

PATIENT DEMOGRAPHICS			
1. Referring Hospital/ Agency/ Organisation	WHH	2. Ward Name & Telephone Number	KC1 01233616076
3. Patient Name	Heather Smith	4. NHS No	420 497 8002
5. Address & Post Code	14 Dawbourne, Swain Road Tenterden, TN30 6 PS	6. GP practice & address	Ivy Court surgery Tenterden
7. Patient Telephone Number(s)	01580766170	8. DOB	24.07.1945
		9. First Language	English
10. Ethnicity	British		
11. Gender	Female	12. Interpreter needed? <i>If Yes detail who</i>	No
13. Current Care Provision	Nursing Home <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residential Home <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was a care package in place prior to admission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OD / BD / TDS / QDS Single handed / Double handed / Other arrangement		
14. Current Care Provision funded by and Name of Care Provider	NA		
15. Does patient require CHC consideration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. NOK/Emergency Contact- <i>Include name, relationship & contact number</i>	Mathew Smith (son) 07713117038		
Completed by: S. Varghese Signature:		Designation: Ward Sister Date: 19.12.24	

CLINICAL STATUS AND OBSERVATIONS			
1. Admission date:	10.12.24	2. Expected date of discharge	20.12.24
3. Reason for Admission: <i>Include treatment, diagnosis</i>	Fall and fractured rt humerous and Mildly displaced fracture of the lateral condyle of right distal femur Ortho plan as of 20.12.24 Cylinder cast for 2 weeks, Rt leg Full Weight bearing Rt leg as tolerated with frame Collar and cuff left Upper limb, NWB (Can be changed to Arm sling if C&C not tolerated) Mobilise as pain allows left Upper limb Continue Edoxaban unless contraindication F/U in the fracture clinic in 6 weeks for left Humerus fracture F/U at Mr Gautam Reddy's clinic in 2 weeks		
4. Rockwood Score	5		
5. End of Life	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6a. DNAR	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

6b TEP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Relevant past medical history:	AF, RA, AV STENOSIS, HTN, REFLUX, PMR, TKR	
8. Date (will) no longer meets criteria to reside:	19.12.24	
9. Consent and Capacity - <i>Behavioural traits, who provides consent, POA, LPS involvement, DOLS and BIM.</i>	Does the patient have capacity to consent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, has an MCA been completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Discussed discharge plans with NOK if patient lacks capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA Name discussed with: Health and Wellbeing LPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Finance LPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10a. Does the patient demonstrate any behavioural tendencies?	Impulsive behaviour <input type="checkbox"/> Aggressive <input type="checkbox"/> Wanders <input type="checkbox"/> Withdraws <input type="checkbox"/> Other <input type="checkbox"/> Describe:..... NONE	
10b. Referral to RTDS <i>(P2 Recovery & P3 patients only)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Is the patient a falls risk? <i>Consider how this will be managed; e.g. any aids/adaptations needed.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how is this mitigated?..... Support required with all mobility needs.	
12. Does the patient have night needs? <i>Consider in the context of home, not the routine of hospital</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what for & frequency?..... minimum twice at night with toileting	
13. Does the patients require assistance with medication?	Independent <input type="checkbox"/> Prompts Only <input checked="" type="checkbox"/> Physical Assistance <input type="checkbox"/>	
14. Have any safeguarding issues or vulnerable adult concerns been identified?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe:.....	
15. Does the patient have any allergies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the patient has allergies, what are they?....	
16. Observation	Latest result	Date of observation
Weight	49kg	14.10.24
Height	158cm	14.10.24
17. Pressure Relieving needs:		
Purpose T Score	Pink Pathway	
Skin Condition - Integrity and Equipment – <i>describe any skin/ wound care plan/TVN input</i>	Redness on sacrum	
18. Current critical medication - <i>Include time critical medication and state timings / is patient on an anticoagulant/VTE protocol?</i>	Edoxaban once day	
19. Infection status – Covid, Flu, C-diff, MRSA	none	
Completed by: S. Varghese Signature:		Designation: Ward Sister Date: 19.12.24

"WHAT MATTERS TO ME"**1. What is important to the patient? & What has been discussed with the patient regarding discharge?**

What are the patient's wishes for discharge? what is it important to them? What would they like to achieve? Where would they like to go? Who would they like to be included in decision making? Does the patient have an advanced care/ respect form?

Patient wants to return home but is aware that cannot manage at home at present. Patient happy for NOK to be involved in discussions.

2. What is the patients' personal circumstances, home environment & preadmission abilities?

Include accommodation type, living with, access arrangements (keysafe, Lifeline), essential daily living, stairs, Single level living opportunities, informal and formal support arrangements, mobility, ADLs

Key-safe in situ ☐ Key-safe code Lifeline in situ ☐ Steps at access ☐ stairs ☐ Stairlift ☐

Social history from patient:

- Lives alone in a house
- Has a stair lift
- Mobilises indoors independently unaided (sometimes uses a walking stick on bad days)
- Mobilises using a 4 wheeled walker / trolley outdoors, however doesn't go outdoors much due to shortness of breath on exertion and anxiety
- has a keysafe
- has a pendent lifeline
- toilet upstairs and downstairs
- Independent with Personal activities of daily living
- Has a carer 1x a week to help shower (care agency is care company)
- has a cleaner 1x a every 2 weeks for 6 hours.
- has a bathroom upstairs with a shower cubicle
- 2 falls in past 8 months.

3. What is the patients' current abilities?

Please detail the patient's ability to complete their ADLs, considering: personal care and grooming; nutrition and hydration; mobility and transfers; communication, sensory or cognitive impairment, continence. Night needs. Any rehab goals? What is the suggested pathway?

Patient at present is requiring full hoist for safe transfers. She is NWB through left arm and FWB through right leg (has cylindrical cast). Has been practise sit to stand with therapies but unsuccessful. Patient is requiring assistance with all personal care. No cognitive impairment. Suggested pathway is NWB bed.

4a. Other relevant information regarding hazards/risks in the patient's home? e.g. aggressive/unusual pets; issues with outside lighting/parking; any violence/aggression towards carers; environmental issues impacting health/safety,

No

4b. Are there any housing issues? E.g. Access to property – are there stairs, is an ambulance assessment required? Is the patient homeless? Is the property hoarded? Are there cleaning issues preventing discharge?

No

5. Actions completed/ in progress to facilitate discharge

Equipment ordering, cleaning of house, furniture being moved, information provided/referral made to services, e.g. Outpatient appts, Fracture clinic appts, onward referrals to other community services or voluntary services.

Referred to NWB
Ortho plan 20.12.24
F/U in the fracture clinic in 6 weeks for left Humerus fracture
F/U at Mr Gautam Reddy's clinic in 2 weeks for distal femur
Please see EDN for clinic appointment details

5a. Suggested Care Provision for Discharge

P2 NWB

6. Outcome of Hub Discussion.

Discharge plans discussed with family – any concerns. Has CHC been considered. Agreed Pathway.

Completed by: Pedro Nunes
Signature:

Designation: Physiotherapist
Date: 17/12/2024
Updated Giles Bond 21.12.24