

Electronic Care and Needs Scale (eCANS)

Tate (2003/2017)

| | | | | | | | Tate (2003/2017 | | | |
|---|------------|-------------|-------------|----------------------|---|------|---|--|--|--|
| Date: Client name: | | | | Age: | LTCS or claim no: | | Assessed by: | | | |
| Needs Checklist: Type of care and support need | | | | | | | Length of time that client can be left alone? | | | |
| STEP 1: You must select a YES or NO response for ALL items in the Needs Checklist CANS LEVEL* Comments CANS LEVEL* Comments | | | | | | | *The CANS level must be in line with highest group (A, B, C, D) endorsed YES in Needs Checklist (left column) | | | |
| | | | naviourai/c | ognitive disabilitie | es and/or assistance with very basic AL | DLS: | | | | |
| Tracheostomy management New yearstic IDEO for all the second se | Yes | No | | | | | 7 Cannot be left alone – needs support 24 hours per day. | | | |
| Nasogastric/PEG feeding Bed mobility (eg turning) | Yes Yes | No No | | | | | 6 Can be left alone for a few hours – needs support 20-23 hours per day. | | | |
| Wanders/gets lost Exhibits behaviours with potential to harm self/others | Yes Yes | No No | | | | | 5 Can be left alone for part of the day, but not overnight – needs support 12-19 hours per day. | | | |
| Difficulty communicating basic needs | Yes | No | | | | | | | | |
| 7. Continence | Yes | No | | | | | 4 Can be left alone for part of the day and overnight | | | |
| Eating and drinking | Yes | No | | | | | needs support up to 11 hours per day. Note: there are 3 sub-divisions 4.3, 4.2 and 4.1 that correspond to groups A, B and C respectively in the Needs Checklist. | | | |
| Transfers/mobility (incl. stairs and indoor surfaces) | Yes | No | | | | | | | | |
| 10. Other (specify): | Yes | No | | | | | | | | |
| GROUP A sul | btotal | / 10 | I | | | | | | | |
| GROUP B: Requires assistance, supervision, direction an | d/or cue | ing for bas | sic ADLs: | | | | 3 Can be left alone for a few days a week – needs support a few days a week. | | | |
| 11. Personal hygiene/toileting | Yes | No | | | | | | | | |
| 12. Bathing/dressing | Yes | No | | | | | Can be left alone for almost all week – needs support at least once a week. | | | |
| 13. Preparation of light meal/snack | Yes | No | | | | | | | | |
| 14. Other (specify): | Yes | No | | | | | Can live alone, but needs intermittent support ie less than weekly. | | | |
| GROUP B subtotal / 4 | | | | | | • | | | | |
| GROUP C: Requires assistance, supervision, direction and/or cueing for instrumental ADLs and/or social participation: | | | | | | | Does not need support – can live in the community, totally independently with or without aids (eg hand) | | | |
| 15. Shopping | Yes | No | | | | | rails, diary, notebooks) and allowing for the usual kinds of informational and emotional supports the average person uses in everyday life. | | | |
| 16. Domestic incl. preparation of main meal | Yes | No | | | | | | | | |
| 17. Medication use | Yes | No | | | | | | | | |
| 18. Money management | Yes | No | | | | | Additional relevant information: | | | |
| 19. Everyday devices (eg telephone, television) | Yes | No | | | | | | | | |
| 20. Transport and outdoor surfaces | Yes | No | | | | | | | | |
| 21. Parenting skills | Yes | No | | | | | | | | |
| 22. Interpersonal relationships | Yes | No | | | | | | | | |
| 23. Leisure and recreation | Yes | No | | | | | | | | |
| 24. Employment/study | Yes | No | | | | | | | | |
| 25. Other (specify): | Yes | No | | | | | | | | |
| GROUP C sui | btotal | / 11 | | | | | | | | |
| GROUP D: Requires supports: | | N. | | | | | | | | |
| 26. Informational supports (eg advice) | Yes | No | | | | | | | | |
| 27. Emotional supports | Yes | No | | | | | | | | |
| 28. Other (specify): | Yes | No | | | | | | | | |
| GROUP D subtotal /3 | | | | | | | | | | |
| GROUP E: Does not require supports: | | | | | | | | | | |
| You have not selected a YES or NO response to ALL items | | | | CANS Level | | | | | | |



Instructional Sheet

Instructions for the use of the eCANS

The electronic Care and Needs Scale (eCANS) recording form

This document has been created as supplementary information to the Manual for the Care and Needs Scale (CANS) Updated version 2 (July 2017). The eCANS recording form has been developed as an interactive PDF and is an alternative to the paper based CANS recording form.

Instructions for using the eCANS recording form

- The clinician should score the CANS as explained in the CANS manual and training workshops and complete the eCANS recording form
- Download the eCANS from the icare website www.icare.nsw.gov.au Go To: Treatment and Care > Information for service and healthcare providers > Tools and resources, and open the form in Adobe Reader (or Pro) using alternative methods (such as opening in a browser or viewing in preview mode) may result in the calculations not working. Some browsers such as Microsoft Edge have native PDF viewers which are not compatible with the features in the eCANS form. If you don't have Adobe Reader (or Pro) installed on your computer, you will need to download it. Adobe Reader can be downloaded from the Adobe website https://get.adobe.com/reader/
- The "Date, Client name, Age, LTCS or claim no, Assessed by" felds are all free text and should be completed in line with the instructions in the manual.

Recording YES or NO for items in the Needs Checklist

- All items in the Needs Checklist must have a YES or NO response selected to be able to determine the CANS level. The form will only populate the subtotals for each group (A to D) and allow selection of the CANS level after all 28 items have a YES or NO response selected.
- Use the mouse and left click to select either the YES or NO box next to each item. Remember to record a response for every numbered item.

- If using the keyboard to record responses, you
 can use the TAB button to move between felds
 and press Enter to select YES. To select NO,
 Tab to YES then use the right keyboard arrow
 and no will be automatically selected.
- Once all 28 items have YES or NO selected, the form will populate the GROUP subtotals for all groups (A to D) and total all Groups, and the relevant CANS level selections will become available.

Recording the appropriate CANS level on the eCANS

- Use your mouse or keyboard to select the appropriate CANS level based on your assessment. Only CANS level options that correspond with the selections in the YES or NO section will be available for selection.
- If using the keyboard to record responses, you
 can use the TAB button to move to the CANS
 level. The highest score related to the sub-group
 will automatically be selected. To move to a
 lower CANS level use the down arrow key.
- Once you select the appropriate CANS level from the options available the CANS level will also automatically populate in the box at the bottom of the eCANS form.

Comments

There is space to record comments against each item. The comments felds have limited text length. If there is insufcient space to enter all comments related to a specific item, the "Additional relevant information:" feld can be used.

Printing and saving the eCANS

The completed eCANS PDF document can be saved and emailed or printed as needed.

Questions and Feedback

If you have any questions about the functionality of the eCANS please email: training.lifetimecare@icare. nsw.gov.au