Roshana Care Group - Nursing Home

Care Plan Report for Carol

UR No./ACS ID: **Admission:**

Report created on: 17/09/2024 by Danielle Dyce [RAO / Nursing Assistant]

Resident Details

First Name	Carol
Surname	
Preferred Name	Carol
Admitted Location	
D.O.B	
Admission Date	
Medicare No.	
Pension Entitlement No.	
Next of Kin	910608
- Home Phone	6558 1270
- Mobile	
Medical Practitioner's Name	
Dr's Work Phone	

Allergies

Drug Allergies	Sulphur

Risks / Safety Issues

Participating in Activities	No
Altered Behaviour Patterns	Yes
Continence Problems	Yes
Lack of insight into their own Safety	Yes
Medications that may affect safety	Yes
Impaired Mobility	No
Nutrition Problems	No
Behaviour puts Safety of others at Risk	No
Restraints used for Risk Activities	Yes
Sensory Deficits	No

Religion / Culture

Nationality	Australian
Religion / Belief	Catholic.
Level of Participation	nil
Language's Spoken	English.

Relevant Medical History

Dementia	Yes

Other Medical Diagnosis

Alzheimers dementia. GORD, Polymyalgia Rheumatica, Airway Disease, Osteoarthritis, Vitamin D Deficiency, Urinary Incontinence, Dementia

Summary of Preferences / Needs

Relevant Social Hx / Needs

Requires meals to be separated - e.g. so does not eat sweets only	Yes

Eating Assistance

Requires assistance in positioning self for meal	Yes
Requires extensive prompting to eat/drink	Yes
Requires supervision in positioning for meal	Yes
Requires supervision to drink fluids	Yes
Requires supervision to eat food	Yes

Own Teeth or Dentures

Partial Dentures	Yes
Lower Teeth	Yes
Upper Teeth	Yes

Diet Type

Diet Consistency

Main	Regular Easy to Chew
Vegetables	Regular Easy to Chew
Dessert	Regular Easy to Chew

Urinary Aids

Morning aids	XL 1 - Pants Premium
Afternoon aids	XL 1 - Pants Premium
Night time aids	XL 1 - Pants Premium - Times 2

Hygiene Assistance

Full Assist	Yes
Washing face	Yes
Washing body	Yes
Washing extremities	Yes
Drying face	Yes
Drying body	Yes
Cleaning teeth/dentures	Yes
Hair	Yes

Toileting Assistance

Full one to one physical assistance is required to position resident on and off the toilet, commode, bedpan or urinal	Yes
Clothing adjustment after toileting	Yes
Post toilet hygiene wipe / clean peri-anal area	Yes

Potential Complications / Health Management / Medication Management Issues

Goals of Care & Interventions

Goals of Care

I would like staff to early detect any signs and symptoms of potential infections I may experience.

STAFF INTERVENTIONS

Frequency of required observations

Monthly general observations and weight as per resident of the day schedule.

Oral medication admin by	Care Staff - Med trained
Injectable medication admin by	Registered Nurse
Topical By	Staff

Staff Interventions for topical medications

Staff apply treatment cream to extremities as per medication chart directive.

Immunisation History

Details of current immunisations	21/06/2023- Fluad Quad 358950
Fluvax	21/06/2023
COVID 19 Vaccine Date of Administration Dose 1	05/05/2021
COVID 19 Vaccine Date of Administration Dose 2	26/05/2021

Outcome of Referral

Relevant Assessment Details

Dr's Care Planning Consultation details

Psychotropic consent form completed
Medications are usually either pre-existing, or requested by patients themselves or families
When I have recommended medications, I always discuss potential benefits and risks with that given medication

By Ruben Kurilowich [Doctor - GP] on 16/09/2022 13:17

Related to the following medical concerns

Related to the following medical concerns

Complex Health Care Needs Summary

Complex Care Goals of Care

I would like staff to continue monitoring my complex needs as required.

