|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Resident Details | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  | Allergies | | | |  | Relevant Medical History | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Drug Allergies |  | Mogadon |  |  | Dementia |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Risks / Safety Issues | | | |  | Other arthritis ie. gout, arthrosis, osteoarthritis |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Participating in Activities |  | No |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Other Medical Diagnosis | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Altered Behaviour Patterns |  | Yes |  |  | Hypertension,  Hypothyroidism,  Dyslipidaemia,  GORD,  Diverticulosis,  Depression,  Anxiety,  Ischaemic Colitis,  UTI,  Cholecystectomy,  Hypothyroidism,  Thyroidectomy,  Removal of hepatic cyst,  # pubic rami post fall,  Past Shingles infection leaving her with Residual post Herpetic pain around rib cage,  Falls, | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Continence Problems |  | Yes |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Lack of insight into their own Safety |  | Yes |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Medications that may affect safety |  | Yes |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Impaired Mobility |  | Yes |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | First Name | |  | Betty | | |  |  |  |  |  |  |  |  |
|  |  |  | Nutrition Problems |  | Yes |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname | |  | Alexander | | |  |  |  |  |  |  |  |  |
|  |  |  | Behaviour puts Safety of others at Risk |  | No |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Preferred Name | |  | Betty | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Restraints used for Risk Activities |  | Yes |  |  |  |  |
|  | Admitted Location | |  | MACLEAY VALLEY HOUSE / Room 023 / Grevillea Wing Room 023 A | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Sensory Deficits |  | Yes |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Religion / Culture | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | ACF ID | |  | MCVH4958 | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | Nationality |  | Australian Citizen |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | D.O.B | |  | 23/06/1931 | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Religion / Belief |  | Uniting Church. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Admission Date | |  | 25/10/2019 | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Level of Participation |  | Attends at own discretion. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Medicare No. | |  | 2196308659 | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Pension Entitlement No. | |  | 208290074S | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Language's Spoken |  | English. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Next of Kin | |  | Mark Alexander | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | - Mobile | |  | 0413 974 744 | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Medical Practitioner's Name | |  | Dr Marcel Mariga | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Dr's Work Phone | |  | 6562 6188 | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Hearing impairment,  Macular degeneration,  Fall with small traumatic subarachnoid haemorrhage, Osteoarthritis in Hands, fingers and neck,  Chronic neck and left hip pain,  Shortness of breath on exertion,  Short Term memory Loss, Lower limb oedema,  Urinary incontinence,  insomnia. mild pharyngeal dysphagia |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Summary of Preferences / Needs | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Relevant Social Hx / Needs | | | |  | Diet Type | | | |  | Hygiene Assistance | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Support needed by families / friends |  |  |  |  | Diet Type |  | High protein/high energy high fibre diet |  |  | Full Assist |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Dressing upper body |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Staff to spend time with Betty engaging in conversation. Engage family members and friends to visit. | | | |  |  |  |  |  |  |  |  |  |  |
|  |  | Diet Consistency | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | Dressing lower body inc, socks/shoes |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Main |  | Regular Easy to Chew |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Eating Assistance | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Undressing |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Other |  | regular cutup |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Washing body |  | Yes |  |  |  |
|  | Requires assistance in positioning self for meal |  | Yes |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Vegetables |  | Regular Easy to Chew |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Washing extremities |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Other |  | regular cut up |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Requires meal to be cut up |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Drying body |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Dessert |  | Regular Easy to Chew |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Cleaning teeth/dentures |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Other |  | regular cut up |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Requires extensive prompting to eat/drink |  | Yes |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Make up |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Urinary Aids | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Hair |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Requires supervision to drink fluids |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Morning aids |  | San 1 Premium |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Toileting Assistance | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Afternoon aids |  | Nil |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Own Teeth or Dentures | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Full one to one physical assistance is required to position resident on and off the toilet, commode, bedpan or urinal |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Night time aids |  | LO - Pants Premium |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Partial Dentures |  | Yes |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Lower Dentures |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Upper Dentures |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Lower Teeth |  | 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 | | | |  | Relevant Assessment Details | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | | | |  | Related to the following medical concerns | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | I want staff to prevent me from having complications. I want staff to identify the signs and symptoms of complications and manage it accordingly. | | | |  | Related to the following medical concerns | | | |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Infection Record | | | |  |  |
|  |  |  |  |  |  |  |  |
|  | STAFF INTERVENTIONS | | | |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Date this INFECTION was identified - DO NOT alter this date once chosen |  | 13/09/2024 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Deals with illness by |  | She gets sad |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Frequency of required observations |  | Betty to have monthly weighs and BP monitoring |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | UTI - WITHOUT INDWELLING CATHETER |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Oral medication admin by |  | Care Staff - Med trained |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Injectable medication admin by |  | Registered Nurse |  |  |  |  | Change in character of urine, New or increased burning pain on urination, frequency or urgency |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Topical By |  | Staff |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Staff interventions for oral / injectable medications |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Organism isolated as confirmed by Pathology |  | Escherichia Coli |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Staff place tablets one at a time onto a spoon and then tip tablets off the spoon into Betty's hand.  Staff provide fluids to aid swallowing and ensure safe and complete ingestion of all medications.  Betty requires physical assistance with medications.  Staff are to stay with Betty throughout the whole medication process, to ensure safe ingestion.  On psychotropic medications staff to monitor for any adverse effect of medications.  Notify GP with issues with medication.  GP to review medications regularly.  Betty is Self-administering her topical cream and eyedrops.  Betty to have a 3 monthly self-administration assessment.  Staff to ensure that medications are check regularly for | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Antibiotics/treatment used and length of time ordered for |  | TRIMETHOPRIM 300mg, 1 Tab Daily 14/09/2024-20/09/2024 |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Care Interventions |  | - Hydration Monitoring- To promote fluid intake - Observe for Fever, urgency, dysuria, frequency.  - Regular Toileting Assistance  - Implement proper Perineal care and promote Hygiene Practice |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Record ID |  | 64373792 |  |  |  |
|  |  |  | | | |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | expiration dates.  Ensure that medications are stored in the lockable drawer. | | | |  |
|  |  |  |  |  |  |
|  | Staff Interventions for topical medications |  |  |  |  |
|  |  |  |  |  |  |
|  | To monitor effectiveness of the medications and to ensure to notify GP if not effective. Ensure that eyedrops opening date is in the bottle. Ensure to discard the eyedrops after 28 days | | | |  |
|  |  |  |  |  |  |
|  | Immunisation History | | | |  |
|  |  |  |  |  |  |
|  | Details of current immunisations |  | 11/05/2023- Fluad Quad 358950 |  |  |
|  |  |  |  |  |  |
|  | Fluvax |  | 11/05/2023 |  |  |
|  |  |  |  |  |  |
|  | Tetanus |  | 21/12/2023 |  |  |
|  |  |  |  |  |  |
|  | 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 | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Complex Health Care Needs Summary | | | |  |
|  |  |  |  |  |  |
|  | Complex Care Goals of Care | | | |  |
|  |  |  |  |  |  |
|  | My clinical and medical needs will be addressed and unwanted side effects or outcomes shall be prevented. | | | |  |
|  |  |  |  |  |  |
|  | Other Complex Care Interventions | | | |  |
|  |  |  |  |  |  |
|  | Pain management involving therapeutic massage or application of heat packs AND frequency at least weekly AND involving at least 20 minutes of staff time in total |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Complex skin integrity management for residents with compromised skin integrity who are confined to bed and/ or chair, or cannot self ambulate. The management plan must include repositioning at least 4 times per day. |  | Yes |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Communication / Hearing | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | Related to | | | |  | Please note: the Language/s this person speaks is listed on the front page | | | |  |  |
|  |  |  |  |  |  |  |
