

## Functional Assessment



Resident Name: Kenneth MCV\_03



Report created on: 11/09/2023 11:14 AM by Locum Allied [Allied Health]

### Meals / Drinks

#### MEALS / DRINKS

Requires meal to be cut up

Requires supervision to drink fluids

Yes

Requires supervision to eat food

Yes

#### Eating Aids / Utensils Details

Plate

Normal

Cup/saucer (type other options if not shown in the list)

Tumbler

If yes to swallowing difficulty, specify

Moderate oro-pharyngeal dysphagia as per speech pathologist in 2022 post hospital discharge.

Does the resident require further assessment?

No

To set Appointment date, use the Tasks area

### Transfers

#### TRANSFERS

See Physio assessment for specific functional ability details

Transfers bed to chair

Supervision - Staff to provide verbal direction

Detail intervention required to transfer

1 x assist in/out of bed.

Requires assistance with electric bed controls to elevate the head of the bed for sleeping.

Recommended Seating

Recliner/ standard chair.

### Mobility

#### LOCOMOTION

Assistance to locomotion

Supervision - Staff to provide verbal direction and/or hand resident mobility aide, fitting of prosthesis or splint if needed

Distance able to walk with physical assistance: Please provide additional instructions

Stand by assistance for mobility with 4WW.

Some SOBOE has been noted, staff are to remind Ken to have rests if he becomes tired.

Strategies from the Falls / Safety assessment to minimise issues related to Mobility

Ken needs reminding to use his 4WW at all times.

### Movement in Bed

#### MOVEMENT IN BED

Assistance Movement in Bed

Supervision with verbal instruction

Detail intervention provided

Explain to Ken what is happening and involve Ken in all movement plans.

### Personal Hygiene

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**TICK THE BOX IMMEDIATELY BELOW IF ONE-TO-ONE PHYSICAL ASSISTANCE IS REQUIRED FOR DRESSING AND UNDRESSING, WASHING AND/OR DRYING THE BODY, DENTAL OR HAIR CARE OR SHAVING. (IF YOU HAVE TICKED FULL ASSIST, ONLY TICK ADDITIONAL INFORMATION BELOW AS NECESSARY)**

Full one-to-one physical assistance is required throughout all ADL's as above

Yes

### **DRESSING AND UNDRESSING**

Requires assistance with

Dressing and Undressing, Washing and drying the body, Grooming (dental, hair and shaving)

### **WASHING AND DRYING**

Requires assistance with

Washing face, Washing body, Washing extremities, Drying face, Drying body

### **GROOMING**

Requires assistance with

Cleaning teeth/dentures, Hair, Shaving

### **SPECIFIC PREFERENCES**

Prefers

Shower

When?

Every Day

AM

Morning.

Toiletries resident uses

Soap and shampoo.

Nail care requirements

Staff to assist with fingernail care.

Foot care - e.g. to do with peripheral neuropathy / diabetes

Podiatrist to attend toenail care.

### **PODIATRIST CARE PLAN DETAILS**

Podiatrist recommended interventions

Massage skin daily to hydrate skin

Yes

Check the towel for any signs of discharge after drying

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

### **Toileting**

### **NUMBER OF STAFF**

Specify number of staff required for toileting

1 x Staff Assist

### **REQUIRES ASSISTANCE WITH**

Physical (One to One assistance)

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Full one to one physical assistance is required to position resident on and off the toilet, commode, bedpan or urinal, Clothing adjustment after toileting