Other Complex Care Interventions

Communication / Hearing

Goals of Care

Goals

I would like to be able to hear well without distraction.

Relevant Assessment Details

Related to

Related to (Speech difficulties)

Alzheimer's dementia - comprehension and communications skills are impaired. Carol's speech can be repetitive with word finding difficulties.
Carol is becoming verbally quieter as her Dementia progresses

Cognitive deficit or speech disorder affecting comprehension or speech

Alzheimer's dementia - comprehension and communications skills are impaired. Carol's speech can be repetitive with word finding difficulties.
Carol is becoming verbally quieter as her Dementia progresses

Speech / Comprehension difficulties

Alert	Yes
Confused	Yes
Slurred words	Yes
Single words	Yes
Clearly spoken words	Yes
Dysphasia:	No
Dysarthria	No

Memory - recent / past events

Recent	poor
Past	poor

Interventions

Please note: the Language/s this person speaks is listed on the front page

Can resident use a call bell?	No
Resident uses an emergency response aid	No
Interpreter required	No

Aids to communicate

Aids worn	No
Repeat sentences	Yes
Use simple sentences	Yes
Gain eye contact before communicating	Yes

Wax management interventions

Staff to monitor hearing abilities and if becoming diminished from normal, report to GP to assess for wax build up.

Other communication interventions

Reduce background noise and gain Carol's attention.
Maintain eye contact and smile
Keep conversations simple and direct.
Allow time for her to comprehend what has been said and to formulate her responses.

Hearing deficit

Vision Needs

Goals of Care

Goals

I want to be able to enjoy good eyesight and have my glasses clean and easy to access all the times when reading or attending to an activity.

Relevant Assessment Details

Related to visual changes

Requires reading glasses for reading and close up activities. Must not be worn when walking.

Interventions

Glasses

No

Location glasses kept

Bedside table inside a black glasses case.

Care of glasses

Staff are to clean when required and ensure they are well fitted.

Detail strategies

Mobility & Dexterity

Goals of Care

Goals

I would like to continue improving my mobility and staff to remind me how to be safe whilst doing so.

Maintenance/Improvement of transfers	With assistance x 1
Maintain/Improve mobility	With Supervision

Relevant Assessment Details

Posture	good
Coordination/balance	can be unsteady
Gait	can be unsteady .

Hand Grip

Left	weak
Right	weak

Interventions

Weight bearing aids used	nil aids
Chair type uses during day	Standard chair
Hip Protection Required	No

Details from Functional Assessment - assist with following

Detail to transfer

Carol's mobility can fluctuate at times due to cognition, pain and function.
Carol currently requires SBA for mobility and transfers however due to poor cognition at times Carol chooses to mobilise without assistance increasing her falls risk.
She can at times require 1 x A for STS transfers from a low bed or chair.

Transfer aids used	SBA, nil aid (PRN 1 x A for STS transfers)

Assistance to Mobilise

Requires physical assistance to mobilise with 1 staff member

Distance able to walk with physical assistance: Please provide additional instructions	SBA, nil aid (PRN 1 x A for STS transfers)
Other staff assistance / comments	

Carol's mobility can fluctuate at times due to cognition, pain and function.
Carol currently requires SBA for mobility and transfers however due to poor cognition at times Carol chooses to mobilise without assistance increasing her falls risk.
She can at times require 1 x A for STS transfers from a low bed or chair

Potential for Injury / Risk

Goals of Care

Goals

I would like to be protected from injury as much as possible.

Relevant Assessment Details

Types of falls in past

Lost Balance	Yes
Slip	Yes
Trip	Yes

Other Types of falls in past

4/4/2024 - unwitnessed fall from bed
23/3/24 - witnessed fall during activity - heightened mood 9/11/23 08/7/23 30/1/21,

Interventions

Type of Restraint

Secure memory support unit to provide a safe environment

Continence safety issues	Regular continence aid changes.

Behaviour safety issues

Behaviour related safety issues	Intentional rounding, activities interested in.

