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| 1. **Diagnoses (medical)** |
| **Dementia. Hearing impairment. Bowel Cancer with bony metastases. Age related cataracts.** |

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| 1. **Care alerts** (write in red, include: allergies, drug reactions, smoker, falls risk, diabetic) |

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| **Irritable and sometimes aggressive if he is unclear about what is happening around him.** |

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| 1. **Communication** | | | |
| **Preferred name: “**Frank”  **Care needs:** Dementia, Age related cataracts, Irish background,  **Goal:** (expected outcome) Effective two way communication will be maintained | | | |
| **Vision** | | **Hearing** | |
| **Aids** | glasses magnifying glasses  Clean and fit glasses daily  Able to clean own glasses | Aids | hearing aids (right / left)  Adjust volume daily  Check batteries and clean aids daily |
| **Interventions** | Place objects in range of vision  Read aloud (specify what)  Assist to write  Assist to use telephone | **Communication** | Gain attention before speaking  Speak loudly, clearly and directly  Allow extra time for response  Give step-by-step instructions  Use repetition, change wording and use basic phrases if communication difficulty persists |
| **Other (specify):** Cataracts can make concentrating on visual tasks difficult. Staff should break up these tasks where possible. | | **Other (specify):** Speaks with a pronounced Irish accent | |
| **Eye care required** Cleanse daily or PRN | | **Ear care required** Cleanse daily or PRN | |

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| **Speech and language** | | **Comprehension issues** (For example: inappropriate responses) |
| **Language/s spoken** | English and some Gaelic |
| Increasingly unable to remember time and place  Does not always recognise others  Unable to remember appointments/events |
| **Speech disorder/s** |  |
| **Suggestions** | Translate for resident  Take time to listen  Initiate conversation  Use language cards  Use picture cards |
| **Other (specify):** | | |
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| 1. **Mobility** |
| **Care needs:** Gait steady.  **Goal**: (expected outcome) Client will achieve and maintain his optimal level of mobility |

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| **Ambulation (**walking**)** | |
|  | ambulant (able to walk) non-ambulant (unable to walk)  resident can walk unaided resident walks with use of aid  Assistance required:  unassisted assist x1 person assist x2 persons  Client can walk:  up to 5 metres up to 20 metres up to 30 metres no restriction  Wheelchair:  needs a wheelchair after walking the above distance  needs a wheelchair on request  **Other (specify):** Provide direction. Supervise movement. Encourage to maintain mobility. Enjoys dancing to Irish music |
| **Aids** | walking stick zimmer frame wheelchair quad stick 4 wheeled walker |
| **Transfers** | |
|  | independent weight bearing (able to stand without need for mobility aid) non-weight bearing (unable to stand)  supervise 1-staff assist 2-staff assist  hip replacement (specify: left/right)  knee replacement (specify: left/right)  amputee (specify: left/right)  **Other (specify):** |
| **Aids** | bed rail slide sheet gait belt hoist standing hoist  **Hoist sling type and position of loop (specify):** |

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| 1. **Toileting and Continence** | | |
| **Care needs:** Increasingly incontinent of urine and faeces due to Bowel Cancer (Ca)  **Goal**: (expected outcome) To maintain optimal continence levels | | |
| **Continence** | | |
| **Bladder control** | continent incontinent catheter (occasionally frequently total incontinence) | |
| **Bladder management** | Toilet (specify times) On rising, after meals, before retiring to bed, often around 2-3am  **Other (specify):** encourage and remind, especially at night | |
| **Bowel control** | continent incontinent constipation colostomy (occasionally frequently total incontinence) | |
| **Bowel management** | high fibre diet encourage fluid intake aperients bowel chart | |
| **Continence aids** | **Day:** Mollicare medium wrap x3 | **Night:** Mollicare medium wrap x1-4 |
| **Toileting** | | |
| **Toileting aids** | commode urinal uridome kylie bed pan  over-toilet frame **Other (specify):**Uses toilet self, Bed pan as back up at night | |
| **Toileting regime** | independent supervise some assistance/prompt fully assist  Adjust clothing Position on toilet Encourage self care Clean perianal area Toileting regime  **Other:** Increasingly unable to control bowel actions due to Ca Bowel, requires continence aids constantly throughout the day and night | |

