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|  | Resident Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  | | | | | | | | | |  |  | |  | Allergies | | | | | | | | | | | | | | | | | |  | Relevant Medical History | | | | | | | | | | | | | | | |  | |  |
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|  |  |  |  | |  | Drug Allergies | | | | | |  | | | | Nil | | | | | |  | |  | Dementia | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  |  |  | |  |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  |  |  | |  | Other sensitivities | | | | | |  | | | | Nil | | | | | |  | |  | #LNOF | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  |  |  | |  |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  |  |  | |  | Risks / Safety Issues | | | | | | | | | | | | | | | | | |  | CVA(Stroke) | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  |  |  | |  |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  |  |  | |  |  | | | | | |  | | | |  | | | | | |  | |  | Other arthritis ie. gout, arthrosis, osteoarthritis | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  |  |  | |  | Participating in Activities | | | | | |  | | | | No | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  |  |  | |  |  | | | |  | |  | Other Medical Diagnosis | | | | | | | | | | | | | | | |  | |  |
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|  |  |  |  | |  | Altered Behaviour Patterns | | | | | |  | | | | Yes | | | | | |  | |  |  | |  |
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|  |  |  |  | |  |  | | | |  | |  | Right side middle cerebral artery infarticuna syndrome,Hyperactive delirium,Left sub capital fractured neck of femur and fracture L femur ,Hemiarthroplasty post fall,Had 2 falls with fractures during hospitalization, Depression,Rectum mucosal prolapse, Left side deficit and neglect with cognitive decline, Hypothyroidism, Osteopenia, Dyslipidaemia, Splenectomy secondary lymphoma, Urinary incontinence; oropharyngeal dysphagia | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  | |  |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  |  |  | |  | Continence Problems | | | | | |  | | | | No | | | | | |  | |  |  | |  |
|  |  |  |  | |  |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  |  |  | |  | Lack of insight into their own Safety | | | | | |  | | | | Yes | | | | | |  | |  |  | |  |
|  |  |  |  | |  |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  |  |  | |  | Medications that may affect safety | | | | | |  | | | | No | | | | | |  | |  |  | |  |
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|  | First Name | | | |  | | Betty | | | | | | | |  |  | | | |  | |  |  | |  |
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|  |  | |  | Impaired Mobility | | | | | |  | | | | Yes | | | | | |  | |  |  | |  |
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|  | Surname | | | |  | |  | | | | | | | |  |  | | | |  | |  |  | |  |
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|  |  | |  | Nutrition Problems | | | | | |  | | | | No | | | | | |  | |  |  | |  |
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|  | Preferred Name | | | |  | | Betty or Bet | | | | | |  | |  |  | | | |  | |  |  | |  |
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|  |  | |  | |  | Behaviour puts Safety of others at Risk | | | | | |  | | | | No | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  | Admitted Location | | | |  | | / Room 090 / Wattle Wing | | | | | | | |  |  | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  |  | | |  | |  | Restraints used for Risk Activities | | | | | |  | | | | No | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | |  | Sensory Deficits | | | | | |  | | | | No | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | |  | |  | Religion / Culture | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | |  | |  | Nationality | | | | | |  | | | | Australian | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | |  | |  | Religion / Belief | | | | | |  | | | | No Religious Practice | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | |  | |  | Level of Participation | | | | | |  | | | | None to note | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | |  | |  | Language's Spoken | | | | | |  | | | | English | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  | Medical Practitioner's Name | | | |  | |  | | | | | |  | |  |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | | | | | | | | | | |  | | Diet Type | | | | | | | | | | | | | | | | | |  | Hygiene Assistance | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | |  | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | Social group activities in the memory support unit | | | | | |  |  | | Type of Diabetes | | | | | |  | | | | N/A | | | | | |  | |  | Full Assist | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | |  |  | | Diet Type | | | | | |  | | | | High protein/high energy | | | | | |  | |  | Can choose own clothes | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | |  |  | |  | | | | | |  | | | |  | |  | Dressing upper body | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  | Support needed by families / | | | |  | | Family to be kept updated with any changes. | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | |  |  | | Diet Consistency | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | |  |  | |  | Dressing lower body inc, socks/shoes | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | |  |  | |  | | | | | |  | | | | Moderately Thick | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | | | |  | |  |  | |  | | | |  | |  | Doing up buttons or zips | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | |  | | | | | |  |  | | Main | | | | | |  | | | | Pureed | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | | | |  | | Yes | | | | | |  |  | |  | | | |  | |  |  | |  | | | |  | |  |
|  |  | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | |  |  | | Vegetables | | | | | |  | | | | Pureed | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | |  |  | |  | | | |  | |  | Undressing | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | |  |  | | Dessert | | | | | |  | | | | Pureed | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | |  |  | |  | | | |  | |  | Washing face | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | Urinary Aids | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | |  |  | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | Yes | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | |  |  | | Morning aids | | | | | |  | | | | ABRI - L3 - Form Comfort | | | | | |  | |  | Washing extremities | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | |  |  | |  | | | | | |  | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | |  |  | |  | | | | | |  | | | |  | |  | Drying face | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | |  | | | | | |  |  | |  | | | | | |  | | | |  | |  |  | |  | | | |  | |  |
|  | Requires meal to be pureed | | | |  | | Yes | | | | | |  |  | |  | | | | | |  | | | |  | |  |  | |  | | | |  | |  |
|  |  | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | |  |  | | Afternoon aids | | | | | |  | | | | ABRI - L3 - Form Comfort | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | |  |  | |  | | | |  | |  | Drying body | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | |  |  | |  | | | | | |  | | | |  | |  | Cleaning teeth/dentures | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | |  | | | | | |  |  | |  | | | | | |  | | | |  | |  |  | |  | | | |  | |  |
|  | Staff are to place or guide | | | |  | | Yes | | | | | |  |  | |  | | | | | |  | | | |  | |  |  | |  | | | |  | |  |
|  |  | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | |  |  | | Night time aids | | | | | |  | | | | ABRI - L3 - Form Comfort - Times 2 | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | |  |  | |  | | | |  | |  | Make up | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | |  |  | |  | | | | | |  | | | |  | |  | Hair | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  | Requires physical assistance to drink fluids | | | |  | | Yes | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Toileting Assistance | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Full one to one physical assistance is required to position resident on and off the toilet, commode, bedpan or urinal | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | |  | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  | Requires supervision in positioning for meal | | | |  | | Yes | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | | | |  | |  | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  | Requires supervision to drink fluids | | | |  | | Yes | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | | | |  | |  | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  | Requires supervision to eat food | | | |  | | Yes | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Clothing adjustment after toileting | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | |  | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  | Own Teeth or Dentures | | | | | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Post toilet hygiene wipe / clean peri-anal area | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | |  | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  | Lower Teeth | | | |  | | Yes | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  | Upper Teeth | | | |  | | Yes | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  | Potential Complications / Health Management / Medication Management Issues | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | Goals of Care & Interventions | | | | | | | | | | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | Goals of Care | | | | | | | | | | | | | | | | | | | | | |  | | Related to the following medical concerns | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | Staff will detect early, any signs and symptoms of potential complications in Betty and will prevent complications. | | | | | | | | | | | | | | | | | | | | | |  | | Related to the following medical concerns | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | STAFF INTERVENTIONS | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | Frequency of required observations | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | pain assessment on all transfers and repositioning and at any time Betty is observed to be in discomfort, monthly weight and vitals | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Oral medication admin by | | | | | | | |  | | Care Staff - Med trained | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Injectable medication admin by | | | | | | | |  | | Registered Nurse | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | Topical By | | | | | | | |  | | Staff | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | Staff interventions for oral / injectable medications | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Betty presents with severe cognitive impairment with a diagnosis of Dementia, Depression, therefore has severe problems in the performance of everyday activities with poor planning and sequencing skills and difficulty following instruction. Betty is easily distracted, can be confused with disorganised thinking. Betty has reduced mood and motivation, therefore loses focus and concentration. Betty has poor coordination, accuracy of movement and fine motor skills of both hands, with stiffness, weakened grip and dexterity and pain in her hands, due to Osteoarthritis changes, impacting ability to manipulate her tablets, staff are to sit with Betty throughout the whole medication process to ensure a safe digestion. | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Immunisation History | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | Details of current immunisations | | | | | | | |  | | 11/05/2023- Fluad Quad 358950 | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Fluvax | | | | | | | |  | | 11/05/2023 | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | COVID 19 Vaccine Date of Administration Dose 1 | | | | | | | |  | | 05/05/2021 | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | COVID 19 Vaccine Date of Administration Dose 2 | | | | | | | |  | | 26/05/2021 | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Outcome of Referral | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Complex Health Care Needs Summary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