Psychotropic Medication Risk Review

Commencement location	Prior to admission
Date commenced	21/12/2023
Medication name	Citalopram
Diagnosis or Indication	Anxiety / BPSD in dementia
Date review	19/01/2024

Medications that may impact on Falls/Safety

Medication - generic and trade names	Citalopram
Possible adverse effects which affect safety	Blurred vision, weakness, tiredness
Record ID	47632177

Relevant information has been provided and / or explained to the resident and / or the Substitute Decision Maker	Yes
Informed consent received from	Substitute Decision Maker
If the resident did not give the consent, who did?	Mragaret Kennedy
Treating Physician Name	

Psychotropic Medication Risk Review

Commencement location	In facility
Date commenced	21/12/2023
Medication name	Paracetamol and Codeine
Diagnosis or Indication	Pain
Date review	19/01/2024

Relevant information has been provided and / or explained to the resident and / or the Substitute Decision Maker	Yes
Informed consent received from	Substitute Decision Maker
If the resident did not give the consent, who did?	Margaret Kennedy
Treating Physician Name	

Urinary Continence Management

Goals of Care

Goals

I would like to avoid becoming incontinent at all times. If I do become incontinent, I would like staff to attend to my hygiene and provide me extra reassurance as this will me feel upset.

Relevant Assessment Details

Type(s) of incontinence

Functional	Yes
Urgency	Yes

Type(s) of incontinence

Recognizes sensation to urinate	Sometimes

Interventions

Concerns about elimination

Aids Required

Morning aids	XL 1 - Pants Premium
Afternoon aids	XL 1 - Pants Premium
Night time aids	XL 1 - Pants Premium - Times 2

Continence m'ment toileting times

On rising, after breakfast, after lunch, before dinner and on settling. Schedule toilet if wandering or agitated

Times to check aids	As per toileting times.

Catheter use

No Devices	Yes

Care if incontinent

Assistance if incontinent	Staff x 1 full assist with schedule toileting.

Care after incontinence

Staff X 1 full assist Carol with her peri-anal hygiene.

Other care

Staff X 1 provide full physical assistance with scheduled toileting, peri-anal hygiene cares,and adjusting clothing before and after.
Carol demonstrates reduced ROM in bilateral shoulders and lower back affecting her ability to complete reaching tasks to complete peri-anal task and affecting her transfers on/off toilet. Carol cognitive deficit impacts on her ability to sequence tasks to ensure safety and adequate/appropriate peri anal hygiene.
.

Bowel

Goals of Care

Goals	I will open my bowels every 1-2 days.

Relevant Assessment Details

Related to a lack of

Exercise	Yes
Mobility	Yes

Interventions

Bowel Pattern

Constipation	Yes
Bowel action time of day	AM.

Bowel Management program

Staff monitor & record bowels each shift.
Staff advise RN if bowels not open for 2 days.
Provide fruit daily for breakfast.
Encourage adequate fluid intake, offer fluids at each meal.

Other bowel function issues to address

Ostomy type if applicable

Toileting

Goals of Care

Goals

I would like staff to assist me with my toileting needs when needed.

Interventions

Details from Functional Assessment

Full one to one physical assistance is required to position resident on and off the toilet, commode, bedpan or urinal	Yes
Clothing adjustment after toileting	Yes
Post toilet hygiene wipe / clean peri-anal area	Yes
Number of staff required for toileting	1

Self Care Needs - Bathing / Hygiene / Dressing Grooming

Goals of Care

Goals

I would like to be dressed and well presented every morning before 8 and would like staff to ensure I am well presented at all times.