|  | I want to have a good hearing with my hearing aids so that I can talk to anyone I like. I want to have a good conversation with everyone. | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Related to (Speech difficulties) |  | Betty has depression and anxiety |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Can resident use a call bell? |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Cognitive deficit or speech disorder affecting comprehension or speech |  | Betty has depression and anxiety |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Call Bell Interventions |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Encourage Betty to call and wait for assistance. Ensure call bell is within easy reach especially when Betty is in bed and when sitting on her chair. Staff to answer call bell promptly | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Speech / Comprehension difficulties | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Resident uses an emergency response aid |  | N/A |  |  |  |
|  |  |  |  | Alert |  | Yes |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Further Information |  | Occasional confusion. STML. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Interpreter required |  | N/A |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | For this language |  | English. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Slurred words |  | No |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Aids to communicate | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Single words |  | No |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Describe Single Words |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Glasses |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Betty is able to communicate in full sentences without any difficulty. | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Hearing aid |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Aids worn |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Clearly spoken words |  | Yes |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Repeat sentences |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Dysphasia: |  | No |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Use simple sentences |  | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Dysarthria |  | No |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Gain eye contact before communicating |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Hearing details |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Betty wears a hearing aid in left ear. Aged related hearing loss. | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Other communication interventions |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Memory - recent / past events | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Staff to ensure reduce background noise when talking to Betty Gain Betty's attention - address by preferred name and gain eye contact. Speak clearly and directly to Betty - repeat if necessary. Allow Betty time to understand and to formulate responses. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Recent |  | Betty has good recollection of recent events. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Past |  | Betty has good recollection of the past events. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Staff to prompt/remind Betty to wear her eyeglasses all the time when out of bed. Staff to ensure that Betty is wearing her working hearing aids. | | | |  |
|  |  |  |  |  |  |
|  | Frequency of specialist visit |  | Unknown |  |  |
|  |  |  |  |  |  |
|  | Hearing deficit | | | |  |
|  |  |  |  |  |  |
|  | Left |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Right |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Hearing Deficit details |  |  |  |  |
|  |  |  |  |  |  |
|  | Betty wears a hearing aid in left ear. Aged related hearing loss. | | | |  |
|  |  |  |  |  |  |
|  | Care for hearing aid |  |  |  |  |
|  |  |  |  |  |  |
|  | Betty is able to clean and fit her hearing aids. Hearing aids are stored in a hearing aid container placed in Betty's walker during the day and placed on top of the bedside table at night for easy access. Hearing aids battery is changed annually. | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Vision Needs | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | | | |  | Relevant Assessment Details | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  | I want to see clearly with my eyeglasses. |  |  | Related to visual changes |  |  | Glasses |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Type of glasses |  | Bifocal blue frame eyeglasses. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Macular Degeneration. Wears Bifocal eyeglasses daily. | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | When worn |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Betty wears her eyeglasses all the time during the day. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Location glasses kept |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Glasses are kept in glasses case on top of bedside table | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Care of glasses |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Betty is able to clean and fit her own glasses. Betty wears glasses during the day and removes prior to bed. Betty stores glasses in the glasses case on top of her bedside table. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Interventions to optimise vision |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Staff to ensure there is adequate lighting especially during activities. Monitor Betty's eyes for any issues. Staff to check if glasses are clean. Ensure Betty has regular eye checkups. Minimize clutter and furniture in Betty's room.Notify GP with any changes or issues with eyes or vision. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Detail strategies |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Staff to remind Betty to wear her eyeglasses especially when she is doing/joining an activity | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | How often |  | Annually |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Specialist seen |  | EYECOAST OPTOMETRY REVIEW |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobility & Dexterity | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | | | |  | Relevant Assessment Details | | | |  | Interventions | | | |  | Details from Functional Assessment - assist with following | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  |  |  | Related to |  | Neck Thoracic and lumbar spine |  |  | Weight bearing aids used |  | 4ww |  |  | Staff to hand resident their mobility aid |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I want to be safe when I am walking with my walker. I want to prevent myself from falling. | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Chair type uses during day |  | Normal chairs |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Transfers (Bed to Chair assist) |  | Supervision - Staff to provide verbal direction |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Reduce Pain |  | Yes |  |  |  |  |  |  | Strategies to minimize impaired mobility issues |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Posture |  | Upright |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Increase/maintain muscle strength |  | Lower limbs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Coordination/balance |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Detail to transfer |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | SBA with 4WW for transfers, S/V with 4WW for mobility  Encourage use of 4WW at all times. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Betty becomes unbalanced quickly due to impulsivity. | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Betty presents as a high falls risk;Ontario scale 30/30 Management strategies - - Electric bed, ensuring at suitable height -- Ensure appropriate footwear - Ensure room is free of clutter and hazards - Provide SBA for transfers and supervision for mobility - Ensure safe use of walking aid (4WW) throughout transfers and mobility - Ensure call bell is within reach- Regular visual checks - Regular medication review - Encourage exercises to maintain current level of function Management strategies - Regular visual checks of every hour when out of bed. Regular medication review by GP. Ensure appropriate well-fitting footwear. Ensure Betty room is free of clutter and hazards, minimal furniture in the environment due to impaired vision. Staff to ensure that mobility aid is within reach all the time. Encourage Betty to use call bell if requires assistance. To answer call bell promptly. | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Maintenance/Improvement of transfers |  | With assistance x 1 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Weight bearing ability |  | N/A |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Maintain/Improve mobility |  | With assistance x 1 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Transfer aids used |  | SV+4WW |  |  |  |
|  |  |  |  | Hand Grip | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Left |  | weak due to arthritis both hands |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Assistance to Mobilise |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Supervision - Staff to provide verbal direction and/or hand resident mobility aide, fitting of prosthesis or splint if needed | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Right |  | weak due to arthritis both hands |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Distance able to walk with physical assistance: Please provide additional instructions |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | SBA with 4WW for transfers, S/V with 4WW for mobility   Betty is often reluctant to seek help and assistance and chooses | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Seating preferences |  | Electric recliner / standard chair. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  | Hip Protection Required |  | Yes |  | to walk with her 4ww (sometimes even without it) around her room and along the corridor. | | | |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Other staff assistance / comments |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Betty demonstrates impulsive quick movements at times with increased instability. Tendency to turn quickly unaware of surrounding objects or other residents presenting a falls risk and potential risk of injury. Betty uses a 4WW to assist with balance when mobilising. Betty has history of multiples falls in the past. Betty also has history of depression and anxiety. Betty prefers to mobilize herself without staff assistance.  Dignity of risk form in place to support and respect her preferences. | | | |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Other mobility aids |  | SV+4WW. |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Detail intervention to be provided |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Betty encouraged to use her call bell at all | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | times when she needs assistance. | | | |  |
|  |  |  |  |  |  |
|  | Aids used in bed |  | SV+Bed mechanics |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Potential for Injury / Risk | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  | Medications that may impact on Falls/Safety | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | Types of falls in past | | | |  | Type of Restraint |  | Chemical |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Medication - generic and trade names |  | Seroquel 25 mg half tablet nocte |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I want to be safe from possible injuries or risks. | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Continence safety issues |  |  |  |  |  |  |  |  |