|  | Complex Care Goals of Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Clinical and medical needs will be addressed and unwanted side effects or outcomes shall be prevented. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Other Complex Care Interventions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 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 | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  |  | |  |
|  | Effective communication will be achieved by Betty at all times. Hearing ability will be optimized with staff interventions. | | | | | | | | | | | | |  | |  |  | |  |
|  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  | | Related to (Speech difficulties) | | | | | |  | | | |  | | | | | |  | |  |  | |  |
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|  |  | |  | | | |  | | | | | |  | |  | Can resident use a call bell? | | | | | | |  | | No | | |  | | | |  | |  |
|  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | | Betty has a cognitive impairment due to her medical history of previous CVA's and Dementia. Secondary to Betty's medical diagnosis Betty has a speech impairment related to stroke and dementia. | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Call Bell Interventions | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Betty is unable to use call bell due to severe cognitive impairment. Staff are to attend regular hourly monitoring of Betty when she is in bed and not in a common area with constant staff in attendance. | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  | | | |  | | | | | | | | |  | | Cognitive deficit or speech disorder affecting comprehension or speech | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | |  | | | | | |  | |  | Resident uses an emergency response aid | | | | | | |  | | N/A | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | |  | | | | | |  | |  | Interpreter required | | | | | | |  | | No | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | Betty has a cognitive impairment due to her medical history of previous CVA's and Dementia. Secondary to Betty's medical diagnosis Betty has a speech impairment related to stroke and dementia. | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Aids to communicate | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Glasses | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Aids worn | | | | | | |  | | No | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | Speech / Comprehension difficulties | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Repeat sentences | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Stuporous | | | | | |  | | | | Yes | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | |  | |  | Use simple sentences | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Further Information | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | |  | | | | | |  | |  | Gain eye contact before communicating | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | Betty is more alert and receptive in the morning. | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Other communication interventions | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | Slurred words | | | | | |  | | | | Yes | | | | | |  | |  |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | |  | |  | Staff to speak to Betty in a gentle, calm manner. Staff to gain Betty's attention by speaking in front of her, avoid raising the tone of voice with her, staff to use non-verbal cues to help communicate, staff, to use simple words/instructions and may need to rephrase if not understood. Staff to support Betty to find words when she is trying to express her feelings/ concerns. | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  | | | |  | | | | | | | | |  | | Single words | | | | | |  | | | | Yes | | | | | |  | |  |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  | | | |  | | | | | | | | |  | | Describe Single Words | | | | | |  | | | |  | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | | She is able to speak 1-2 words at a time, disorganized speech with no comprehensible sentence structure. | | | | | | | | | | | | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Clearly spoken words | | | | | |  | | | | No | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Describe Clear Words | | | | | |  | | | | Betty can be variable with her word finding | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | |  | |  | Hearing deficit | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Dysphasia: | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Dysarthria | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Memory - recent / past events | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  | | | | | | | | | | | | | | | | Betty has poor insight or memory recall due to her advanced dementia, Betty has a longstanding cognitive impairment due to CVA. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | Betty has poor insight or memory recall due to her advanced dementia, Betty has a longstanding cognitive impairment due to CVA. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | Vision Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
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|  | Goals | | | |  | | | | | | | | |  | | Related to visual changes | | | | | |  | | | | Requires reading glasses | | | | | |  | |  | Glasses | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  | To support Betty to identify any significant vision decline. To prevent infection and provide eye toilets regularly. | | | | | | | | | | | | |  | |  | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | |  | | | |  | |  | Type of glasses | | | | | | |  | | Glass frame | | |  | | | |  | |  |
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|  |  | |  | | | | | |  | | | |  | | | | | |  | |  | When worn | | | | | | |  | | Wears them for reading. | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Location glasses kept | | | | | | |  | | bedside table | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Care of glasses | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Clean daily before use. Always rinse Betty's glasses off with water before wiping or cleaning it. Store glasses in case when not in use | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Interventions to optimise vision | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Encourage Betty to wear her glasses if reading to doing activities that requires finer detail | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Detail strategies | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Staff encourages Betty to wear her glasses, the staff provide them especially when she watches TV. | | | | | | | | | | | | | | | |  | |  |
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|  | Mobility & Dexterity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | |  | Relevant Assessment Details | | | | | | | | | | | | |  | | Interventions | | | | | | | | | | | | |  | Details from Functional Assessment - assist with following | | | | | | | | | | | | |  |  |
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|  | Goals | |  |  | | | |  |  | Posture | | | | | | |  | Slumped. | |  | | |  | | Weight bearing aids used | | | |  | | Betty is a full sling lifter. | | | | |  | |  | Staff to lock resident's w'chair wheels for transfers & adjust/ remove foot plates or side arms | | | | | |  | Yes | |  | | | |  |  |
|  |  | |  |  | | | |  |  |  | | | | | | |  |  | |  | | |  | |  | |  | |  |  |  | | | |  |  |
|  | Betty's present level of mobility will be maintained/improved whilst living in this home. To be assisted with all transfers and mobility. To be safe and prevent injury. | | | | | | | |  |  | | | | | | |  |  | |  | | |  | |  | |  | |  |  |  | | | |  |  |
|  |  | Coordination/balance | | | | | | |  | Betty has poor posture and balance. | |  | | |  | |  | |  | |  |  |  | | | |  |  |
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|  |  |  |  | | |  | | Chair type uses during day | | | |  | | Wheel chair | | | | |  | |  |  |  | | | |  |  |
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|  |  |  | | | | | | |  |  | |  | | |  | | Strategies to minimize impaired mobility issues | | | |  | |  | | | | |  | |  |  |  | | | |  |  |
|  |  | Gait | | | | | | |  | Non- ambulant | |  | | |  | |  | |  | | | | |  | |  |  |  | | | |  |  |
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|  |  | Hand Grip | | | | | | | | | | | | |  | |  | |  | | | | |  | |  |  |  | | | |  |  |
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|  | Minimise falls and related function | |  | Yes | | | |  |  |  | |  | |  | | | | |  | |  |  |  | | | |  |  |
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|  |  |  |  |  | | | | | | |  |  | |  | | |  | |  | |  | | | | |  | |  | Transfers (Bed to Chair assist) | | | | | |  | Requires lifting machine or more than two staff | |  | | | |  |  |
|  |  |  |  | Left | | | | | | |  | Weak due to OA. | |  | | |  | |  | |  | | | | |  | |  |  |  | | | |  |  |
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|  |  |  |  |  | | | | | | |  |  | | |  | | Betty requires 2 x A with full sling lifter for all transfers | | | | | | | | | | | | |  |  |  | | | |  |  |
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|  | Falls and injuries management | |  |  | | | |  |  |  | | | | | | |  |  | |  | | |  | |  |  | | | | | |  |  | | | |  |  |
|  |  |  | | | |  |  | Right | | | | | | |  | Weak due to OA. | |  | | |  | |  |  | | | | | |  |  | | | |  |  |
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|  |  |  | | | |  |  |  | | | | | | |  |  | | |  | | Hip Protection Required | | | |  | | No | | | | |  | |  |  | | | | | |  |  | | | |  |  |
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|  |  |  | | | |  |  |  | | | | | | |  |  | | |  | |  | |  | |  | Detail to transfer | | | | | |  |  | |  | | | |  |  |
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|  |  |  | | | |  |  |  | | | | | | |  |  | |  | | |  | |  | |  | |  | BED MOBILITY: Betty requires 2 x A with slide sheet to move up/down, roll side to side in bed TRANSFERS: Betty requires 2 x A with Full sling lifter for all transfers  LOCOMOTION: Betty requires 1 x A to propel tub chair for relocation | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | |  |  |  | | | | | | |  |  | |  | | |  | |  | |  | |  |  |  |
