ Registered Nurses} \\ 32 \times 30\% = 9.6 \text{ or } 10 \text{ Psychiatric Technicians or L.P.N.} \\ 32 \times 40\% = 12.8 \text{ or } \underline{12} \text{ Attendants*} \\ \hline 32 \text{ Total} \end{array}$$

* In this example the decimal was adjusted for attendants to meet the total positions requirement (Step 5). The adjustment could have been made for Registered Nurses, Psychiatric Technicians or Practical Nurses to achieve agreement with the total position requirement.

SIMPLIFIED CALCULATION

1. Number of Patients X Hours of Nursing Time ($\frac{1}{2}$ to 3) \div 8 = Y
2. $Y \div 13.7$ (Personal Time Divisor)^{1/} = Z
3. $Y + Z = R$ (On-Duty Personnel required)
4. $R \times 1.6$ (Employment Factor)^{2/} = Number of Personnel to be hired.

^{1/} Personal Time Divisor - 35 minutes in each working day is allotted every nursing service employee for necessary personal activities unrelated to his on-duty functions. The figure 13.7 is calculated in the following way:

- a. There are 480 minutes in a working day (8 hours x 60 minutes)
- b. 480 minutes divided by the personal time allotment of 35 minutes equals 13.7.

^{2/} Employment Factor - 365 days (1 year) - 137 days off (52 week ends, 12 paid holidays, 12 vacation days and 9 sick days) = 228 working days.
 $365 \text{ days} \div 228 \text{ working days} = 1.6$ Employment Factor.

DIRECT CALCULATION

Using the appropriate decimals below, multiply the total number of beds and round out to the nearest whole number to arrive at the total number of personnel to be hired. Each decimal represents the personnel ratio required for one bed, in accordance with the formula application for each service.

SERVICE	HOURS	PERSONNEL RATIO REQUIRED FOR 1 BED	STAFF COMPOSITION		
			R. N.	LPN-TECH.	ATTENDANT
Medical-Surgical, Acute	3	.644	30%	30%	40%
Medical-Surgical, Infirm	$2\frac{1}{2}$	.536	20%	20%	60%
Geriatric	$1\frac{1}{2}$	.322	20%	20%	60%
Psychiatric, Children	3	.644	30%	30%	40%
Psychiatric, Acute	2	.429	30%	30%	40%
Psychiatric, Extended Care (Self Care)	$\frac{1}{2}$	.107	-	50%	50%
Psychiatric, Extended Care (Closed Section)	1	.215	20%	20%	60%

*Example:*50 Bed Geriatric

Step 1. 50 Beds

X .322 Personnel Ratio Required for 1 Bed

16.100 or 16 Positions Required

Step 2. $16 \times 20\% = 3.2$ or 3 R.N.

$16 \times 20\% = 3.2$ or 3 L.P.N. - Tech.

$16 \times 60\% = 9.6$ or 10 Attendants

16 Total

APPENDIX

The following partial list of activities which involve ward nursing staff time indicate the variety of tasks for which nursing personnel assume responsibility. The numerals beside each item are rough estimates of the minutes required to provide this service each day to an average patient on the medical-surgical acute service. These give an idea of the way in which the three hours of nursing care time is expended:

Feeding	12/meal	Admission, Transfer, Discharge	1
Bathing and grooming	25	Activities and activities planning	1
Dressing	10	Doctors' rounds	2
Clothing supply and issue	2	Posting doctors' orders	2
Medication	2/med.	Assisting with examinations	1
Treatment	2	Laboratory requests	1
Records and reports	5	Change of shift reports	2
Telephone calls and inquiries	2	Ward staff supervision of care and treatment	2
Minor housekeeping tasks	20	Conferences, clinical and administrative	1
In-Service training	4	Bed checks and patient count	15
Escorting patients - clinics, laboratories, special activities	2	Linen supplies	4
Visitors	2	Ordering ward drugs	1
Toileting	15		
Planning patient care	1		

Some of the activities are removed from direct patient contact but are essential in carrying out a nursing care program. Some direct patient contact activities have been appropriate for time study. These reveal that showering a patient requires a minimum of 15 minutes of staff time; bed bath, 25 minutes; feeding a patient, 12 minutes; oral medication, 2 minutes per medication; changing incontinents, 15 minutes; shaving, 3 minutes; dressing and undressing, 12 minutes.

We hope that each of the hospitals will develop detailed time study analyses of nursing service functions for the remaining 6 classes of patients.

The formulas for staffing nursing units in the Division of Mental Health and Hospitals evolved after study of a number of mental hospital situations and related general hospital situations. Reference sources and guides used included Hospital Nursing Service Manual - American Hospital Association and National League for Nursing; American Psychiatric Association - Personnel patient ratios; Military Staffing plan for general hospitals and N. P. units; University of

Pennsylvania Study of Nursing Activities; Overbrook Hospital (N.J.) Study of Nursing Activities; New Jersey Division of Mental Health and Hospitals and Division of Mental Retardation studies done on ward personnel activities; New Jersey Nursing Home Staffing Standards; study of on-duty staffing in several New Jersey general hospitals.

It is to be noted that the staffing formula for the seven patient classifications applies to ward staff only. It does not include supervision and higher level administrative or instructor positions. The formula does not apply to nursing personnel requirements for such specialized services as: Surgery, recovery room or unit, central supply, insulin, outpatient department, major escort services, clinics, day care, night care or other types of specialized functions. These will require individual assessment to determine the nursing personnel required.

In small nursing units formula application may not provide adequate around-the clock coverage to insure safety, security, professional supervision, care and treatment requirements. These factors will be reviewed in establishing staffing needs.

Extended care, self care units will have appropriate and adequate planned supervisory visitation to insure awareness of patient status and safety.

This guide to staffing nursing units, with the special considerations noted, should facilitate an orderly and consistent approach to providing nursing staff requirements for developing and maintaining basic acceptable levels of patient care.