|  |  | Lost Balance |  | Yes |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Slip |  | Yes |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Betty has a high risk of recurrent UTI.  Staff to monitor Betty for signs of UTI such as urine color, odour, frequency, discomfort/pain during urination.  Staff to encourage Betty to drink adequate fluids during the day. Staff to prompt Betty to go to the toilet during scheduled toileting regime. To ensure that Betty's incontinence is managed, and that peri-anal care is attended. | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Possible adverse effects which affect safety |  | Drowsiness, increased risk of falls. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Trip |  | Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Other Types of falls in past |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | 16/2/23 - outside of N/H required hospitalisation   3/6/23 | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Record ID |  | 38991010 |  |  |  |
|  |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Medication - generic and trade names |  | Venlaflaxine 100mg, Venlaflaxine 37.5 mg |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Possible adverse effects which affect safety |  | Drowsiness, increased risk of falls. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Record ID |  | 38991009 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Medication - generic and trade names |  | Temzepam nocte |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Possible adverse effects which affect safety |  | Can cause drowsiness and headache and may increase risk of falls. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Sensory deficit safety issues |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Betty is at risk of falls and injury due to poor vision and hearing, wears glasses all the time and wears hearing aids in both ears.  Staff to ensure that Betty is wearing her glasses and hearing aids all the time.  Staff to ensure that Betty's glasses are clean and well fitting.  Staff to ensure that | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Record ID |  | 46995729 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
|  |  |  |  |
|  | Betty's hearing aids are clean and functioning well. Staff to reduce hazards, clutter and to minimize furniture in the environment. | |  |
|  |  |  |  |
|  | Behaviour safety issues | |  |
|  |  |  |  |
|  | Behaviour related safety issues |  |  |
|  |  |  |  |
|  | Betty has preference of attending to her care needs herself. She is high risk of falls. Staff to continue to encourage to call for assistance with ADL's.  To encourage Betty to use call bell for assistance.  To supervise Betty with ADL's if prefers to have her independence to ensure safety.  Betty to have regular physio review of ability to perform ADL's herself to ensure safety | |  |
|  |  |  |  |
|  | Lack of insight issues |  |  |
|  |  |  |  |
|  | Betty is very reluctant in receiving assistant with cares, increasing her risk of falls. Encourage Betty to ask and wait for assistance as necessary | |  |
|  |  |  |  |
|  | Psychotropic Medication Risk Review | |  |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Commencement location |  | In facility |  |  |
|  |  |  |  |  |  |
|  | Date commenced |  | 15/08/2024 |  |  |
|  |  |  |  |  |  |
|  | Medication name |  | VENLAFAXINE 75mg |  |  |
|  |  |  |  |  |  |
|  | Diagnosis or Indication |  | Depression |  |  |
|  |  |  |  |  |  |
|  | Date review |  | 15/08/2024 |  |  |
|  |  |  |  |  |  |
|  | Potential Side Effect of the Medication |  | Nausea headaches dizziness Insomnia Constipation |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Relevant information has been provided and / or explained to the resident and / or the Substitute Decision Maker |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Informed |  |  |  |  |
|  | consent received from |  |  |  |
|  |  | Resident |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | If the resident did not give the consent, who did? |  | Betty Alexander |  |  |
|  |  |  |  |  |  |
|  | Treating Physician Name |  | Dr Frank Reed |  |  |
|  |  | | | |  |
|  |  |  |  |  |  |
|  | Psychotropic Medication Risk Review | | | |  |
|  |  |  |  |  |  |
|  | Commencement location |  | In facility |  |  |
|  |  |  |  |  |  |
|  | Date commenced |  | 16/12/2022 |  |  |
|  |  |  |  |  |  |
|  | Medication name |  | TEMAZEPAM 10mg |  |  |
|  |  |  |  |  |  |
|  | Diagnosis or Indication |  | Insomnia |  |  |
|  |  |  |  |  |  |
|  | Date review |  | 15/08/2024 |  |  |
|  |  |  |  |  |  |
|  | Potential Side Effect of the Medication |  | Drowsiness tiredness dizziness headache nausea |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Relevant information has been provided and / or explained to the resident and / or the Substitute Decision Maker |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Informed consent received |  | Resident |  |  |
|  | from |  |  |  |
|  |  |  |  |  |  |
|  | If the resident did not give the consent, who did? |  | Betty Alexander |  |  |
|  |  |  |  |  |  |
|  | Treating Physician Name |  | Dr Frank Reed |  |  |
|  |  | | | |  |
|  |  |  |  |  |  |
|  | Psychotropic Medication Risk Review | | | |  |
|  |  |  |  |  |  |
|  | Commencement location |  | In facility |  |  |
|  |  |  |  |  |  |
|  | Date commenced |  | 16/12/2022 |  |  |
|  |  |  |  |  |  |
|  | Medication name |  | QUETIAPINE 25mg |  |  |
|  |  |  |  |  |  |
|  | Diagnosis or Indication |  | Anxiety |  |  |
|  |  |  |  |  |  |
|  | Date review |  | 15/08/2024 |  |  |
|  |  |  |  |  |  |
|  | Other Information |  | Anxiety related to longstanding Depression |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Potential Side Effect of the Medication |  | Akathisia (inability to stay still) Dizziness Dystonia (involuntary muscle contractions) Headache Parkinsonism tremors  Sleepiness |  |  |
|  |  |  |  |  |
|  |  |  | Weight gain |  |  |
|  |  |  |  |  |  |
|  | Relevant information has been provided and / or explained to the resident and / or the Substitute Decision Maker |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Informed consent received from |  | Resident |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | If the resident did not give the consent, who did? |  | Betty Alexander |  |  |
|  |  |  |  |  |  |
|  | Treating Physician Name |  | Dr Frank Reed |  |  |
|  |  | | | |  |
|  |  |  |  |  |  |
|  | Psychotropic Medication Risk Review | | | |  |
|  |  |  |  |  |  |
|  | Commencement location |  | In facility |  |  |
|  |  |  |  |  |  |
|  | Date commenced |  | 16/12/2022 |  |  |
|  |  |  |  |  |  |
|  | Medication name |  | VENLAFAXINE 150mg |  |  |
|  |  |  |  |  |  |
|  | Diagnosis or Indication |  | Depression |  |  |
|  |  |  |  |  |  |
|  | Date review |  | 15/08/2024 |  |  |
|  |  |  |  |  |  |
|  | Potential Side Effect of the Medication |  | Nausea headaches dizziness Insomnia Constipation |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Relevant information has been provided and / or explained to the resident and / or the Substitute Decision Maker |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Informed |  |  |  |  |
|  | consent received from |  |  |  |
|  |  | Resident |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | If the resident did not give the consent, who did? |  | Betty Alexander |  |  |
|  |  |  |  |  |  |
|  | Treating Physician Name |  | Dr Frank Reed |  |  |
|  |  | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Urinary Continence Management | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | Type(s) of incontinence | | | |  | Concerns about elimination | | | |  |  |
|  |  |  |  |  |  |  |
|  | I would like to prevent myself from having urine infection. | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Stress |  | Yes |  |  | Aids Required | | | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Type(s) of incontinence | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Morning aids |  | San 1 Premium |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Recognizes sensation to urinate |  | Sometimes |  |  | Afternoon aids |  | Nil |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Night time aids |  | LO - Pants Premium |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Continence m'ment toileting times |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | on rising ,before /after meals,morning,afternoon tea/.tea and before going to bed at night | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Times to check aids |  | As per scheduled toileting. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Times to prompt to toilet |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Staff to prompt Betty to go to the toilet at the scheduled toileting schedule. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Catheter use | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | No Devices |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Care if incontinent | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Assistance if incontinent |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Staff to monitor for signs of UTI such as urine color, odour, frequency, discomfort/pain during urination. To encourage to drink adequate fluids during the day. To prompt to go to the toilet during scheduled toileting regime. To encourage to utilize call bell for assistance. Staff to answer call bell promptly | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Care after incontinence |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | To ensure that incontinence is managed, and that peri-anal care is attended to. To apply skin barrier every post toileting needs. To monitor skin. To encourage Betty to call for assistance with post toileting care. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Other care |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Betty has preferences of having her independence with her toileting care needs. Betty goes to the toilet herself | | | |  |  |

|  |  |  |
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|  |  |  |
|  | and is not calling or asking staff assistance. Betty has been assessed requiring assistance due to hearing and visual impairment. Betty also has history of multiple falls and SOBOE. Dignity of risk form in place to support and respect her choices. |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Bowel | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | Related to a lack of | | | |  | Bowel Pattern | | | |  |  |
|  |  |  |  |  |  |  |
|  | I want to open my bowels everyday. I do not like having constipation. | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Fibre |  | Yes |  |  | Constipation |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Diarrhoea |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Incontinence |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Bowel action time of day |  | Mostly in the morning. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Bowel action triggers to monitor |  | Unknown. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Bowel Management program |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Staff to monitor & record Betty's bowels each shift. Staff advise RN if bowels not open for 3 days. RN to manage constipation i.e aperients as charted. Provide Betty with fruit daily for breakfast.  Offer Betty prunes/fruits during breakfast.  Encourage adequate fluid intake, offer fluids at each meal, M/Tea, A/Tea, Supper and after attending any ADLs /PAC etc & fibre in diet to help prevent constipation.  Encourage Betty to notify RN if there is any discomfort with voiding and passing stool.  Encourage Betty to eat food high in fibre. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Other bowel function issues to address | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Other issues |  | Betty has diagnosis of Diverticulosis. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- |
|  |  |  |