|  | Encourage Betty to seek assistance by using call bell  X 2 Staff assist with transfers and ADLs  Regular repositioning and toileting schedule | | | | | | | |  |  | | | | | | |  |  | |  | | |  | |  | | | |  | |  | | | | |  | |  |  |  |
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|  | Decrease swelling | |  | Yes | | | |  |  |  | | | | | | |  |  | |  | | |  | |  | | | |  | |  | | | | |  | |  |  |  |
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|  |  |  |  |  | | | | | | |  |  | |  | | |  | |  | | | |  | |  | | | | |  | |  | Other mobility aids | | | | | |  | Gel chair / tilt is space commode for mobility. | |  | | | |  |  |
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|  | Swelling management detail | |  |  | | | |  |  |  | | | | | | |  |  | |  | | |  | |  | | | |  | |  | | | | |  | |  |  |  | | | |  |  |
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|  |  |  | | | |  |  |  | | | | | | |  |  | |  | | |  | |  | | | |  | |  | | | | |  | |  | Lifting machine | | | | | |  | Yes | |  | | | |  |  |
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|  | Use of graduated compression stockings to assist with the management of dependent lower limb oedema | | | | | | | |  |  | | | | | | |  |  | |  | | |  | |  | | | |  | |  | | | | |  | |  |  |  | | | |  |  |
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|  |  |  | | | | | | |  |  | |  | | |  | |  | | | |  | |  | | | | |  | |  | No. of staff to use Lifting Machine | | | | | |  | 2x staff - full hoist | |  | | | |  |  |
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|  | Improve psychological well being | |  | Yes | | | |  |  |  | | | | | | |  |  | |  | | |  | |  | | | |  | |  | | | | |  | |  |  |  | | | |  |  |
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|  |  | |  |  | | | |  |  |  | | | | | | |  |  | |  | | |  | |  | | | |  | |  | | | | |  | |  | Staff to use slide sheet when repositioning the | | | | | | | | | | | | |  |  |
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|  | Improve psychological well being details | |  | Encourage active participation in Social activity | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Betty uses a full hoist to transfer (2x staff | | | | | | | | | | | | |  | |
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|  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other staff assistance / comments | | | | | |  |  | |  | | | |  | |
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|  | Maintenance/Improvement of transfers | |  | With assistance x 2 | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |
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|  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2x staff physical assistance for repositioning 2 - 4 hourly for pressure care management | | | | | | | | | | | | |  | |
|  |  | |  |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Maintain/Improve mobility | |  | N/A | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Aids used in bed | | | | | |  | Slide sheet and full hoist. | |  | | | |  | |
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|  | Improve/maintain sit-to-stand ability | |  |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  | |
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|  |  |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sheet, plastic move tube | | | | | |  | Yes | |  | | | |  | |
|  |  | |  |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | |  | |
|  | Use s wheelchair for ambulation by paddling with feet | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | |  | | | |  | |
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|  | Potential for Injury / Risk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | |  | Relevant Assessment Details | | | | | | | | | | | | |  | | Interventions | | | | | | | | | | | | |  | Medications that may impact on Falls/Safety | | | | | | | | | | | | |  |  |
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|  | Goals | |  | | | | | |  | Types of falls in past | | | | | | | | | | | | |  | | Behaviour safety issues | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |  |
|  |  | |  | | | | | |  |  | |  |  | | | | | | | | | | | | |  |  |
|  | Betty will be protected from injury as much as possible while respecting her choice despite cognitive impairment | | | | | | | |  |  | |  |  | | | | | | | | | | | | |  |  |
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|  |  | Lost Balance | | | | | | |  | Yes | |  | | |  | | Behaviour related safety issues | | | |  |  | | | | | | |  |  |  | | | | | | | | | | | | |  |  |
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|  |  | Slip | | | | | | |  | Yes | |  | | |  | |  |  | | | | | | |  |  |  | | | | | | | | | | | | |  |  |
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|  |  | |  | | | | | |  | Trip | | | | | | |  | Yes | |  | | |  | |  |  | | | | | | |  |  |  | | | | | | | | | | | | |  |  |
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|  |  | |  | | | | | |  |  |  | | |  | | Betty lacks insight into her actions.  Monitoring and close supervision of Betty when she is out of bed in her wheelchair in common areas. | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |  |
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|  |  | |  | | | | | |  | Other Types of falls in past | | | | | | |  |  | |  | | |  | |  |  | | | | | | | | | | | | |  |  |
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|  |  | |  | | | | | |  | 24/12/23 fallout of bed .22/8/23 Unwitnessed fall in the corridor from her wheelchair.17/6/23 - Unwitnessed fall in dining. Noticed bruise on left side forehead.15/6/23 Fall Nil injury26/09/21 FOF nil injury. Heightened falls risk due to inability to transfers without assistance and poor insight into actions due to cognitive deficit. | | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | |  |  |
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|  |  | |  | | | | | |  |  | | Lack of insight issues | | | |  |  | | | | | | |  |  |  | | | | | | | | | | | | |  |  |
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|  |  | |  | | | | | |  |  | | Betty has advanced dementia and has suffered a previous CVA.  Betty has poor insight into her actions. | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | Medication name | | |  | | Mirtazapine | | | | | | |  |  | | | | | | | | | | | | | | | |
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|  | Urinary Continence Management | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
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|  | Goals | | | |  | | | | | | | | |  | | Type(s) of incontinence | | | | | | | | | | | | | | | | | |  | Concerns about elimination | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  |  | |  |
|  | Betty's incontinence episodes shall be reduced/prevented. Complications related to incontinence shall not occur. | | | | | | | | | | | | |  | |  |  | |  |
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|  |  | | Functional | | | | | |  | | | | Yes | | | | | |  | |  | Behaviours prior incontinence | | | | | | |  | | Betty can become more restless, at times teary | | |  | | | |  | |  |
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|  |  | | Total | | | | | |  | | | | Yes | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Schedule toilet: Staff to assist Betty to toilet every 3-4 hours. | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Afternoon aids | | | | | | |  | | ABRI - L3 - Form Comfort | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Recognizes sensation to urinate | | | | | |  | | | | Unknown | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | |  | |  | Night time aids | | | | | | |  | | ABRI - L3 - Form Comfort - Times 2 | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Incontinence frequency | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Schedule toilet: Staff to assist Betty to toilet every 3-4 hours. | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | Continence m'ment toileting times | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Staff to toilet Betty every 3-4 hours prevent episodes of incontinence, where able though as Bettys cognitive state has worsened Betty rarely voids when being schedule toileted. | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Times to check aids | | | | | | |  | | Every 3-4 hours daily. | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Times to prompt to toilet | | | | | | |  | | Every 3-4 hours daily | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Catheter use | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | No Devices | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Care if incontinent | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Assistance if incontinent | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Staff to assist with schedule toileting every 3-4 hours daily. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Care after incontinence | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Full assistance with peri/anal hygiene, continence aid positioning, changes and disposal | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Betty is a physical assist with her toileting and is on schedule toileting to manage her incontinence, Betty has a diagnosis of Urinary incontinence, Dementia, depression | | | | | | | | | | | | | | | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | and Anxiety. Betty presents with severe cognitive impairment, therefore has severe problems in the performance of everyday activities with poor planning and sequencing skills and difficulty following instruction. She is easily distracted, can be confused with disorganized thinking. Betty wears continence aids to assist and manage her incontinence, along with schedule toileting. Approx. times of schedule toileting are, on rising, before or after meals, at bedtime and overnight if awake. Staff assist with delivering, changing, repositioning and disposing of continence aids. Betty is prone to UTI's, encourage Betty to drink additional fluids, ensure good peri hygiene post toileting. | | | | | | | | | | | | | | | |  | | |
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|  | Bowel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
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|  | Goals | | | |  | | | | | | | | |  | | Related to a lack of | | | | | | | | | | | | | | | | | |  | Bowel Pattern | | | | | | | | | | | | | | | |  | |  |
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|  | Betty will have a formed bowel motion every 1-2 days. And faecal incontinence shall be prevented | | | | | | | | | | | | |  | |  |  | |  |