Interventions

Prefers

Bath, Shower or Both	Shower
When	Every Day
Time AM	Before Breakfast

Resident staff preference for care

Female	Yes

Bathing / showering preferences / routines

Haircare details

In house hairdresser appointment when required
Assisted hair wash in the shower weekly

Use of anti-embolic stockings/Protective bandaging

Cream details

Emollient or barrier cream	moisturizer BD
Times to apply cream(s) within a 24 hr period:	with morning care and at lunchtime a

Laundering / Linen / Towel Preferences

Weekly linen change	Yes
Facility to supply linen	Yes
Requested specific time to make bed	Yes
As per requested time	Daily
Staff to distribute clean towels and collect dirty towels	Yes

Details from Functional Assessment

Needs the following assistance for hygiene

Needs full assistance	Yes
Washing body	Yes
Washing face	Yes
Washing extremities	Yes
Drying face	Yes
Drying body	Yes
Cleaning teeth/dentures	Yes
Hair care	Yes

All clothes washed by aged care service	Yes
Woolens washed by aged care service	Yes
Name labels to be applied by aged care service	Yes

Oral / Dental

Goals of Care

Goals

I want to enjoy having clean teeth in the morning and night, I sometimes do not like to wear my dentures.

Relevant Assessment Details - refer to Teeth/Denture details in Summary of preferences

Level of Assistance

Own Teeth

Denture

State of mouth	Pink/ Moist.
State of gums/lips	Pink/ Moist.
State of tongue	Pink/ Moist.

State of teeth/dentures

Remaining teeth stained and worn. If pain occurs, staff are to report to the GP/ family to discuss treatment options.

Tooth or mouth pain - Y/N	No

Please refer to other Dental problems in Nutrition Needs section

Interventions

Assistance to prevent dental issues

staff to support twice daily oral and denture care.

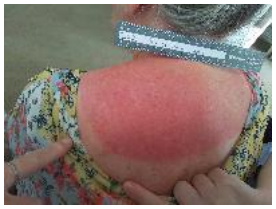
Skin / Wound

Goals of Care

Goals

I would like my skin to remain hydrated with no injury.

Skin Assessment Pictures



Back neck

Relevant Assessment Details

Related to:

Skin/Wound Issues:

Potential skin problems include: Dry skin, Excoriations, IAD, Exacerbation of itchy skin nodules.

Skin Condition:

Past/Present Conditions:

7/1/2024 sunburn
History - Itchy skin nodules - Now Healed.
History - Excoriation under breasts - Now Healed.
History - Bruising - Now Healed.
27/10/23 SB DR Kurilowich Dermatitis to face - Advantan
07/11/2023 - unwitnessed Fall, skin integrity intact, nil injuries or bruising.
17/11/23 SB Dr Kurilowich - Candida under breasts - clonea
18/3/24 - Excoriation under left breast and abdo - broken areas.

Systemic meds impact	Clonea Advanatan
Flaky / Dry Skin	Yes
Rashes	Yes

Skin Condition:

Norton Score:	14

Interventions

Skin care

Care strategies	sunscreen

Pressure area care

Times to reposition person within a 24 hr period	
Emollient/barrier cream	moisturizer BD
Times to apply cream(s) within a 24 hr period	with morning care and at lunchtime a

Pressure relieving devices

Sensory Needs

Goals of Care

Goals of Care:

Goals:

I would like any sensory issues to be rectified if I may experience them.

Relevant Assessment Details

Related to: Seizures:	No problems identified.
Dizziness:	No problems identified.
Tingling:	No.
Identifies aromas:	No problems identified.

Interventions

Details of sensory pain for staff to manage:	No problems identified.
Taste Problems:	No problems identified

Nutrition Needs

Goals of Care

Hydration Goals of Care:

I would like to be offered multiple drinks throughout the day so I do not feel dehydrated.

Nutrition Goals of Care:

I do not wish to gain any weight and if so I would like a dietitian to become involved in my care.

Relevant Assessment Details

Attitude to food / appetite :

Carol enjoys her food and has a good appetite however she can be easily distracted and struggles with planning and sequencing. Staff must prompt and remind Carol to continue eating if she forgets.