|  | Ostomy type if applicable |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Toileting | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Interventions |  | Details from Functional Assessment | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  |  |  | Full one to one physical assistance is required to position resident on and off the toilet, commode, bedpan or urinal |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | I want to be able to have my independence with going to the toilet. | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Clothing adjustment after toileting |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Post toilet hygiene wipe / clean peri-anal area |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Detail intervention to be provided |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Betty has impaired field of vision impacting on spatial perception and ability to judge – will miss toilet seat• Betty has hearing deficit impacting on ability to hear instructions• Betty has decreased upper limb strength and ROM with associated pain impacting on ability to push and control descent necessary to position self on/off toilet• Betty has poor grip and dexterity with associated pain impacting on ability to grip safety rails necessary to push up and hold frame to toilet and manipulate clothing necessary to toilet• Betty has Chronic left hip pain impacting on ability and desire to engage core muscles necessary to toilet and maintain balance• Betty has decreased lower limb strength and ROM with associated stiffness in bilateral knees and ankles impacting on ability to push up and control descent necessary to position self on toilet. Betty has poor balance • Betty is falls risk with a history of falls• Betty had impaired field of vision impacting on spatial perception and ability to coordinate movement to complete toileting activities• Betty has decreased upper limb strength and ROM with associated pain impacting on ability to reach necessary to attend perianal hygiene• Betty has poor grip and dexterity with associated pain impacting on ability to grip toilet paper and adjust clothing for toilet completion• Betty has neck and left hip pain impacting on ability and desire to engage | | | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | core muscles necessary to attend toilet completion activities and maintain balance• Betty has decreased lower limb strength and ROM with associated pain and stiffness in bilateral knees and ankles impacting on ability to move legs necessary to attended toilet completion activities. For the above reasons Betty requires full assistance of one nurse for all aspects of toileting and toileting completion. | | | |  |
|  |  |  |  |  |  |
|  | Other staff assistance / comments |  |  |  |  |
|  |  |  |  |  |  |
|  | Staff to monitor Betty for signs of UTI such as urine color, odour, frequency, discomfort/pain during urination. Encourage Betty to drink adequate fluids during the day.Prompt Betty to go to the toilet during scheduled toileting regime.Ensure that incontinence is managed, and that peri-anal care is attended to. Apply skin barrier every post toileting needs. To encourage to go to the toilet prior to settling to bed.Staff monitor & record bowel movement each shift.Staff to advise RN if bowels not open for 3 days. RN to manage constipation accordingly and to report to GP if intervention is not effective. To offer prunes during breakfast. Encourage adequate fluid intake, offer fluids at each meal, M/Tea, A/Tea, Supper and after attending any ADLs /PAC etc & fibre in diet to help prevent constipation. To encourage to notify RN if there is any discomfort with voiding and passing stool. Encourage Betty to eat food high in fibre. Betty has been assessed requiring assistance with toileting care needs due to hearing and vision impairment. Betty has history of multiples falls in the past and SOBOE. Betty also has history of depression and anxiety. However, Betty prefers to attend to her toileting care regime on her own. Dignity of risk form in place to support and respect her preferences. | | | |  |
|  |  |  |  |  |  |
|  | Aids used |  | Raised over the toilet seat |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Number of staff required for toileting |  | x1 SB assistance |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Self Care Needs - Bathing / Hygiene / Dressing Grooming | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Interventions | | | |  | Details from Functional Assessment | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | Prefers | | | |  | Needs the following assistance for hygiene | | | |  |  |
|  |  |  |  |  |  |  |
|  | I want to be presentable and clean everyday. I like to have my shower everyday. | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Bath, Shower or Both |  | Shower |  |  | Needs full assistance |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | When |  | Alternate |  |  | Help with undressing |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Time AM |  | Morning after breakfast. |  |  | Washing body |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Resident staff preference for care | | | |  | Washing extremities |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Drying body |  | Yes |  |  |  |
|  |  |  |  | Others |  | Yes |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Dressing upper body |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Bathing / showering preferences / routines | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Dressing lower body |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Toiletries |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Cleaning teeth/dentures |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Betty uses palmolive shampoo and fructis conditioner for her hair. Betty has a bar of soap for her body. Betty uses vegesorb for her body. Betty has olay for her face and has nivea cream as well. Betty uses a deodorant and a powder that she applies to her chest Betty uses a lipstick when she goes out. | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Hair care |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Make up |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Detail intervention to be provided |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Assist Betty in choosing clothes. That Betty is wearing her eyeglasses so that she can see her options of clothes. Staff to provide some assistance with undressing especially with small buttons and zippers due to Betty decreased upper limb strength and ROM with associated pain. Staff to supervise Betty in preparing her toiletries and setting up the water for her due to poor hand grip and dexterity with associated pain. Betty has hearing deficit impacting on ability to hear instructions, staff to ensure to speak clearly and loudly during showers especially that Betty is not wearing her hearing aids. Reduce background noise if required. Staff to assist in cleaning and drying other areas of Betty body such as her lower limbs, in between toes and back. Betty is still able to clean and dry her face, front body, and upper limbs. Betty has been assessed requiring assistance with personal hygiene due to hearing and vision impairment. Betty has history of multiples falls in the past and SOBOE.Betty also has history of depression and anxiety. However, Betty prefers to attend to her personal hygiene on her own.Dignity of risk form in place to support and respect | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Equipment / aids used |  | Stationary Shower chair |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Haircare details |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Facility hairdresser. Every 4 months to do perm, 3 monthly for hair cut. | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Special Routines |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Betty like hair to be ear length.  Betty uses a brush or comb for her hair.  Betty has a skin moisturizer for her face and body BD.  Betty wears pants and top and cardigan when it is cold.  Betty wears a nightie to bed.  Betty brushes her teeth twice a day with prompting. | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Use of anti-embolic stockings/Protective bandaging |  |  |  |  | her preferences.Staff to continue to encourage and remind Betty of potential consequences of not accepting assistance being risk of falls, exacerbation of pain, impact on skin integrity. | | | |  |
|  |  |  |  |  |  |  |
|  | Care staff to apply compression garments, in the form of socks/stockings, size medium to be applied to Betty' s bilateral legs, extending from the base of the toes to 5cm below the knee joint line. To be applied in the mornings and removed at night prior to going to bed. Compression, a minimum of 15-20mmHg, will provide graduated pressure over the lower legs and assist in the management of non-arthritic oedema in the lower limbs. The measurements, in cm, of Betty's legs are \*\*circumference (R) calf: 34cm (R) ankle: 25 (L) calf: 34(L) ankle: 25 cms and length knee to heel: 47cm\*\* | | | |  |  |
|  |  |  |  |  |  |  |
|  |  | Aids used |  | Stationary Shower chair |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Cream details | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Emollient or barrier cream |  | Vegiesorb. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Times to apply cream(s) within a 24 hr period: |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | After morning shower/hygiene and before going to bed at night. | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Laundering / Linen / Towel Preferences | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Weekly linen change |  | Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Chosen day of the week |  | Thursday |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | If others, please specify |  | As per schedule |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Facility to supply linen |  | Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | No specific time to make bed |  | Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | As per requested time |  | as per schedule. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Staff to distribute clean towels and collect dirty towels |  | Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | All clothes washed by aged care service |  | Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Woolens washed by outside support |  | Yes |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Name labels to be applied by aged care service |  | Yes |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Oral / Dental | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | | | |  | Relevant Assessment Details - refer to Teeth/Denture details in Summary of preferences | | | |  | Interventions | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  | I want to have a clean teeth and healthy mouth. |  |  | Level of Assistance | | | |  | Assistance to prevent dental issues |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Own Teeth | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Staff to assist Betty with cleaning her teeth and dentures rinsing Betty mouth and brushing her tongue, twice a day. After breakfast and before going to bed at night.. | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Denture | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | State of mouth |  | Clean and moist |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Special needs to care for teeth or dentures |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | State of gums/lips |  | moist and pink. No cracks or lesions. |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Staff to assist Betty with cleaning her teeth and dentures after breakfast and before going to bed at night.  Staff to monitor for any issues in the dentures.  Ensure dentures are well fitting.  Betty still has her own teeth, to encourage Betty to report any dental issues/discomfort.  Encourage Betty to soak dentures once a week.   Betty has been assessed requiring assistance with oral hygiene due to hearing and vision impairment.  Betty has history of multiples falls in the past due to lack of insight and being impulsive. Betty also has history of depression and anxiety.  Betty prefers to attend to her oral hygiene on her | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | State of tongue |  | moist |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | State of teeth/dentures |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Clean full upper denture partial lower dentures. In good condition | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Details re teeth as relevant |  | Has approx 6 lower teeth . |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Tooth or mouth pain - Y/N |  | No |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Lesions/Sores/Lumps |  | nil |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Please refer to other Dental problems in Nutrition Needs section | | | |  |  |  |