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|  |  | | Exercise | | | | | |  | | | | Yes | | | | | |  | |  | Constipation | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | Mobility | | | | | |  | | | | Yes | | | | | |  | |  | Faecal Smearing | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Incontinence | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Bowel action time of day | | | | | | |  | | Fluctuates - nil specific time identified. | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Bowel Management program | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Ensure adequate fluid intake, offer fluids at each meal, M/Tea, A/Tea, Supper and after attending any ADLs/PAC etc.  Provide fruit daily for breakfast.  Promote regular time for defecation.  Encourage Betty to adopt the correct sitting position on the toilet and to avoid straining. Extra fibre / prunes. Aperients if required for day 3 and over. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Bowel Management aids and frequency of use | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Continence aids used as Betty is doubly incontinent. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Other bowel function issues to address | | | | | | | | | | | | | | | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other support | | | | | | |  | | occasional episodes of faecal incontinence | | |  | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other issues | | | | | | |  | | Betty is regularly faecally incontient. | | |  | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ostomy type if applicable | | | | | | | | | | | | | | | |  | | |
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|  | Toileting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Interventions | | | | | | | | | | | | | | | | | |  | Details from Functional Assessment | | | | | | | | | | | | | | | |  | |  |
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|  | Goals | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | Full one to one physical assistance is required to position resident on and off the toilet, commode, bedpan or urinal | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
|  | To support Betty with all toileting tasks. To ensure safety, privacy and dignity. To schedule toilet to prevent episodes of incontinence. | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | Clothing adjustment after toileting | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | Post toilet hygiene wipe / clean peri-anal area | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | Detail intervention to be provided | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | Betty required physical assistance x 2 staff for all aspects of toileting- adjusting clothing, safe and correct positioning over the toilet and attend appropriate and adequate post toileting hygiene. Betty has the tendency to have a forward flexed lean with poor ability to extend head and neck.She has hemiparesis has affected left side neck and trunk control further affecting posture .When fatiguing Betty will lean forwards and to the left requiring actual physical assistance to sit erect again and help to lift head.Betty has poor rotation especially to left. Betty has reduced strength and dexterity in her hands and has difficulty gripping the handrail for control descent on to the toilet, adjust her clothing or to manipulate toilet paper to attend to post toileting hygiene. Betty is unable to bend, twist and reach to attend tasks required for toileting.Betty lacks in insight and shows an impulsive nature. Her diagnosis of dementia, depression and low mood impacting her interest and ability to plan, sequence, initiate and complete tasks. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | Staff to initiate a good rapport with Betty before starting to assist her. Staff to approach Betty in a calm and gentle manner. Staff to provide reassurance and explain | | | | | | | | | | | | | | | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | processed being undertaken during toileting. Ensure that Betty is aware of what is going to happen before starting the process. | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Aids used | | | | | | |  | | Wheeled commode, shower chair | | |  | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Number of staff required for toileting | | | | | | |  | | 2x - physical assistance | | |  | | | |  | | |
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|  | Self Care Needs - Bathing / Hygiene / Dressing Grooming | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Interventions | | | | | | | | | | | | | | | | | |  | Details from Functional Assessment | | | | | | | | | | | | | | | |  | |  |
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|  | Goals | | | |  | | | | | | | | |  | | Prefers | | | | | | | | | | | | | | | | | |  | Needs the following assistance for hygiene | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  |  | |  |
|  | Betty will achieve hygiene and be dressed and groomed in accordance with her needs/preferences. | | | | | | | | | | | | |  | |  |  | |  |
|  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | Bath, Shower or Both | | | | | |  | | | | Shower | | | | | |  | |  | Needs full assistance | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | When | | | | | |  | | | | Alternate | | | | | |  | |  | Can choose own clothes | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Time AM | | | | | |  | | | | In the morning before breakfast | | | | | |  | |  | Help with undressing | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | |  |  | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | Resident staff preference for care | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | Washing face | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Washing extremities | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | Male | | | | | |  | | | | Yes | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Drying face | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | Female | | | | | |  | | | | Yes | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Drying body | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | Bathing / showering preferences / routines | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Dressing upper body | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | Toiletries | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | |  | | | | | |  | |  | Dressing lower body | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Betty uses toiletries provided by the facility and some products supplied by her sister. | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Doing up buttons or zips | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | Equipment / aids used | | | | | |  | | | | wheeled commode, shower chair | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | |  | |  | Cleaning teeth/dentures | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | Hair care | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Haircare details | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | |  | | | | | |  | |  | Make up | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Staff assist with making appointment with in-house hairdresser as required. | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Detail intervention to be provided | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Special Routines | | | | | |  | | | |  | | | | | |  | |  |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | |  | | | | | |  | |  | Betty requires physical assistance x 2 staff for all aspects of undressing/ dressing, washing/drying and grooming. Betty has the tendency to have a forward flexed lean with poor ability to extend head and neck.Betty has hemiparesis which affects the left side neck and trunk control further affecting posture .When fatiguing Betty will lean forwards and to the left requiring actual physical assistance to sit erect again and help to lift head. Betty has poor rotation especially to left. Betty is unable to bend, twist and reach to attend tasks required for personal hygiene.Betty lacks in insight and shows an impulsive nature.Betty's diagnosis of dementia, depression and low mood impacting her interest and ability to plan, sequence, initiate and complete tasks of personal hygiene. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Betty has a wash on alternate days from her shower. Staff to initiate a good rapport with Betty before starting to assist her.  Staff to approach Betty in a calm and gentle manner.  Staff to provide reassurance and verbalise what processes are being undertaken during her personal hygiene. Ensure that Betty is aware of what is going to happen before starting the process. | | | | | | | | | | | | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Cream details | | | | | | | | | | | | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Emollient or barrier cream | | | | | |  | | | |  | | | | | |  | |  |  | |  |
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|  | | | | | | | | | | | | | | | | Vegisorb to extremities and torso if required for dry skin, | | | | | | | | | | | | | | | | | |  | Aids used | | | | | | |  | | wheeled commode, shower chair | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | barrier cream to peri area and groin if excoriated due to incontinence. | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | | | |
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|  | | | | | | | | | | | | | | | | Times to apply cream(s) within a 24 hr period: | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | Vegisorb applied after shower or wash in the morning, and before retiring to bed at night, and PRN when skin appears dry. | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | |  | | | | | | |
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|  | | | | | | | | | | | | | | | | Laundering / Linen / Towel Preferences | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | |  | | | | | | |
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|  | | | | | | | | | | | | | | | | Weekly linen change | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | | | | |
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|  | | | | | | | | | | | | | | | | Others | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | | | | |
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|  | | | | | | | | | | | | | | | | If others, please specify | | | | | |  | | | | as per schedule | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | | | | |
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|  | | | | | | | | | | | | | | | | Facility to supply linen | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | | | | |
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|  | | | | | | | | | | | | | | | | No specific time to make bed | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | | | | |
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|  | | | | | | | | | | | | | | | | Staff to distribute clean towels and collect dirty towels | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | All clothes washed by aged care service | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | Name labels to be applied by family/ | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | | | | |
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|  | Oral / Dental | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Relevant Assessment Details - refer to Teeth/Denture details in Summary of preferences | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | | | | | | | | |  | |  |
|  | Goals | | | |  | | | | | | | | |  | | Level of Assistance | | | | | | | | | | | | | | | | | |  | Assistance to prevent dental issues | | | | | | |  | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  |  | | | | | | | | |  | |  |
|  | Betty's oral/dental hygiene will be in accordance with her needs/preferences. | | | | | | | | | | | | |  | |  |  | | | | | | | | |  | |  |