Interventions

Food Allergies

Diet type:

Please note Diabetes details on front page - if so, provide Diabetic diet and conduct Diabetes Monitoring as noted, refer to other relevant Nutrition details below

Normal	Yes
Taste problems to monitor:	No problems identified

Food & Fluid likes/dislikes:

Food likes	Strawberries, Black grapes.
Food dislikes:	Curries, Spicy food, Mushrooms, Seafoodz, Broccoli
Serve Size:	Medium
Fluid dislikes:	Cordial.

Fluid likes:

Readiness to eat related answers

Preffered Seating Location

Breakfast	Yellow Willow Dining Room.
Lunch	Yellow Willow Dining Room.
Dinner	Yellow Willow Dining Room.

Eating Aids / Utensils Details

Plate	Normal.

Cup/saucer (type other options if not shown in the list)	Normal - cup/saucer or Mug.
Special cutlery	Normal.
Hot cup holding ability	Yes - do not overfill

Functional Assessment answers - please refer to Summary Page 2

Nutrition Risk Screening Tool Interventions - Refer to detailed NRST Assessment also

Interventions are based on risk score

.....

LOW: If score = Low Risk (1-10) repeat NRST 3 monthly or more often if obvious health changes

HIGH: If score = High Risk (20+) follow Moderate Interventions below and refer to Dietitian

MODERATE: If score = Moderate Risk (11-19) or High Risk (as above) complete following

1. Person inappropriately gained weight	No, go to Q 2
2. Person has an appetite	Yes, go to Q 3
3. Person manages larger serves of all meals	No, go to Q 4
4. Person manages double serves of desserts	Yes, offer double desserts and monitor

5. Level 1 interventions

6 & 7. Level 2 or Level 3 interventions

8. If High Risk - refer to Dietitian

Speech Pathology Details - interventions only show below if applicable

Oral medication administration directives

Oral medications to be crushed?	No

Tablets administered

Whole	Yes
Details re crushing meds OR other methods	

If medications require crushing, check MIMS in the first instance and also with pharmacist and GP for further direction

Speech Pathology Meal Time Care Plan

Strategies for safe swallowing

Eating and Drinking

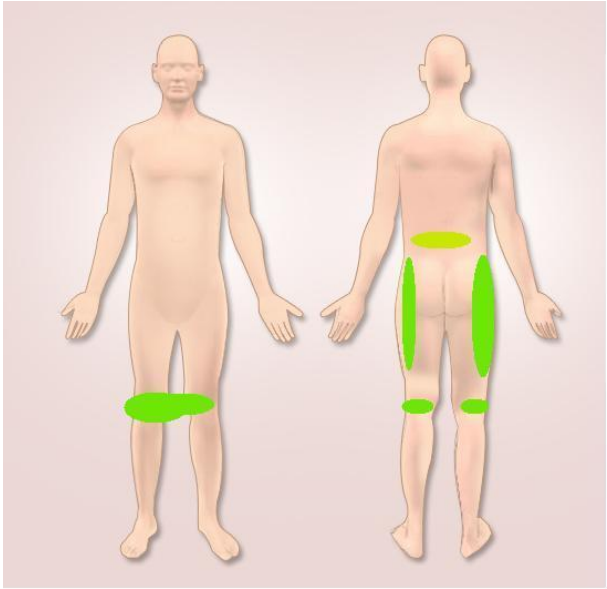
Discomfort / Pain

Goals of Care

Goals:

I would like to be pain free at all times and have options to relieve pain if I may experience it. Staff will detect early, any signs and symptoms of potential complications. Staff will prevent complications.