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| --- | --- | --- |
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|  | own.  Assessed to being able to attend to her oral hygiene.  Dignity of risk form in place to support and respect her preferences re attending her own ADLS whilst being a high falls risk. |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Skin / Wound | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | | | | |  | Relevant Assessment Details | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | I want to have a healthy skin with no wounds. |  |  | Related to: | |  | Skin care | | | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Skin/Wound Issues: |  |  | Care strategies |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Skin Assessment Pictures | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Prone to skin cancers. Betty uses salicylic acid for face and arms for redness.  She has poor insight into her health and safety, she prefers to attend to her care needs herself.  Risk of falls that can cause skin tears, bruises and fractures.  She has high risk of developing pressure injury.  Betty is incontinent of urine, therefore is at risk of excoriation and IAD.  Betty has a Diagnosis of Hypertension with associated lower limb oedema, Chronic OA, these can further impact her skin integrity. | |  | Betty is high risk of developing pressure injury. Staff apply moisturiser to skin and heels twice daily and check for skin issues and report any abnormalities. Staff to monitor bony prominence's for any signs of pressure injury such as redness and skin blanching. To ensure that fingernails are short all the time. To attend to incontinence, to ensure to assist with peri-anal care. To ensure that peri-anal is clean and dried properly and to apply skin barrier to skin. Podiatrist to attend to toenails. To ensure that skin folds are clean and dried properly. To avoid rubbing motion when drying skin. To minimize clutter and furniture in the environment. Staff to encourage to mobilize when in sitting or lying position for long period of time. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |
|  | Right shin |  | L elbow | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Maintenance strategies |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | For Current Wound Management refer to Wound Care Chart. Bilateral leg oedema Anti-embolic stockings use, Care staff to apply compression garments, in the form of socks/stockings, size medium to be applied to Betty's bilateral legs, extending from the base of the toes to 5 cm below the knee joint line. To be applied in the mornings and removed at night prior to going to bed. Compression, a minimum of 15-20 mmHg, will provide graduated pressure over the lower legs and assist in the management of non-arthritic oedema in the lower limbs. The measurements, in cm, of Betty's legs are \*\*circumference (R) calf: 34cm (R) ankle: 25 (L)calf: 34(L) ankle: 25 cms and length knee to heel: 47cm\*\* | | | |  |  |
|  | Right shin, lateral |  | Left wrist | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | Skin Condition: | |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | Past/Present Conditions: |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | Post fall outside the N/H requiring hospitalisation 16/2/23 Entered on wound assessment on return 22/2/23 Forehead wound with x4 sutures V shaped wound to (R) elbow with sutures | |  |  |  |
|  | Right toe |  | Rat shin | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Pressure area care | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Times to reposition person within a 24 hr period |  | Prompt Betty to reposition every 4 hourly. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Emollient/barrier cream |  | Vegiesorb. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | 1b skin tears (R) ring and small fingers  Dry, frail and aged skin 8/8/2022: Right forearm excision biopsy. Wound management in place. Wound healing well.  13/05/22 Betty has bruises on her left arm, above the elbow and around the wrist. Betty states she scratches herself. Small bruise on left shin. Doesn't remember knocking it. ? Sun spot also noted on right shoulder. 4/3/21 - Cryotherapy to multiple AKs on face, left clavicle area and upper limbs. 16/1/2023-Top to toe skin check attended. Old bruise on L/cheek which Betty states is from her scratching herself at night and that she 'can't help' herself, and she knows her skin is fragile. She states she is not too worried about it. She pointed to multiple skin keratoses on her hands, arms, and legs, stating that her GP regularly sees her to help 'burn' them off. She is waiting for him to 'come back and cut off one of them' that is currently on the top centre of her head, which hurts if she presses it. Discolouration to bilateral shins. Old bruise on toenail of L/foot 3rd digit observed. Toenails short and clean.  21/4/23 , medical incision to right thumb and upper right arm 23/4/23 large bruise to later side of right shin15cm x 9cm 23/8/23 Betty states she ran into another residents bed and bruised her left lower leg 2024 - Surgical wound - skin lesion removed |  | Times to apply cream(s) within a 24 hr period |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | After morning shower/hygiene and before going to bed at night. | | | |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | Pressure relieving devices | | | |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | Foam Mattress |  | Yes |  |  |
|  | Left shin |  |  |  |  |  |  |  |  |
|  |  |  |  | Strategies to prevent pressure ulcers |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Wound and Skin Pictures | |  |  |  |  |  |  |  |
|  |  |  | Staff to monitor bony prominence's for any redness and blanching. Encourage Betty to apply skin moisturizer to skin. Encourage Betty to minimize lying and sitting in the same position for long period of time | | | |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | Finger /Toe Nail problems: |  | Yes |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | Other interventions |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | Staff to monitor Betty's fingernails to ensure that they are clean and short all the time. Assist Betty in trimming and filing fingernails.Podiatry to monitor toenails. Refer to podiatrist if required. Podiatrist to attend regularly every 6th weekly. | | | |  |
|  | R) lower leg |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  | Systemic meds impact |  | Aspirin daily |  |  |
|  |  |  |  |  |  |
|  | Other meds impact |  | Sorbolene to dry skin |  |  |
|  |  |  |  |  |  |
|  | Bony Prominences |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Bruises |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Flaky / Dry Skin |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Finger /Toe Nail problems |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Scalp Problems |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Sores |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Skin Condition: | | | |  |
|  |  |  |  |  |  |
|  | Other Skin Condition Issues: |  |  |  |  |
|  |  |  |  |  |  |
|  | Skin lesion/keratoses.Bilateral lower limb oedema . | | | |  |
|  |  |  |  |  |  |
|  | Norton Score: |  | 12 |  |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Sensory Needs | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | | | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care: | | | |  | Related to: Seizures: |  | nil |  |  | Details of sensory pain for staff to manage: |  | Funny tingling feeling in her toes sometimes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Dizziness: |  | if she gets sick or weak |  |  |  |  |  |  |
|  | Goals: |  | I want to maintain my sensory abilities. |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Taste Problems: |  | Nil currently. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Tingling: |  | toes sometimes |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Identifies aromas: |  | yes |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Nutrition Needs | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | | | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Hydration Goals of Care: |  | I want to drink adequately everyday. |  |  | Dental problems that may impact: |  | None reported |  |  | Food Allergies | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Diet type: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Nutrition Goals of Care: |  |  |  |  | Discomforts / difficulties: |  | Has GORD and at times has discomfort eating . |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I want to be able to maintain my weight and not lose any weight. I want to eat want I want. | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | 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 | | | |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Attitude to food / appetite : |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Betty has no current issues with her appetite. She prefers having medium serve of meals. | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Normal |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | High Fibre |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | High Protein |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Diet Type |  | High protein/high energy high fibre diet |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Religious / Cultural dietary needs: |  | None mentioned. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Religious / Cultural dietary restrictions: |  | None mentioned. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Taste problems to monitor: |  | Nil currently. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Strategies to minimize nutrition safety risks: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Betty is at risk of loss of appetite due to GORD and abdominal pain due to diverticulitis.  Staff to avoid providing food that could trigger her GORD such as spicy food.  Staff to encourage Betty to stay upright for 15 mins post meals and to eat food with high fibre.  To monitor Betty for any discomfort during meal time | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Food & Fluid likes/dislikes: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Food likes |  | Likes most foods. |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Food dislikes: |  | Capsicum, too spicy foods, Lettuce, Asparagus . |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Serve Size: |  | Medium |  |  |
|  |  |  |  |  |  |
|  | Fluid dislikes: |  | None mentioned |  |  |
|  |  |  |  |  |  |
|  | Fluid likes: | | | |  |
|  |  |  |  |  |  |
|  | Readiness to eat related answers | | | |  |
|  |  |  |  |  |  |
|  | Preffered Seating Location | | | |  |
|  |  |  |  |  |  |
|  | Breakfast |  | Rosella Dining hall |  |  |
|  |  |  |  |  |  |
|  | Lunch |  | Main dining hall |  |  |
|  |  |  |  |  |  |
|  | Dinner |  | In her own room |  |  |
|  |  |  |  |  |  |
|  | Eating Aids / Utensils Details | | | |  |
|  |  |  |  |  |  |
|  | Plate |  | Normal plate |  |  |
|  |  |  |  |  |  |
|  | Specific eating aids/utensils |  | Normal utensils |  |  |
|  |  |  |  |  |  |
|  | Cup/saucer (type other options if not shown in the list) |  | Cup and saucer |  |  |
|  |  |  |  |  |  |
|  | Special cutlery |  | Normal cutlery |  |  |
|  |  |  |  |  |  |
|  | Detail intervention to provide |  |  |  |  |