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| 1. **Showering, dressing and grooming** | | |
| **Care needs:** Provide supervision with personal care tasks as unsteady in shower  **Goal**: (expected outcome) Optimal personal hygiene will be maintained | | |
| **Shower and washing** | | |
|  | | independent supervise some assistance/prompt fully assist  shower bath bed sponge flannel wash  **Frequency** once daily **Preferred time**  Adjust water temperature Encourage to optimise self-care  **Other** |
| **Transfer** | | walk to shower wheelchair **Other (specify):** |
| **Showering aids** | | shower chair **Other (specify):** |
| **Toiletries** | | normal soap deodorant aqueous cream moisturiser (am/pm)  **Other (specify):** |
| **Hair care** | | wash in shower wash in bath **Preferred days** 3rd Daily |
| **Grooming** | | |
| **Hair care** | independent supervise some assistance/prompt fully assist  **Hairdresser** Every 2-3 months on request  **Facial hair** wet shave dry shave **Frequency** as Frank determines,completes ownshaving needs, must be supervised during this.  **Hair removal**  **Frequency** | |
| **Nail/foot care** | independent supervise some assistance/prompt fully assist  **Podiatry:** every fortnight | |
| **Teeth** | none some (specify: upper / lower) all  **Cleaning routine:** | |
| **Dentures** | none partial (specify: upper / lower) full  **Night** in out  **Cleaning routine:** Denture brush, detergent soak dentures in steradent overnight | |

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| **Dressing and undressing** | |
|  | independent supervise some assistance/prompt fully assist  callipers splints **Other (specify):** |
| **Cultural dressing** |  |
| **Dressing assistance** | bra singlet buttons belt zips  stockings socks jewellery make-up shoes  Assist with selecting clothing **Other (specify):** |

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| 1. **Pressure area and skin care** | |
| **Care needs:** Decreasing mobility  **Goal**: (expected outcome) Optimal skin integrity will be maintained | |
| **Norton Scale** | **Score** [ x ] low risk [ ] medium risk [ ] high risk |
| **Pressure relief aids** | bed cradle sheepskin cushion bedrail/protectors  **Other (specify):** |
| **Pressure area regime** | Reposition in bed Reposition in chair **Frequency (specify):**  special mattress (type ) personal chair  **Other (specify):** |
| **Skin care** | emollient cream to dry skin areas ( daily twice daily )  **Preferred time/s:** After hygiene and before bed |

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| 1. **Eating and drinking** | |
| **Care needs:** Unable to prepare meals himself  **Goal**: (expected outcome) Client will maintain optimal nutrition and hydration levels | |
| **Eating** | |
|  | independent supervise some assistance/prompt fully assist  right-handed left-handed |
| **Preferred place to eat** | dining room bedroom **Other (specify):** |
| **Type of diet** | normal soft modified soft (minced) puree |
| **Special diet** | high fibre high protein diabetic enteral feeding (PEG/NGT) |
| **Special instructions** |  |
| **Aids** | modified crockery modified cutlery bowl lipped plate  built up cutlery clothing protector **Other (specify):** |
| **Drinking** | |
|  | independent supervise some assistance/prompt fully assist  right-handed left-handed |
| **Aids** | modified cup clothing protector |
| **Thickened fluids** | level 1 level 2 level 3 |

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| 1. **Sleep and settling routines** | |
| **Care needs :** Sleep can be interrupted by episodes of incontinence  **Goal**: (expected outcome) To promote optimal natural sleeping pattern | |
|  | **Usual time to rise** 0700hrs **Usual time to bed** 2030hrs  **Rest time** ( 11am pm ) Preferred sleeping position On right side Pillows required x1 |
| **Sleep Aids** | massage music hot packs  **Other (specify):**Night light on, likes listening to slower Irish ballads |
| **Room** | light on door open door closed bedrail/protectors  **Other (specify):** |
| **Night-time patterns** | Rises at approx. 2am to use toilet |
| **Other preferences** (For example: hot drinks or snacks) | Hot Milo (or other non-caffeine drink) before going to bed |
| **Night checks** | every hour every 2 hours **Other (specify):** |

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| 1. **WHS** | |
| **Completed injury risk assessment forms** | Room Yes No  Facility Yes No  Client assessment Yes No |

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| 1. **Social and human needs/activities** |
| **Care needs:** Requires social activities to be organised as unable to manage himself, daily print copy of The Age newspaper  **Goal**: (expected outcome) Social needs will be met |
| **Frequency of visit/contact by family/friends** Frank has weekly family visits  **Religion beliefs/practices** Roman Catholic, very religious, attends church weekly and likes the priest to visit him at the facility whenever possible. He would like the ‘Prayer of the Sick and Dying’ when his condition deteriorates.  **Pastoral requirements Attends place of worship** (day/s: Sundays at church and Wednesdays at the facility)  **Cultural needs** Celebrates birthdays, Xmas, Easter. Irish born and follows traditional holidays and festivals of the Catholic religion. Reads The Age daily, prides himself of knowledge of current affairs.  **Hobbies/interests** Loves Irish music and dancing **Employment history** Nil Pets none Name/s Type/s client manages pet requires prompt and assistance in pet care fully assist pet care  **Social group/s:** Frank has a son Michael and a daughter-in-law Lucy who visit Jack every weekend. Frank was born and raised in Ireland and moved to Australia when he was 30. He is very passionate about his Irish heritage and loves to sing Irish songs.  **Preferred activity/games** Walks outside, Enjoys Family visits Loves church visits and religious events, Trivia nights and Reading the Age newspaper.  **Facility social outings** Enjoys all organised outings (**Frequency:** Weekly) Requirements **Taxi vouchers** Yes No |