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|  |  | | Own Teeth | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |  | |  |
|  |  | |  |  | | | | | | |  | | | | | | | | |  | |  |
|  |  | |  | Staff are to assist Betty with cleaning her teeth, after breakfast and before retiring to bed at night. Encourage Betty to have a drink after meals to rinse her mouth. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Denture | | | | | | | | | | | | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | | State of mouth | | | | | |  | | | | Moist and pink. | | | | | |  | |  |  | | | | | | |  | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | |  | |  | Special needs to care for teeth or dentures | | | | | | |  | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | State of gums/lips | | | | | |  | | | | Moist and pink. | | | | | |  | |  |  | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Staff to assist Betty to monitor for any mouth discomfort, pain, or signs of infections. Staff to assist Betty to brush her teeth, and monitor for any signs of pain, infection, or dental decline. | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | State of tongue | | | | | |  | | | | Moist and pink. | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | | State of teeth/dentures | | | | | |  | | | | Clean and no signs infection | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Tooth or mouth pain - Y/N | | | | | |  | | | | No | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Lesions/Sores/Lumps | | | | | |  | | | | None | | | | | |  | |  |  | | | | | | |  | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Please refer to other Dental problems in Nutrition Needs section | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | | | | | | | | |  | |  |
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|  | Skin / Wound | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
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|  | Goals | | | |  |  | | | | | | |  |  | | Related to: | | | | | | | | | | | | | | | | | |  | Skin care | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  |  | | | | | | |  |  | |  |  | |  |
|  | To maintain Betty's skin integrity and prevent injury and skin breakdown. | | | | | | | | | | | | |  | |  |  | |  |
|  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | Skin/Wound Issues: | | | | | |  | | | |  | | | | | |  | |  | Care strategies | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | Betty has a high risk of skin breakdown, incontinence related dermatitis, wound breakdowns and susceptibility of infections related to incontinence. | | | | | | | | | | | | | | | | | |  | Moisturizer to extremities and trunk. Staff to ensure Betty is repositioned every 3-4 hours, monitor for any skin breakdown, apply correct manual handling to prevent skin injury. Staff to ensure clean and dry skin flaps - under breast, abdominal, groin, armpits etc. | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  |  | | | | | | |  |  | |  |  | |  |
|  | Skin Assessment Pictures | | | | | | | | | | | | |  | |  |  | |  |
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|  |  |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  |  |  | | Skin Condition: | | | | | | | | | | | | | | | | | |  |  | |  |
|  |  |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  |  |  | | Past/Present Conditions: | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  |  |  | |  | | | |  | | | | | |  | |  | Pressure area care | | | | | | | | | | | | | | | |  | |  |
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|  |  |  |  | |  | | | |  | | | | | |  | |  | Times to reposition person within a 24 hr period | | | | | | |  | |  | | |  | | | |  | |  |
|  |  |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | |  | | | |  | |  |
|  |  |  |  | | Please refer to wound management plan and evaluation chart for all current treatments of wounds. | | | | | | | | | | | | | | | | | |  |  | |  | | |  | | | |  | |  |
|  |  |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | |  | | | |  | |  |
|  |  |  |  | | Bruises | | | | | |  | | | | Yes | | | | | |  | |  |  | |  | | |  | | | |  | |  |
|  | Left knee | | | |  | Left hand bruise | | | | | | |  |  | |  | | | |  | |  |  | |  | | |  | | | |  | |  |
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|  |  |  |  | |  | | | |  | |  | Staff to reposition Betty every 3-4 hours, more frequently when in the wheelchair. | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  |  |  | | Flaky / Dry Skin | | | | | |  | | | | Yes | | | | | |  | |  |  | |  |
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|  |  |  |  | | Rashes | | | | | |  | | | | Yes | | | | | |  | |  |  | |  |
|  |  |  |  | |  | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  |  |  | |  | | | |  | |  | Emollient/barrier cream | | | | | | |  | |  | | |  | | | |  | |  |
|  |  |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | |  | | | |  | |  |
|  |  |  |  | | Skin Condition: | | | | | | | | | | | | | | | | | |  |  | |  | | |  | | | |  | |  |
|  |  |  |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  |  |  | |  | Vegisorb to extremities and torso if required for dry skin, barrier cream to peri area and groin if excoriated due to incontinence. | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  |  |  | | Other Skin Condition Issues: | | | | | |  | | | |  | | | | | |  | |  |  | |  |
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|  |  |  |  | |  | | | |  | | | | | |  | |  | Times to apply cream(s) within a 24 hr period | | | | | | |  | |  | | |  | | | |  | |  |
|  |  |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | |  | | | |  | |  |
|  |  |  |  | | Skin Lesions due to aging skin.  1/4/24Excoiation left armpit. Hydrozol cream applied | | | | | | | | | | | | | | | | | |  |  | |  | | |  | | | |  | |  |
|  |  |  |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  | Forehead | | | |  | Forehead | | | | | | |  |  | |  | Vegisorb applied after shower or wash in the morning, and before retiring to bed at night, and PRN when skin appears dry. | | | | | | | | | | | | | | | |  | |  |
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|  |  |  | | | | | | |  |  | | Norton Score: | | | | | |  | | | | 9 | | | | | |  | |  |  | |  |
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|  |  |  | | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Pressure relieving devices | | | | | | | | | | | | | | | |  | |  |
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|  |  |  | | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Foam Mattress | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  |  | | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  |  | | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Gel Cushion | | | | | | |  | | Yes | | |  | | | |  | |  |
|  |  |  | | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  |  | | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Other Pressure relieving devices | | | | | | |  | | Gel cushion on her wheelchair and or chair. | | |  | | | |  | |  |
|  | Left armpit | | | |  |  | | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  |  | | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Strategies to prevent pressure ulcers | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  |  | | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | |  | | | |  | |  |
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|  |  | | | |  |  | | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Betty requires repositioning 3-4 hourly, when out of bed in the wheel chair Betty should additionally be repositioned 2-3hrly to limit pain from stiffness and assist with preventing pressure injuries. | | | | | | | | | | | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other interventions | | | | | | |  | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | staff or sister Joan to attend finger nail care, podiatry for footcare | | | | | | | | | | | | | | | |  | | |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  | Sensory Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  | Goals of Care: | | | | | | | | | | | | |  | | Related to: Seizures: | | | | | |  | | | | Yes - commenced on Levetiracetam on the 29/9/23. | | | | | |  | |  | Details of sensory pain for staff to manage: | | | | | | |  | | lower back, pelvis and legs | | |  | | | |  | |  |
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|  | Goals: | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | |  |  | |  | | | |  | |  |
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|  |  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | Taste Problems: | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | |  |  | |  | | |  | | | |  | |  |
|  | Betty's sensory deficits will be compensated for, with staff interventions and support. Prevent injury related to sensory decline secondary to stroke. | | | | | | | | | | | | |  | |  | | | | | |  | | | |  | |  |  | |  | | |  | | | |  | |  |
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|  |  | | Dizziness: | | | | | |  | | | | None | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | |  | | | |  | |  | Unable to accurately assess due to cognitive impairment | | | | | | | | | | | | | | | |  | |  |
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|  |  | | Tingling: | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | Unable to accurately assess due to cognitive impairment | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Identifies aromas: | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Unable to accurately assess due to cognitive impairment | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
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|  | Nutrition Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  | Hydration Goals of Care: | | | |  | | | | | | | | |  | | Dental problems that may impact: | | | | | |  | | | | nil identified | | | | | |  | |  | Food Allergies | | | | | | | | | | | | | | | |  | |  |
|  |  | | | | | | | | |  | |  | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | | | | | | |  | |  | | | |  | |  | Diet type: | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  | Betty will receive sufficient fluids/hydration relevant to their needs. | | | | | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  | | Discomforts / difficulties: | | | | | |  | | | |  | | | | | |  | |  |  | |  |
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|  |  | |  | | | |  | | | | | |  | |  | 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 | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | |  | | | | | |  | |  |  | |  |
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|  | Nutrition Goals of Care: | | | |  | | | | | | | | |  | | Betty requires assistance with meal preparations and eating. Requires support from staff to maintain her hydration. | | | | | | | | | | | | | | | | | |  |  | |  |
|  |  | | | |  | | | | | | | | |  | |  |  | |  |
|  | Betty will continue to enjoy food and will be given alternatives still within her preferences. Betty will be supported during meals and maintain her hydration and dignity during oral intake of food and fluids. | | | | | | | | | | | | |  | |  |  | |  |
|  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  |  | | Attitude to food / appetite : | | | | | |  | | | |  | | | | | |  | |  |  | |  |