Relevant Assessment Details



Interventions

Description

Relevant medical diagnoses to consider	OA within bilateral knee joints Polymyalgia Rheumatica of hip joints
Details of Pain Scale and assessed score - i.e. Abbey Pain Scale	PAINAD 4/10
Intensity	5
Location of the pain of this intensity	Knees, lower back, hips
Details re Long-Term pain management as relevant eg. Norspan, Digesic, Morphine, Heat, Massage, TENS use	Carol has long standing chronic pain from Polymyalgia Rheumatica mostly affecting lower back and hips. Recent issue also with her bilateral knees.
Nature of Pain	Ache, Sharp, Tight
Onset	Gradual
Periodic	Yes
Guarding Body Part	Yes
Describe body part	Lower back/hips, knees
Other expression of pain	Grimacing, Anxious, Decreased activity, Decreased socialisation
Altered mood	Irritable

What causes or increases the pain that needs to be avoided?	Prolonged weight bearing
Needs Referral	No
Pain relief Interventions including frequency of interventions	Staff apply gentle massage - Small circular movements to knees and lower back from rib cage to pelvic area as a component of ADLs 5 mins daily incorporating 20 mins weekly. Massage medium - emollient lotion. Encourage seated rest breaks when longtime standing, walking.
Record ID	25009232

Musculoskeletal Pain:

Carol has long standing chronic pain from Polymyalgia Rheumatica mostly affecting lower back and hips Diagnosis of OA degenerative changes in knee joints and she reports headaches

Sensory Pain: No problems identified.

Sleep - Rest Needs

Goals of Care

Goals:

I would like to sleep well throughout the night with no episodes of insomnia.

Relevant Assessment Details

Difficulties: Excessive interactions, noise and light

Medical history:

GORD, Polymyalgia Rheumatica, Alzheimer's disease,Airway disease, Itchy skin nodules,Osteoarthritis of the knees, Low vitamin D

Interventions

Usual settling time:	2000.
Usual waking time:	0530-0600.
Amt Pillows:	1
Amt. blankets:	2

Sleep management plan:

Can be effected by periods of napping throughout the day compromising night time sleep pattern

Other preferences and routines:

Emotional / Relationship / Intimacy / Stress Management / Spiritual - Cultural / Social - Community Needs

Goals of Care

Goals:
I would like to feel supported and comforted when I become upset.

Relevant Assessment Details

Frequency of family visits:
Carol's sisters visit often, Carol video calls with her daughter every Sunday

Issues re family / friends relationships:

Feelings about relationships	Carol enjoys contact and visits with loved ones.

Interventions

Religion/ Belief:	Catholic.
Minister / church to contact:	nil
Service participation:	nil

Specific Spiritual needs / preferences:

Spiritual needs	I have no spiritual needs

Specific Cultural needs / preferences:

Cultural needs
I have no specific cultural needs but enjoy celebrating Australian cultural days

Customs	Australian Customs.

Support needed by resident:

Emotional support strategies
After visits from sister and her dog, Carol needs 1:1 time and attention to distract her.
Reassurance that she will continue to have visits from her sister and she will bring in her dog, Honey.

Support relationship with:

People resident wishes to contact / confide in:	Sister's .

Religious/ holiday celebrations / traditions:

Celebrations	Christmas and Easter
Holidays	Christmas and Easter.
Traditions	birthdays, Christmas and Easter, ANZAC Day

Relaxation strategies:

Singing and spending time with staff. The garden and the therapy dog, Tilly.
Likes to pick flowers or just walking with staff holding her hand for reassurance

Ways to solve problems:	Joking around, dancing and singing with her

Assistance required:

Staff assistance	be respectful, kind ,understanding

Other strategies

staff give 1:1 time and attention, reassurance, distraction with activity or conversation of interest to Carol , likes watching or participating in cooking, craft, likes to be made feel useful and a help to others. Carol responds to staff taking her to a quite area to give support , likes to be made feel listened to and have empathy back to her

Behaviour Management Needs

Goals of Care

Goals:

I would like staff to remind me that sometimes I can use a tone of voice that is distressing to others.

Relevant Assessment Details

Behaviour demonstrated when upset:

How the person alerts staff that a problem exists

Staff will notice a change in her behaviour or participation .