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| **Specialist care section** |
| **Note:** in most cases, the following care needs require appropriatelyqualified individuals to administer the required care. If unsure of your skill level and training, please consult with your supervisor. |

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| 1. **Medications** | |
| Care needs: Client prefers staff administer medications for security and accuracy. Goal: (expected outcome) Medications to be given as per the policies and procedures and as per the needs of the client | |
| Current medications | eye drops ear drops Other (specify):See Doctors list Webster packed Topical creams Insulin  Prn medications s8 medications |
| Administration | independent supervise some assistance/prompt fully assist  pre-packed measure self-administer |
| Preferences | Use a teaspoon to administer into his hand Taken with water  From medicine cup Crushed Whole |
| Blood sugar level testing | independent supervise some assistance/prompt fully assist Frequency: |

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| 1. **Pain Management** | |
| Care needs: Frank has chronic back pain due Ca bowelGoal: (expected outcome) Pain will be assessed and treated appropriately | |
| **Assessment** | Abbey Pain Scale Numerical Pain Scale  Wong baker faces scale |
| **Non Pharmacological** | Heat packs Ice Packs Massage TENS unit Distraction |
| **Pharmaceutical** | Regular and Prn medications available for the relief of pain, oral, sub-lingual and sub-cutaneous |

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| 1. **Wound Management** |
| Care needs: N/A at this timeGoal: N/A |

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| **Management** | Relieve pressure from areas concerned by:  Exercise routine High protein diet  Reposition in bed Reposition in chair |
| **Dressing routine (specify details)** |  |
| **Pressure area regime** | Reposition in bed Reposition in chair **Frequency**  special mattress (type ) personal chair  Exercise routine **Other/specific orders** |

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| 1. **Therapy** | |
| Care needs: Frank has restricted movement due to back pain from Ca BowelGoal: (expected outcome) Frank will receive the appropriate therapy to optimise his movement and independence and minimise his pain | |
| **Physiotherapist** | Physio will assist with exercises x2 weekly for a minimum of 10 mins on each visit |
| **RN Massage** | RN will assist with back massages x4 weekly every second day for 10 mins on each occasion |

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| 1. **Behaviour Management** | |
| Care needs: Frank is Irish and very patriotic, he will defend his country and anything he thinks is right and fair, he will become verbally defensive and can become irritable in the defence of his beliefs, if he feels someone is being treated unfairly, or if he doesn’t understand what is happening around him.Goal: (expected outcome) Frank will receive the appropriate emotional support and staff will ensure strategies are in place to minimise any changed behaviours and improve and maintain Frank's quality of life | |
| **Wandering Behaviour** | Staff will have an activity program in place to ensure client is connected, engaged and occupied during waking hours in an activity of their choice |
| **Refusal of Care** | Staff will provide a calm and reassuring approach, use eye contact, smile, use clients preferred name, explain what they are doing and their expectations and re approach if client remains agitated |
| **Verbal Behaviours** | Staff will use distraction such as food, drink, walking in the garden, Irish music or Irish dancing DVDs  Enjoys daily social contact and displays of affection from others  Staff will ensure all behaviours and strategies are documented appropriately  Orientate to time and place  Adhere to clients preferred routine  Provide emotional support  Explain that verbal outbursts are not appropriate |

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| 1. **Restraint** | |
| Care needs: Not requiredGoal: (expected outcome) Frank will receive the appropriate supervision and be encouraged to move around the facility as freely as possible | |
| **Restraints are in place:** | None (supervision sufficient)  Physical  Environmental  Chemical |

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| Domestic needs/activities (Home and Community Care (HACC) only) |

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| **Care needs:** N/A  **Goal**: (expected outcome) N/A |

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|  | independent supervise some assistance/prompt fully assist |
| **Frequency** | daily every 2nd day weekly fortnightly  **Other (specify):** |

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| **Requirements** | Shopping  Washing clothes  Cleaning  Cooking  Transport  Gardening  Other (specify): | **Frequency:**  **Frequency:**  **Frequency:**  **Frequency:**  **Frequency:**  **Frequency:**  **Frequency:** |

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| Additional comments (For example: special needs, restraint, routines, pain, advanced acre plan, palliative care, pacemaker) |

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| Advanced care plan exists (completed with family) that includes terminal care wishes.  **Terminal care recorded** Yes No | |
| **Date care plan evaluated** (document in progress notes) | **RN Signature** |
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| **Office use only** |
| **Entered in progress notes Date** |
| **Signed**  **Print name**  **Position title**  **Review date** every 3 months(specify date: 3months from today’s date) |