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|  |  | |  | | | |  | | | | | |  | |  | Normal | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Betty has good appetite and complete her meals with staff support | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | High Protein | | | | | | |  | | Yes | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Diet Type | | | | | | |  | | High protein/high energy | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Religious / Cultural dietary needs: | | | | | | |  | | nil identified | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Religious / Cultural dietary restrictions: | | | | | | |  | | None Identified | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Taste problems to monitor: | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Unable to accurately assess due to cognitive impairment | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Supplements: | | | | | | |  | | Resource 2.0 + Fibre as per medication chart | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Food & Fluid likes/dislikes: | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Food likes | | | | | | |  | | likes most foods | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Serve Size: | | | | | | |  | | Medium | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Fluid dislikes: | | | | | | |  | | likes most drinks | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Readiness to eat related answers | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Breakfast | | | | | | |  | | Wattle dining room | | |  | | | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dinner | | | | | | |  | | Wattle dining room | | |  | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Specific eating aids/utensils | | | | | | |  | | Non slip mat and plate guard | | |  | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cup/saucer (type other options if not shown in the list) | | | | | | |  | | Tumbler | | |  | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Betty requires staff to safely position her for meals, ensure sitting in an upright position. Betty has reduced strength and dexterity in her hands and has difficulty gripping and manipulating cutlery.  Betty must have full assistance with meals and be fed by staff. | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | staff assist by providing Betty with her drinks, cutting up her meals and providing the cutlery to start eating her meals. Staff to provide supervision and assistance in case Betty is unable to manage to eat by herself. Staff to support Betty to maintain her hydrations. | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Swallowing difficulty details | | | | | | |  | | oropharyngeal dysphagia | | |  | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Functional Assessment answers - please refer to Summary Page 2 | | | | | | | | | | | | | | | |  | | |
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|  | Nutrition Risk Screening Tool Interventions - Refer to detailed NRST Assessment also | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Interventions are based on risk score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | ..................................................................................................................................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | LOW: If score = Low Risk (1-10) repeat NRST 3 monthly or more often if obvious health changes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | HIGH: If score = High Risk (20+) follow Moderate Interventions below and refer to Dietitian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | MODERATE: If score = Moderate Risk (11-19) or High Risk (as above) complete following | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 1. Person inappropriately gained weight | | | | | | | | | | | | | | | | | | | | | |  | | | | No, go to Q 2 | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
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|  | 2. Person has an appetite | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes, go to Q 3 | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
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|  | 3. Person manages larger serves of all meals | | | | | | | | | | | | | | | | | | | | | |  | | | | No, go to Q 4 | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
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|  | 4. Person manages double serves of desserts | | | | | | | | | | | | | | | | | | | | | |  | | | | No, go to Q 5 | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
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|  | 5. Level 1 interventions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Selected Product to add to diet | | | | | | | | | | | | | | | | | | | | | |  | | | | Supplements as per medication chart | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
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|  | 6 & 7. Level 2 or Level 3 interventions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 8. If High Risk - refer to Dietitian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Speech Pathology Details - interventions only show below if applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Oral medication administration directives | | | | | | | | | | | | | | | | | | | | | |  | | Speech Pathology Meal Time Care Plan | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Oral medications to be crushed? | | | | | | | |  | | Yes | | | | | | | | | |  | |  | | Strategies for safe swallowing | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | RN Instructions re Med Admin | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | |  | | |  |  |
|  |  | |  | | | | | | | | | |  | |  | | Ensure alert/upright (90deg); head tilted forwards, chin towards chest (chin tuck) | | | | | | | | | | | | |  | | Yes | | | | | | | | |  | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | |  | | |  |  |
|  | Staff to provide a drink of water after ingesting medications. Staff to ensure Betty has swallowed her medications safely and monitor for any changes with swallowing. Provide reassurance and orientation when taking medications. Update Joan and her son when there is any changes with medication. | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | |  |  |
|  |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | |  | | |  |  |
|  |  | | Avoid distractions; concentrate on chewing, swallowing, not talking/watching tv | | | | | | | | | | | | |  | | Yes | | | | | | | | |  | | |  |  |
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|  | Tablets administered | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | |  |  |
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|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | Daily special feeding by a Carer | | | | | | | | | | | | |  | | Yes | | | | | | | | |  | | |  |  |
|  | Crushed | | | | | | | |  | | Yes | | | | | | | | | |  | |  | |  | |  | | |  |  |
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|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | Eating and Drinking | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | With puree or thick drink | | | | | | | |  | | Yes | | | | | | | | | |  | |  | |  |  |
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|  | Details re crushing meds OR other methods | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | |  | | |  |  |
|  |  | |  | | | | | | | | | |  | |  | | Encourage to eat/ drink slowly, take small amounts, rest between mouthfuls | | | | | | | | | | | | |  | | Yes | | | | | | | | |  | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | |  | | |  |  |
|  | Betty's medications are to be crushed and placed in a thickened substance, such as gloup, to ensure safe ingestion without the risk of aspiration. | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | |  |  |
|  |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | |  | | |  |  |
|  |  | | Ensure swallows what is in mouth before next mouthful | | | | | | | | | | | | |  | | Yes | | | | | | | | |  | | |  |  |
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|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | Discontinue if patient fatigues, coughs excessively or fails to swallow | | | | | | | | | | | | |  | | Yes | | | | | | | | |  | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | |  | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | Provide oral hygiene at completion of every meal | | | | | | | | | | | | |  | | Yes | | | | | | | | |  | | |  |  |
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|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | Eat with Teaspoon to limit amount taken | | | | | | | | | | | | |  | | Yes | | | | | | | | |  | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | |  | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | After meal/ drink, leave person upright for the specified time (in minutes) | | | | | | | | | | | | |  | | 20 minutes | | | | | | | | |  | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | |  | | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | Other directives | | | | | | | | | | | | |  | |  | | | | | | | | |  | | |  |  |
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|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | OK with Munchkin teaspoon.  Full staff assist.\Sit upright in bed for all oral intake. Moderately thick fluid direct from cup or via teaspoon. Pureed food from teaspoon. Add sauce to food. |Please ensure all food is pureed. Many thanks. | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | | | | |  |  | |  |
|  | Discomfort / Pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | | | | |  |  | |  |
|  | Goals: | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | | | | |  |  | |  |
|  |  | | | | | | | | |  | |  | Description | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  |  | |  |
|  | Betty's chronic pain will be reduced as much as possible to feel comfortable enjoying her ADLs and other activities. Staff will detect early, any signs and symptoms of potential complications. Staff will prevent complications. | | | | | | | | | | | | |  | |  |  | |  |
|  |  | |  |  | | | | | |  | |  | | | | | | |  |  | |  |
|  |  | |  | Relevant medical diagnoses to consider | | | | | |  | | Left hemiparesis post middle cerebral artery infarct, Number of falls with fracture left NOF requiring hemiarthrosis surgery. Osteopaenia. | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Details of Pain Scale and assessed score - i.e. Abbey Pain Scale | | | | | |  | | 6-7 | | | | | | |  |  | |  |