Carol has stuttering or loss of verbal communication when upset

Carol may follow a staff member that she is comfortable with for reassurance and support or regress to a quiet spot, often outside in the garden

Interventions

Avoid these causes of:

Stress: Becomes stress with any changes to routine .

Anger: Carol becomes upset when she is incontinent.

Anxiety:

easily becomes anxious and worries about any changes in her health or worries about her family

Depression:

can become despondent and at times teary , can have self focus and not be conscious of others, looks for attention back on to herself

Powerlessness:

When feeling lonely and feels no one likes her . Becomes happy again when given attention.

Watch for the following signs of these:

withdrawal and isolation

Carol will regress to a quiet space or stand quietly

Carol becomes agitated and doesn't not like staff attending her personal hygiene needs.

How to assist resident when upset:

How to prevent loneliness:

1:1 support and time in the garden where Carol is happy

Engagement in activities Carol enjoys within Willow

Social Work Psychosocial Care

Relevant Assessment Details

PAS	17
Psychiatric Diagnosis	Diagnosis: Alzheimer's Dementia.

Geriatric Depression Scale

Cornell Depression Scale

Score / 38	10

Philadelphia Depression Scale

Other Scale

Review Psycho-Geriatrician

Psychological and Emotional Supports

Legal / Financial

Client Mood and Affect

Carer Mood and Affect

Client Social Adaptability

Other details re person's presentation

Client behaviour - tick as many of the following that apply

Interventions

Restraint Authorised by

Advance Directives in place

Diversional Therapy / OT / Activities Planned

Goals of Activities/Therapies

Aims of Activities

Aims

The aim of Carol's individualised activities program is to promote enjoyment, encourage Carol to be as independent as she chooses by staff facilitating assistance to do the activities she enjoys. The plan aims to promote a sense of happiness, well being and self worth in Carol through enjoyable activity. Carol's activities are provided taking into account her preferences based on her interests both past and present and individualised taking into consideration her level of cognitive impairment and progression in her disease.

Life Story Details

Born in Sydney.
Grew up in Gaylong N.S.W (near Yass).
Moved with her Mum to Canberra to attend High School.
Experienced trauma when father died.
Married first husband Ronnie to appease her father.
Carol had an ectopic pregnancy and was unable to conceive naturally.
They adopted 2 children, Jerome and Serena.
They later divorced.
She married John her second husband and lived in UK and travelled around Europe.
Later divorced John

Relevant Assessment Details

Limitations / barriers observed poor mobility

Strategies

Staff use a combination of both reality orientation and validation therapies to assist with implementation of Carol's individualised activities plan due to her cognitive limitations. Staff support Carol physically, emotionally and cognitively to ensure the best outcome possible for meeting her activity goals

Interventions

Physical

Reason / Need to participate in activities

Carol will be given the opportunity to maintain/improve physical health

Activities

Carol will be invited and supported to participate in Group walking and seated exercise activities, walking in the garden, carpet bowls, chair hockey and more.

Cognitive

Reason / Need for participating activities

Carol will be given the opportunity to maintain / improve current cognitive capabilities.

Activities

Carol will be invited and supported to attend cognitive activities such as drum circle and Art and craft activities. She does not like quizzes and memory games, however seems to enjoy watching others engage with this activity

Emotional / Social

Reason / Need for participating activities

Carol will be given the opportunity to attend activities in small group settings and socialise with her friendship group as she chooses.

Activities

She sold the house and moved to Gosford to be closer to children and Grandchildren.
Carol moved in with Margaret her sister at Missabotti and then later to Valla where her condition deteriorated.
She now resides at MVH.
She has lived a solitary life and hasn't made many friends throughout her life.
She loves animals and gardening

Carol will be invited and supported to socialise in small groups with like minded residents as well as attend social group activities such as Happy Hour. Carol is very social and loves to chat to other residents and staff, all of which is encouraged daily. Carol uses video calling via Messenger to keep in contact with family members and staff send pictures via messenger to the family of Carol enjoying her day to day activities

Creative

Reason / Need for participating activities

Carol will be given the opportunity to be creative in our creative Arts programs.