|  |  |  |  |  |  |
|  | Staff to assist Betty to cut up food.  Ensure that Betty is eating and drinking adequately.  Offer alternative food that Betty likes. Ensure that Betty avoids food that could trigger her GORD such as spicy food.  Encourage Betty to stay upright for 15 mins post meals.  Encourage Betty to eat food with high fibre.  Monitor Betty for any discomfort | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | during meal time. | | | |  |
|  |  |  |  |  |  |
|  | Other Staff Assistance to provide |  |  |  |  |
|  |  |  |  |  |  |
|  | Betty has her breakfast and Lunch in the main dining room unless Betty chooses to eat in room somedays.  Betty has morning tea in the dining room in Grevillea and has dinner in room.  Staff to assist Betty to cut up food.  Ensure that Betty is eating and drinking adequately.  Offer alternative food that Betty likes.  Ensure Betty avoids food that could trigger GORD such as spicy food.  Encourage Betty to stay upright for 15 mins post meals.  Encourage to eat food with high fibre.  Monitor Betty for any discomfort during mealtime. | | | |  |
|  |  |  |  |  |  |
|  | Swallowing difficulty details |  | Mild oropharyngeal dysphagia |  |  |
|  |  |  |  |  |  |
|  | 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 |  | No, go to Q 5 |  |  |
|  |  |  |  |  |  |
|  | 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 | | | |  | Speech Pathology Meal Time Care Plan | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Oral medications to be crushed? |  | No |  |  | Strategies for safe swallowing | | | |  |  |
|  |  |  |  |  |  |  |  |
|  | RN Instructions re Med Admin |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Ensure alert/upright (90deg); head tilted forwards, chin towards chest (chin tuck) |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Administer medications whole into Bettys hand and Betty will take them one at a time with a glass of fluid. RN to observe ingestion. | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Tablets administered | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Avoid distractions; concentrate on chewing, swallowing, not talking/watching tv |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Whole |  | Yes |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Ensure dentures clean and fit firmly |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Clear throat whenever voice sounds 'wet/gurgly' |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Eating and Drinking | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Encourage to eat/ drink slowly, take small amounts, rest between mouthfuls |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Encourage to chew on the stronger side of the mouth |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Ensure swallows what is in mouth before next mouthful |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Cough or clear throat if voice sounds 'wet', 'gurgly' or food sticking post swallow |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Discontinue if patient fatigues, coughs excessively or fails to swallow |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Provide oral hygiene at completion of every meal |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | After meal/ drink, leave person upright for the specified time (in minutes) |  | 30mins |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Other directives |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Please provide soft easy to chew food with sauce added. (unable to delete "regular cut up" under "other" on computer) | | | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Discomfort / Pain | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals: |  |  | Pain Assessment Required |  | Yes |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Description | | | |  |  |
|  |  |  |  |  |  |  |  |  |
|  | I would like for my pain to be managed and monitored by the staff. I want to be comfortable. | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Relevant medical diagnoses to consider |  | Ischaemic collitis Liver cyst excision, cholecystectomy, Dyslipidaemia, Diverticulosis, Depression, Anxiety, UTI, hypertension, Hypothroidism, GORD, Falls, Pelvic fracture, Hearing impairment, Fall with small traumatic subarachnoid haemorrhage |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Details of Pain Scale and assessed score - i.e. Abbey Pain Scale |  | 7 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Intensity |  | 4 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Location of the pain of this intensity |  | Neck and L Hip area lower limbs with increasing dependent leg oedema |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Details re Long-Term pain management as relevant eg. Norspan, Digesic, Morphine, Heat, Massage, TENS use |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  | Ostoemol 2 tabs BD 6/10/22 Current directives (28/11/19) Carer massage/heat pack 5 minutes regularly to neck/L Hip area in combination with ADL's |  |  |
|  |  |  | total 20 mins per week. |  |  |
|  |  |  |  |  |  |
|  | Nature of Pain |  | Ache, Spread Over Area, Radiating, Tight |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Other |  | Lower limb pain is associated with increased dependent oedema |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Onset |  | Gradual |  |  |
|  |  |  |  |  |  |
|  | Constant |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Time most severe |  | In the afternoon, or after prolonged standing/sitting. |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Guarding Body Part |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Describe body part |  | Neck. |  |  |
|  |  |  |  |  |  |
|  | Other expression of pain |  | Decreased activity |  |  |
|  |  |  |  |  |  |
|  | Altered mood |  | Irritable |  |  |
|  |  |  |  |  |  |
|  | What causes or increases the pain that needs to be avoided? |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  | Betty to avoid sitting for prolonged periods and encourage regular gentle movement.  Bettys legs to be elevated when seated during long periods of the day. |  |  |
|  |  |  |  |  |  |  |
|  | Needs Referral |  |  | No |  |  |
|  |  |  |  |  |  |  |
|  | Pain relief Interventions including frequency of interventions |  |  | Monitor and assess Betty level of pain regularly. Manage Bettys pain especially at night and to notify GP if |  |  |
|  |  |  |  |  |  |
|  |  |  |  | intervention is not effective.  Be attentive to Betty nonverbal cues such as frowning and guarding.  Encourage seated rest breaks when Betty has been walking for a long time and elevate her legs. Encourage Betty to notify staff if she has discomfort and pain. |  |  |
|  |  |  |  |  |  |  |
|  | Record ID |  |  | 28809417 |  |  |
|  |  | | | | |  |
|  | Musculoskeletal Pain: | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Neck/thoracic spine stiffness History of L hip/pelvic pain (previous pelvic fractures) | | | |  |
|  |  |  |  |  |  |
|  | Sensory Pain: |  | Funny tingling feeling in her toes sometimes |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Sleep - Rest Needs | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | | | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals: |  | I want to have a good night sleep. |  |  | Difficulties: |  | lighting, pain, room temperature |  |  | Usual settling time: |  | 2230hrs |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Usual rest times: |  | Betty occasionally naps during the day. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Medical history: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Hx of Ischaemic colitis Liver cyst excision, cholecystectomy, Dyslipidaemia, Diverticulitis,Depression,Anxiety,UTI,hypertension,Hypothyroidism, GORD,Falls,Pelvic fracture,Hearing impairment,Fall with small traumatic subarachnoid haemorrhage Osteoarthritis Hands, fingers and neck Chronic neck and left hip pain Shortness of breath on exertion.Short Term memory Loss Lower limb oedema Urinary incontinence, Other Arthritis | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Usual waking time: |  | 0600hrs |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Amt Pillows: |  | 2 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Amt. blankets: |  | 2 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Sleep management plan: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Staff to monitor Betty for pain and to manage pain prior to bed. Staff to notify GP when intervention is not effective. Staff to assist in changing Betty into preferred night wear. Staff to administer Betty's night-time medication prior to bed.Staff to regularly check Betty throughout the night. Ensure that Bettys preferences will be done, bathroom light open with door slightly ajar, blinds closed, main door close and main lights off.Staff encourage Betty to minimize nap time during the day to aid in sleeping at night- time. Staff to encourage Betty to join light exercise during the day. Staff to encourage Betty to drink warm milk of hot chocolate at night- time and to avoid caffeine | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Other preferences and routines: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Betty goes to bed around 2230hrs and wakes up at 0600hrs.Betty has supper at 1930hrs. Betty will brush her teeth and change into her nightie. Betty uses 2 pillows. 1 soft and 1 hard. Betty has 1 regular blanket and 1 knitted. Betty likes her main lights to be off at night, bathroom light is on and bathroom door slightly ajar. Her blinds close and Betty main door closed. | | | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Emotional / Relationship / Intimacy / Stress Management / Spiritual - Cultural / Social - Community Needs | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals: |  |  | Frequency of family visits: |  | weekly |  |  | Religion/ Belief: |  | Uniting Church. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I will feel supported and my living / quality of life needs will be met with the assistance as stated. | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Minister / church to contact: |  | Uniting Church Minister. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Issues re family / friends relationships: | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Service participation: |  | Attend when she feels inclined |  |  |  |
|  |  |  |  | Issues to address |  | Unknown |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Feelings about relationships |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Specific Spiritual needs / preferences: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Betty sees her family and friends quite frequently and she is very happy and grateful about this. | | | |  |  |  |  |  |  |  |
|  |  |  |  |  | Important to address |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Betty's family are the most important in her life. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Spiritual needs |  | Betty attends Chapel at her own discretion |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Specific Cultural needs / preferences: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Cultural needs |  | Attend Australian Cultural events |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Fulfilment strategies |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Staff to treat Betty with dignity and respect.  To support and respect Betty preferences.  To allow Betty to take risk and to ensure that Betty joins in activities that she prefers and enjoys. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Customs |  | Australian Cultural Days |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Support needed by resident: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Staff support strategies |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Staff to spend one on one time with Betty and discuss feelings. Encourage Betty to open up and share her feelings to staff if she will allow it.  Staff to listen to Betty concerns.  Staff to provide emotional support and | | | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | reassurance. | | | |  |