|  |  | | | |  | | | | | | | | |  | |  |  | | | | | |  | |  | | | | | | |  |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | Intensity | | | | | |  | | 5 | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Location of the pain of this intensity | | | | | |  | | Neck, back, left hip and knees. | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Details re Long-Term pain management as relevant eg. Norspan, Digesic, Morphine, Heat, Massage, TENS use | | | | | |  | |  | | | | | | |  |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Neck  Knees  Left hip  Deep ache in lower back region.  Directives :   (PHYSIO ONLY) Physio to provide intervention as needed and as per referral-based requirement. | | | | | | |  | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | Repositioning 3-4 hourly both in bed and when seated ( in wheelchair) to limit pain from stiffness and assist with Pressure Area Care.  For instances of increased pain, Betty should be commenced on a 7-day pain assessment and GP should be notified to ensure correct pain management and pain strategies can be implemented, this will ensure Betty is not experiencing chronic or acute pain issues. | | | | | | |  |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nature of Pain | | | | | |  | | Ache, Tight | | | | | | |  |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Onset | | | | | |  | | Gradual | | | | | | |  |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Guarding Body Part | | | | | |  | | Yes | | | | | | |  |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Describe body part | | | | | |  | | Lower back with a slumped posture when sitting. | | | | | | |  |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other expression of pain | | | | | |  | | Grimacing, Decreased activity, Decreased socialisation | | | | | | |  |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Altered mood | | | | | |  | | Irritable | | | | | | |  |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | What causes or increases the pain that needs to be avoided? | | | | | |  | | Transfers require x 2 Staff and full sling lifter.  Regular repositioning | | | | | | |  |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | 3-4 hourly to limit long periods of staying in one posture. | | | | | | |  |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pain relief Interventions including frequency of interventions | | | | | |  |  | Assess Betty as pain issues may arise. Betty should be commenced on a 7 Day pain assessment for any acute or outstanding chronic pain issues that are worsening.  Utilise PRN medications where able and document effectiveness. Refer to GP to ensure pain medications are adequate and effectiveness from PRN medications is substantial for Betty's ongoing pain issues. | | | | | | |  |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Musculoskeletal Pain: | | | | | | |  |  |  | | |  | | |  |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sensory Pain: | | | | | | |  |  | lower back, pelvis and legs | | |  | | |  |  | | |
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|  | Sleep - Rest Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
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|  | Goals: | | | |  | | | | | | | | |  | | Difficulties: | | | | | |  | | | | | | | | | | | |  | Usual settling time: | | | | | | |  | | 2000 | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | | | | | | | | | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  | Betty will be supported to have a good quality sleep during the night and when taking naps. To ensure safety and provide assistance when required during the night. | | | | | | | | | | | | |  | | Excessive noise, lights, pain/discomfort, confusion, incontinence | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | |  | Usual rest times: | | | | | | |  | | Yes, depending on resident choice. | | |  | | | |  | |  |
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|  |  | | Medical history: | | | | | |  | | | | | | | | | | | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | |  | | | | | | | | | | | |  | Usual waking time: | | | | | | |  | | 0700 | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Right side middle cerebral artery infarticuna syndrome, Hyperactive delirium, Left sub capital fractured neck of femur and fracture L femur , Hemiarthroplasty post fall, Had 2 falls with fractures during hospitalization depression, Rectum mucosal prolapse, Left side deficit and neglect with cognitive decline, Hypothyroidism, Osteopenia, Dyslipidaemia, Splenectomy secondary splendid lymphoma, #LNOF, CVA (Stroke), Other Arthritis | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | Amt Pillows: | | | | | | |  | | 1-2 | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Amt. blankets: | | | | | | |  | | 1-2 | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Sleep management plan: | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | Staff to assist Betty to be positioned on the bed comfortably. Ensure she is comfortable, and pillows are arranged using the right amount of blankets according to her preferences. Staff to ensure Betty is toileted, wearing clean and dry continence aids, and she is not feeling any discomfort or pain on settling to bed. Staff can offer Betty warm drinks and snacks to help her settle and relax for the night. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | | | | | | | | | |  | Other preferences and routines: | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | | | | | | | | | |  | Not to place Betty on left side as she uses her right arm to pull herself out of bed | | | | | | | | | | | | | | | |  | |  |
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|  | Emotional / Relationship / Intimacy / Stress Management / Spiritual - Cultural / Social - Community Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
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|  | Goals: | | | |  | | | | | | | | |  | | Frequency of family visits: | | | | | |  | | | | Joan visits regularly. | | | | | |  | |  | Religion/ Belief: | | | | | | |  | | No Religious Practice | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  | Betty will feel supported and her living / quality of life needs will be met with the assistance as stated. | | | | | | | | | | | | |  | |  | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | |  | | | |  | |  | Minister / church to contact: | | | | | | |  | | Nil to note | | |  | | | |  | |  |
|  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | |  | |  |
|  |  | | Issues re family / relationships: | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Service participation: | | | | | | |  | | Betty has no wish to attend at this stage | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | Issues to address | | | | | |  | | | | Unknown. | | | | | |  | |  |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Feelings about relationships | | | | | |  | | | | Betty enjoys contact with her Family and . | | | | | |  | |  |  | | | | | | |  | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | |  | |  | Specific Spiritual needs / preferences: | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | Important to address | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Due to impaired cognition, it is important for Betty to have emotional and social support, and to feel in control | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Spiritual needs | | | | | | |  | | None | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Specific Cultural needs / preferences: | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Cultural needs | | | | | | |  | | Australian | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Staff to emotionally support her when she cries is frustrated, is anxious and shows sadness/ low mood. Staff to support Betty to alleviate her frustration, provide reassurance, and orientation, and assist Betty with her ADLs and other daily activities. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Support needed by resident: | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Offer reassurance, a gentle and calm approach, if possible, move Betty to a quiet and safe area, distract with conversation on a topic to Betty's interest - farming, gardening, weather, staff can play music and engage Betty in watching musicals and movies. Betty will enjoy a warm drink with snacks to help her calm. Staff can take Betty for a walk in the garden and enjoy the view (rear side of the facility, looking at cattle and farms).  Staff to ensure Betty's continence needs are being met, ensure | | | | | | | | | | | | | | | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Betty is wearing clean and dry continence aids.  Ensure Betty is not in any discomfort or pain. Ensure regular repositioning is attended to ensure maximum comfort. | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1:1 time with staff and her sister who visits regularly, offer reassurance, gentle and calm approach, if possible, move Betty to a quiet and safe area, distract with conversation on a topic to Betty's interest - farming, gardening, weather, staff can play music and engage Betty in watching musicals and movies. Betty will enjoy a warm drink with snacks to help her calm. Staff can take Betty for a walk in the garden and enjoy the view (rear side of the facility, looking at cattle and farms).  Staff to ensure Betty's continence needs are being met, ensure Betty is wearing clean and dry continence aids.  Ensure Betty is not in any discomfort or pain. Ensure regular repositioning is attended to ensure maximum comfort. | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Make Betty aware when Joan is coming in, Betty likes to | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | know when Joan is coming in. | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Betty no longer will actively engage in group activities independently. | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Betty does not cope with change. Betty's routine and day to day activities should be gauged day to day dependent on Betty's cognitive state and mood. | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Staff assistance | | | | | | |  | | staff to be respectful, helpful and kind. | | |  | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1:1 time and attention, reassurance, calm gentle approach, if possible move Betty to a quite area, distract with conversation on topic to Betty's interest. Betty enjoys being taken for a walk out in the garden or outside the unit around the facility | | | | | | | | | | | | | | | |  | | |
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|  | Behaviour Management Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
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|  | Goals: | | | |  | | | | | | | | |  | |  | | |  | | | | |  | | | | | | | | |  |  | Avoid these causes of: | | | | | | | | | | | | | | | |  | |  |
|  |  | | | | | | | | |  | | Issue/behaviour description | | |  | | | | | Betty will resist staff attending to her care physically. Betty may become agitated, cry and become emotional. Betty may also spit out her medications at staff. | | | | | | | | |  |  |  | |  |
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|  | Betty will not demonstrate these behaviors and will feel supported as her needs are met with the assistance as stated. | | | | | | | | | | | | |  | |  | | | | |  |  |  | |  |