Activities

Carol will be invited and supported to attend Live music sessions, drum circle and creative artistic workshops. Carol is encourage to attend cooking group and other creative activities too.

Cultural

Reason / Need for participating activities

Carol will be given the opportunity to have her Cultural needs met.

Activities

Carol will be invited and supported to attend Australia day celebrations and Melbourne cup fun days with other residents.

Sensory

Reason / Need for participating activities

Carol will be given the opportunity to have her sensory needs met.

Activities

Carol will be invited and supported to attend Aromatherapy sessions and Massage with Physiotherapists, sensory activities such as cooking and gardening and more

Task Oriented or ADL's

Reason / Need for participating activities

Carol will be given the opportunity to attend activities related to her special interests.

Activities

Carol will be invited and supported to select activities from the activities calendar which she may like to attend. Carol will be supported with cleaning her room. She waters her own little pot plant garden on her bench. Carol takes part in the household model of care supported by staff to ensure positive outcomes.

Hobbies / Special Activities

Reason / Need for participating activities

Carol will be given the opportunity to attend activities related to her special interests.

Activities

Carol will be invited and supported to attend activities such as Art days in our craft room and Supervised cooking in our kitchens as well as gardening. Carol is supported by staff to choose and pick flowers which she places in vases throughout Willow wing to brighten up the place.

Spiritual

Reason / Need for participating activities

Carol's family has stated she has no Spiritual needs.

Activities

although we have established that Carol has no Spiritual needs, she still recognizes Christmas and Easter, and will be invited to spiritual activities and given the choice to attend.

Physiotherapy - Chest/Hot/Cold/Electrical/Other - Refer to Physio Assessment AND Interventions Report also

Chest Physio

Hot/Cold/Manual

Physio for pain m'ment

On referral/request	Yes

Electrical

- Massage
- Heat Pack
- Tens
- Laser
- Ultrasound

Tilt Table Program

Physiotherapy - Exercise Therapy - Refer to Physio Assessment AND Interventions Report also

Exercise Therapy	Active Movem'nt Program	Exercise Programs	Splints / aids

Physiotherapy - Mobility/Gait/Walking - Refer to Physio Assessment AND Interventions Report also

Mobility/Trnsfrs	Gait Practice	Walking Program	Walking Aids
Transfer Practice	In Parallel Bars		AFO
Postural Correction	Walking		

Podiatry Details as applicable

Mobility - Footwear Risks

Shoes recently reviewed	Yes

Podiatrist footwear recommendations

Podiatrist Care Plan

Anti-embolic stockings use details

Podiatrist plan - including Foot Hygiene

Podiatrist to review 6 weekly- trim and file nails and clear sulci.
Care staff wash and dry feet and nails daily and check for infection, inflammation, fungi etc and report any abnormality to RN.

Podiatrist recommended interventions

Massage skin daily to hydrate skin	Yes
Use protective footwear to relieve pressure/protect	Yes
Wash/dry between toes thoroughly, wipe with alcohol swab/other product if excessive moisture present	Yes
Check the towel for any signs of discharge after drying	Yes
Check shoes, hosiery, socks for fit and foreign objects before fitting shoes	Yes
Check shoes for wear or torn linings and excessive wear	Yes
Inspect feet from heel to toe - report joint inflammation, swelling, skin breakdown or lesions	Yes

Advanced Health Directives / Palliative

Goals of Care

Goals:

When the time comes that I deteriorate, I would like my family to be involved in all decision making.

Relevant Assessment Details

Family / Advocate discussion:	Yes
Name of person/s outlining wishes:	Margaret Kennedy

Medical Power of Attorney:

POA present:	Yes

Medical POA details

Name:	Margaret Kennedy
Relationship to person:	Sister
Funeral Director details:	For cremation. Funeral details - to be advised

Interventions

Specific wishes re care:

Complementary Therapy Details