|  |  |  |  |  |  |
|  | Emotional support strategies |  |  |  |  |
|  |  |  |  |  |  |
|  | Staff to spend one on one time and discuss Betty's feelings. Encourage Betty to open up and share her feelings to staff if she will allow it.  Staff to listen to Betty's concerns.  Staff to provide emotional support and reassurance. | | | |  |
|  |  |  |  |  |  |
|  | Support relationship with: | | | |  |
|  |  |  |  |  |  |
|  | Other important people |  | Family and friends. |  |  |
|  |  |  |  |  |  |
|  | People resident wishes to contact / confide in: |  | Betty confides to her son and sister Joy |  |  |
|  |  |  |  |  |  |
|  | Help required: |  |  |  |  |
|  |  |  |  |  |  |
|  | Staff to ensure to involve Betty's family with any concerns or issues. | | | |  |
|  |  |  |  |  |  |
|  | Other residents / groups the resident wishes to be in contact with: |  | None mentioned. |  |  |
|  |  |  |  |  |  |
|  | Religious/ holiday celebrations / traditions: | | | |  |
|  |  |  |  |  |  |
|  | Other religious personnel / counselor visits / service participation when ill/dying |  | Minister uniting church |  |  |
|  |  |  |  |  |  |
|  | Celebrations |  | Betty celebrates Christmas, Easter, Birthdays |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Holidays |  | Christmas and Easter |  |  |
|  |  |  |  |  |  |
|  | Traditions |  | Australian traditions, Christmas and Easter. |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Relaxation strategies: |  |  |  |  |
|  |  |  |  |  |  |
|  | Betty likes reading in her room. She likes going to the cafe and having coffee with other residents. Betty also relaxes with watching TV and her favourite shows. | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Ways the person copes with difficulties: |  |  |  |  |
|  |  |  |  |  |  |
|  | Betty keeps her self busy , Betty is a very active person . | | | |  |
|  |  |  |  |  |  |
|  | Ways to solve problems: |  | Betty talks to friends and staff sometimes |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Assistance required: | | | |  |
|  |  |  |  |  |  |
|  | Staff assistance |  |  |  |  |
|  |  |  |  |  |  |
|  | Staff to spend one on one time and discuss feelings. To encourage to open up and share her feelings to staff if she will allow it. Staff to listen to her concerns. Staff to provide emotional support and reassurance. | | | |  |
|  |  |  |  |  |  |
|  | Other strategies |  |  |  |  |
|  |  |  |  |  |  |
|  | Staff to spend one on one time and discuss feelings. To encourage to open up and share her feelings to staff if she will allow it. Staff to listen to her concerns. Staff to provide emotional support and reassurance. Staff to monitor for any signs of depression and isolation. | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Behaviour Management Needs | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals: |  |  |  |  |  |  |  | Avoid these causes of: | | | |  |  |
|  |  |  | Issue/behaviour description |  | Verbal refusal of care for ADLS |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | I will not demonstrate these behaviours and will feel supported as my needs are met with the assistance as stated. | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Stress: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Usual time of day and duration the behaviour was exhibited |  | During ADL's |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | If Betty is not able to have her eye drops on time she becomes very anxious | | | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Anger: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Betty gets upset when she is not able to get her medications on time. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Amount of times on average per day that behaviour was exhibited |  | twice |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Anxiety: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Gets anxious often especially when she is not getting her medications on time. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Triggers or Warning Signs |  | Betty will be impulsive in her movements . |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Depression: |  | Betty states the feelings come and go. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Possible contributing factor(s) |  | Betty has lack of insight of her functional ability. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Powerlessness: |  | Not feeling in control over her medications etc |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Successful interventions used |  | Provide Betty with regular routine.  Speak clearly with patience.  Be calm, gentle, reassuring, supportive.  Be firm but kind, refrain from arguing with Betty  Leave Betty to settle then return and try again later |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Watch for the following signs of these: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Betty becomes quiet, holds it in . Betty isolates herself in her room when she is upset. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | How to assist resident when upset: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | How to prevent loneliness: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Encourage Betty to attend activities. Spend time one on one with Betty . Betty Likes to read in her room. Betty likes to go to the cafe to socialise with other residents. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Alternate / Unsuccessful Strategies |  | Engage Family and Diversional therapists |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | Adverse Consequences |  |  | Betty lack of insight into her abilities which |  |  |
|  |  |  |  | makes her a high falls risk |  |  |
|  |  |  |  |  |  |  |
|  | Related Incidents to behaviour |  |  | Bettys impulsive behaviour and movements causes her to lose balance and fall |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Effectiveness of Strategies |  |  | ongoing monitoring |  |  |
|  |  |  |  |  |  |  |
|  | Are restrictive practices required? |  |  | No |  |  |
|  |  |  |  |  |  |  |
|  | Record ID: |  |  | 29165933 |  |  |
|  |  | | | | |  |
|  | Behaviour demonstrated when upset: | | | | |  |
|  |  |  |  |  |  |  |
|  | How the person alerts staff that a problem exists | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Betty will notify staff if any concerns and then it can be followed up. Betty will press the call bell at times if she requires assistance. | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Social Work Psychosocial Care | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Relevant Assessment Details | | | |  | Other details re person's presentation |  | Interventions |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | PAS |  | 2.0 |  |  | Client behaviour - tick as many of the following that apply |  | Restraint Authorised by |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Psychiatric Diagnosis |  | History of Depression, Anxiety and STML. |  |  |  |  |  |  |
|  |  |  |  |  | Advance Directives in place |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Geriatric Depression Scale | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Cornell Depression Scale | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Score / 38 |  | 22 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Philadelphia Depression Scale | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Other Scale | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Review Psycho-Geriatrician | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Psychological and Emotional Supports | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Significant Life Events / Transitions / holocaust experience |  | Nil to note |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Legal / Financial | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Client Mood and Affect | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Carer Mood and Affect | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Client Social Adaptability | | | |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Diversional Therapy / OT / Activities Planned | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Activities/Therapies | |  | Relevant Assessment Details | | | |  | Interventions | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Aims of Activities | |  | Limitations / barriers observed |  |  |  |  | Physical | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Aims |  |  |  |  |  |  | Reason / Need to participate in activities |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Betty ambulates with aids. Osteoarthritis in Hands, fingers and neck, Chronic neck and left hip pain, lower leg oedema. | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | To provide Betty with leisure activities that support her well being taking into consideration her physical, cognitive, spiritual, social and emotional needs and abilities. | |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | Betty will be given the opportunity to maintain or improve her current level of physical fitness by attending exercise activities and walking out through the gardens on the path areas. | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Strategies |  | good cognitive skills |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Life Story Details |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Betty was born in Kempsey on 23/6/1931. Betty is one of the 6 children. 3 of her siblings has already passed away. Betty has 1 brother and 1 sister- Joy that are still alive. Betty left school at the aged of 13. Betty has completed primary level. Betty worked for 3 years as a hospital cook at Kempsey Hospital. Betty married her late husband Athol in 28/4/1956 and they have been together for 45 years and they were blessed of 2 children, Mark and Maree. Athol has sadly passed away in 2001. Betty has 5 Grandchildren, Kelly, Jason, Tim, Dylan and Reece and 1 Great Grand Child. Betty was very involved in the Gladstone Trash and Treasure Market as a caterer. Betty has also done volunteer work for Church catering for fundraiser. Betty enjoyed Knitting, Crocheting, and attending her local Uniting Church at Gladstone. Betty loves to talk about her family and local news topics. Betty loves watching her favourite TV serials such as Bold and Beautiful, Neighbors and Home and Away. Betty also likes reading romance novels and magazines. Betty used to have potted plants that she likes taking care of when she was at home. Betty was a casual tennis player just doing it for fun. Betty is afraid of snakes. Betty likes old time music. Betty likes all types of flowers, and her favourite color is blue | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Activities |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Betty will be invited and supported to attend our Seated Fitness program. | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Cognitive | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Reason / Need for participating activities |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Betty will be given the opportunity to have her cognitive abilities maintained particularly with her love of reading. | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Activities |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Betty will be invited to attend activities of a cognitive nature and ensure the Library Trolley goes to her. | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Emotional / Social | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Reason / Need for participating activities |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Betty will be given the opportunity to interact with other residents as she attends group activities. Betty likes to assist other residents when she can. Betty wishes to continue visiting other residents in their rooms to provide purpose and socializing. | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Activities |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Betty will be invited and supported to dine with other residents and to attend activities such as live entertainment. Give Betty the opportunity to assist where she can. | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Creative | |  |
|  |  |  |  |
|  | Reason / Need for participating activities |  |  |
|  |  |  |  |
|  | Betty will be given the opportunity to be creative through a group craft activity to provide self expression and enjoyment. | |  |
|  |  |  |  |
|  | Activities |  |  |
|  |  |  |  |
|  | Betty will be invited to be creative by attending activities in our craft room. | |  |
|  |  |  |  |
|  | Cultural | |  |
|  |  |  |  |
|  | Reason / Need for participating activities |  |  |
|  |  |  |  |
|  | Betty will be given the opportunity to attend activities of a cultural nature to maintain and enhance cultural needs | |  |
|  |  |  |  |
|  | Activities |  |  |
|  |  |  |  |
|  | Betty will be invited to attend activities of Cultural significance, such as Australia Day and Melbourne Cup Day in our main lounge room. | |  |
|  |  |  |  |
|  | Sensory | |  |
|  |  |  |  |
|  | Reason / Need for participating activities |  |  |
|  |  |  |  |
|  | Betty will be given the opportunity to attend activities of a sensory nature to provide sensory stimulation and enjoyment | |  |
|  |  |  |  |
|  | Activities |  |  |
|  |  |  |  |
|  | Betty will be invited and supported to attend activities of a sensory nature such as walking outside | |  |
|  |  |  |  |
|  | Task Oriented or ADL’s | |  |
|  |  |  |  |
|  | Reason / Need for participating activities |  |  |
|  |  |  |  |
|  | Betty will be given the opportunity to attend activities related to her special interests like walks through the garden, craft group. | |  |
|  |  |  |  |
|  | Activities |  |  |
|  |  |  |  |
|  | Betty will be invited and supported to select activities she wishes to attend from our activities calendar. | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Hobbies / Special Activities | |  |
|  |  |  |  |
|  | Reason / Need for participating activities |  |  |
|  |  |  |  |
|  | Betty will be given the opportunity to attend activities related to her special interests like walks through the garden, craft group. | |  |
|  |  |  |  |
|  | Activities |  |  |
|  |  |  |  |
|  | Betty will be supported to continue to enjoy activities that she has previously done such as the opportunity to walk out in the garden areas, and pursue her love of knitting and reading. Betty likes to enter her craft work in the Kempsey Show | |  |
|  |  |  |  |
|  | Spiritual | |  |
|  |  |  |  |
|  | Reason / Need for participating activities |  |  |
|  |  |  |  |
|  | Betty will be given the opportunity to attend Church services in our Chapel if she wishes. | |  |
|  |  |  |  |
|  | Activities |  |  |
|  |  |  |  |
|  | Betty will be invited to attend activities of a spiritual nature. | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Physiotherapy - Chest/Hot/Cold/Electrical/Other - Refer to Physio Assessment AND Interventions Report also | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Chest Physio | | | |  | Hot/Cold/Manual | | | |  | Electrical | | | |  | Tilt Table Program |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Chest Physio? |  | No |  |  | Physio for pain m'ment | | | |  | Massage | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | On referral/request |  | Yes |  |  | Area |  | Left Big toe ( Left knee) |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Heat Pack | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Tens | | | |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  | Laser | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Area |  | left big toe distal phalanx |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Describe |  | Physio discretion as an adjunct to massage |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  | Ultrasound | | | |  |  |  |  |

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|  | Physiotherapy - Exercise Therapy - Refer to Physio Assessment AND Interventions Report also | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Exercise Therapy | | | |  | Active Movem'nt Program | | | |  | Exercise Programs | | | |  | Splints / aids | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | No. Aquatic sess'ns wkly |  | N/A |  |  | No. sessions wkly |  | N/A |  |  | Individual physio exercise program |  | Yes |  |  | Splints/appliances details |  | N/A |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  | Physiotherapy - Mobility/Gait/Walking - Refer to Physio Assessment AND Interventions Report also | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobility/Trnsfrs | | | |  | Gait Practice |  | Walking Program |  | Walking Aids |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobility aids/monitoring |  | 4WW for mobility |  |  | In Parallel Bars |  |  |  | AFO |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Walking |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Transfer Practice | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  | Postural Correction | | | |  |  |  |  |  |  |  |  |

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|  | Podiatry Details as applicable | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobility - Footwear Risks | | | |  | Podiatrist Care Plan | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Shoes recently reviewed |  | Yes |  |  | Podiatrist will see this person |  | 6-8/52 as required |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Details re shoes to be used/considered |  | Well fitting shoes, with non slip soles. |  |  | Foot care |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Staff to monitor and check Betty feet. To check in between Betty toes for any injuries. Ensure that Betty is wearing well-fitting shoes with non slip soles | | | |  |  |
|  | Podiatrist footwear recommendations | | | |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Nail Care Requirements |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Staff to monitor Betty's fingernails to ensure that they are clean and short all the time. Assist Betty in trimming and filing fingernails.Podiatry to monitor toenails. Refer to podiatrist if required. Podiatrist to attend regularly every 6th weekly. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Anti-embolic stockings use details |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Care staff to apply compression garments, in the form of socks/stockings, size medium to be applied to Betty' s bilateral legs, extending from the base of the toes to 5cm below the knee joint line. To be applied in the mornings and removed at night prior to going to bed. Compression, a minimum of 15-20mmHg, will provide graduated pressure over the lower legs and assist in the management of non-arthritic oedema in the lower limbs. The measurements, in cm, of Betty's legs are \*\*circumference (R) calf: 34cm (R) ankle: 25 (L) calf: 34(L) ankle: 25 cms and length knee to heel: 47cm\*\* | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Podiatrist plan - including Foot Hygiene |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Betty's Feet and toenails are washed and checked daily for infection or inflammation, fungi etc by care staff. Any abnormality is reported to the RN. Review by Podiatrist every 6-8 weeks and nails are cut and filed and cleared of sulci. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Podiatrist recommended interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 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 |  |  |  |

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|  | Podiatry 6 week review |  | 12/03/2024 |  |  |
|  |  |  |  |  |  |
|  | Current review details |  |  |  |  |
|  |  |  |  |  |  |
|  | Resident seen by Podiatrist - 16/1/24 Consent obtained prior to treatment.   O/E - B/F nails long and thick, skin intact, NAD. Treatment - B/F nails cut and filed. Comments - Pulses palpable, skin integrity WNL, Feet and toenails are to be washed and checked daily for infection or inflammation, fungi etc by care staff. Any abnormality is reported to the RN.  Plan - review 6-8/52  Instrument sterilisation batch No. 140124  Alexander Walker Podiatrist AHP | | | |  |

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|  | Advanced Health Directives / Palliative | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals: |  |  | Family / Advocate discussion: |  | Yes |  |  | When do family / advocate wish to be contacted: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | My needs will be addressed in accordance with my preferences. | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Date: |  | 09/09/2019 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Family can be contacted immediately in the event of sudden deterioration/death. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Name of person/s outlining wishes: |  | Betty Alexander |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Religious Personnel / Counsellor visits / service participation when ill / dying: |  | Minister uniting church |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Medical Power of Attorney: | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | POA present: |  | Yes |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Medical POA details | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Specific wishes re care: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Name: |  | Mark Alexander and Maree Purcell |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | When Ill: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Family can be contacted immediately in the event of sudden deterioration/death.  Minister to be contacted uniting church Allow Betty natural death- do not try to restart heart or breathing. Oral antibiotics for potential life threatening infection and for palliative care. Staff to treat pain and other symptoms to keep Betty comfortable and allow death with dignity. | | | |  |  |
|  |  |  |  | Relationship to person: |  | son |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Funeral Director details: |  | Walkers Funeral Home |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | When Dying: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Allow Betty a natural death- do not try to restart heart or breathing. Oral antibiotics for potential life threatening infection and for palliative care to treat pain and other symptoms to keep comfortable and allow death with dignity. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Pain Management: |  | Betty to have analgesia as charted |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Comfort provision: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Staff to give a left big toe and knee a massage during | | | |  |  |

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|  |  |  |  |  |  |
|  | ADLS | | | |  |
|  |  |  |  |  |  |
|  | Nutrition: |  | Betty has a regular cutup diet and thin fluids . |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Medication administration details: |  |  |  |  |
|  |  |  |  |  |  |
|  | RN / Med assist to give Betty medication one at a time with a glass of water and observe ingestion. | | | |  |
|  |  |  |  |  |  |
|  | Position changes: |  |  |  |  |
|  |  |  |  |  |  |
|  | Staff to encourage Betty to move and reposition as required | | | |  |
|  |  |  |  |  |  |
|  | Skin care: |  |  |  |  |
|  |  |  |  |  |  |
|  | Betty to have her limbs moisturized twice a day , once after ADLS and once before retiring | | | |  |
|  |  |  |  |  |  |
|  | Oral care: |  |  |  |  |
|  |  |  |  |  |  |
|  | Betty to have oral hygiene twice a day or PRN , staff to setup for Betty to clean her teeth | | | |  |

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|  | Complementary Therapy Details |  |