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|  |  | |  | | | | |  |  | Stress: | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | |  | | |  | | | | |  |  | Betty becomes anxious when confused or unable to have other understand what she wants.  Betty becomes agitated by the actions of others if it is annoying Betty, or if their actions are upsetting her. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Usual time of day and duration the behaviour was exhibited | | |  | | | | | These behaviours can happen any time of the day | | | | | | | | |  |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | |  |  | Anger: | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | |  |  | Betty can become agitated with others if they cannot understand what she wants and when she has difficulty expressing her feelings or concerns. Betty feels frustrated due to her cognitive and physical state. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Amount of times on average per day that behaviour was exhibited | | |  | | | | | At least once per week | | | | | | | | |  |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | |  |  | Anxiety: | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | |  |  | Betty becomes anxious when frustrated and or confused. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | |  | | | | |  | | | | | | | | |  |  | Depression: | | | | | | |  | |  | | |  | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | | Triggers or Warning Signs | | |  | | | | | Memory loss, Upset after relative visits and leaves, Disorientated, Does not understand procedures. Uncomfortable, Bored, lonely, depressed. Loud or chaotic environment | | | | | | | | |  |  |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | |  |  | Betty has a history of depression, becomes teary with her frustration and inability to communicate or express what she would like, through general communication. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | |  | | | | |  |  | Powerlessness: | | | | | | |  | | Unable to express due to advanced dementia. | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | |  | | | | |  |  | Watch for the following signs of these: | | | | | | |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Possible contributing factor(s) | | |  | | | | | Betty has dementia and depression and has cognitive impairment. She had a stroke impacting her speech. She can be confused, frustrated and agitated. She can be triggered by other residents' behaviours. | | | | | | | | |  |  |  | |  | | |  | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | | | |  |  | Betty may withdraw and become physically aggressive towards others when they don't give her space,  Betty may become teary and emotional.  Betty can become agitated and lash out at others if she is unable to express what is upsetting her. | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | |  | | |  | | | | |  |  | How to assist resident when upset: | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Successful interventions used | | |  | | | | |  | | | | | | | | |  |  |  | |  |
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|  | | | | | | | | | | | | | | | |  | | |  | | | | | 1:1 time with staff and her sister who visits regularly, reassurance | | | | | | | | |  |  |  | | | | | | |  | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | |  | | |  | | | | |  |  | How to prevent loneliness: | | | | | | |  | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | |  | | |  | | | | |  |  | 1:1 time with staff and her sister who visits regularly, reassurance and orientation, gentle and calm approach, if possible move Betty to a quiet and safe area, distract with a conversation on a topic to Betty's interest - farming, gardening, weather, any topic conversation, staff can play music and invite her to join concerts and let her watch musicals and movies, and staff can provide a warm drink with snacks to help her calm. Staff can take Betty for a walk in the garden and enjoy the view (rear side of the facility, looking at cattle and farms). | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | |  | | |  | | | | | and orientation, gentle and calm approach, if possible move Betty to a quiet and safe area, distract with a conversation on a topic to Betty's interest - farming, gardening, weather. Staff can play music and invite her to join concerts and let her watch musicals and movies, and staff can provide a warm drink with snacks to help her calm. Staff can take Betty for a walk in the garden and enjoy the view (rear side of the facility, looking at cattle and farms). Staff to ensure Betty does not want to go to the toilet, is wearing clean and dry continence aids, minimalizing discomfort and pain. | | | | | | | | |  |  |  | | |
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|  | | | | | | | | | | | | | | | | Adverse Consequences | | |  | | | | | Betty may have an agitated mood throughout the day impacting her ability to positively engage with others and loses focus on participating in her ADLs.  Betty has had previous incidences with residents exhibiting | | | | | | | | |  |  |  | | | | | | |  | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | |  | | |  | | |  | | behaviours that directly impact her. | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | Effectiveness of Strategies | | |  | | |  | | These interventions are currently effective and continuously in consultation with staff, family and resident to evaluate current strategies. | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | Are restrictive practices required? | | |  | | |  | | No | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | Behaviour demonstrated when upset: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | How the person alerts staff that a problem exists | | | | | |  | |  | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | Betty can appear to become agitated, fidgety, she may suddenly cry and become emotional. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | Social Work Psychosocial Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Relevant Assessment Details | | | | | | | | | | | | |  | | Other details re person's presentation | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
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|  | PAS | | | |  | | 21.0 | | | | | |  |  | | Client behaviour - tick as many of the following that apply | | | | | | | | | | | | | | | | | |  | Restraint Authorised by | | | | | | | | | | | | | | | |  | |  |
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|  | Psychiatric Diagnosis | | | |  | |  | | | | | |  |  | |  |  | | | | | | | | | | | | | | | |  | |  |
|  |  | |  | | | | | |  |  | |  | Advance Directives in place | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | |  | | | | | |  |  | |  |  | |  |
|  | Right side middle cerebral artery infarction syndrome, Hyperactive delirium, Depression, Left side deficit and neglect with cognitive decline.  Betty was born in Dandenong in Melbourne. History: She has a younger sister Joan, whose brother is deceased. She had a happy family life, her family managed hotels and other businesses in Melbourne and travelled around a lot. Her father was very strict and in the later years her father took up farming, moving the family to rural Victoria. Betty attended an all-girls grammar school and left early. She met her husband, they had 3 children, and later fostered a girl. Betty later divorced her husband and eventually moved to Gympie to look after her elderly mother, who passed away. Betty then moved to a unit on her own. After suffering a stroke, she was unable to live alone and moved into a nursing home in Gympie. Betty's sister Joan, describes Betty as always being a bit of a loner. Behaviours: impaired communication makes it difficult for Betty, Betty can become annoyed with others if they can not understand what she wants. Strategies: 1:1 time and attention, reassurance, calm gentle approach, if possible move Betty to a quiet area, distract her with a conversation on a topic of Betty's interest. Betty enjoys a walk in the garden in her wheelchair. | | | | | | | | | | | | |  | |  |  | |  |
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|  | Geriatric Depression Scale | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  | |  |
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|  | Cornell Depression Scale | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  | |  |
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|  | Score / 38 | | | |  | | 8 | | | | | |  |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  | |  |
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|  | Philadelphia Depression Scale | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  | |  |
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|  | Other Scale | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Review Psycho-Geriatrician | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Psychological and Emotional Supports | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Significant Life Events / Transitions / holocaust experience | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Had a stroke 3 years ago, and was unable to live alone afterwards | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Legal / Financial | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Client Mood and Affect | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Carer Mood and Affect | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Client Social Adaptability | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Diversional Therapy / OT / Activities Planned | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Activities/Therapies | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
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|  | Aims of Activities | | | | | | | | | | | | |  | | Limitations / barriers observed | | | | | |  | | | | | | | | | | | |  | Physical | | | | | | | | | | | | | | | |  | |  |
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|  | Aims | | | |  | | | | | | | | |  | |  | | | | | | | | | | | |  | Reason / Need to participate in activities | | | | | | |  | | | | | | | | |  | |  |
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|  |  | | | | | | | | |  | | Betty is less likely to attend activities if she is unwell, she requires physical assistance by staff to attend activities | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  |  | | | | | | | | |  | |  |
|  | The aim of Betty's individualised activity program is to promote enjoyment, happiness and a sense of well-being through the provision of activities based on both Betty's past and present interests. The program is facilitated and supported by staff physically, emotionally and cognitively due to Betty's significant cognitive limitations | | | | | | | | | | | | |  | |  |  | | | | | | | | |  | |  |
|  |  | |  |  | | | | | | |  | | | | | | | | |  | |  |
|  |  | |  | Betty will be given the opportunity to maintain or improve her current state of physical abilities. She will be supported to join activities despite her current physical limitations | | | | | | | | | | | | | | | |  | |  |
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|  |  | | Strategies | | | | | |  | | | | | | | | | | | |  |  | |  |
|  |  | |  | | | | | |  | | | | | | | | | | | |  |  | |  |
|  |  | | Staff utilise validation therapy to assist Betty to achieve her activity goals due to her significant cognitive limitations. Staff to provide reassurance and orientation. Staff to explain to Betty what is happening in her surroundings and aware of the activities she is joining in | | | | | | | | | | | | | | | | | |  |  | |  |
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|  |  | |  | Activities | | | | | | |  | | | | | | | | |  | |  |
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|  | Life Story Details | | | |  | | | | | | | | |  | |  |  | | | | | | |  | | | | | | | | |  | |  |
|  |  | | | | | | | | |  | |  | Betty will be invited to attend seated exercises, and group activities | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | | |  | |  |  | |  |
|  | Betty was born in Dandenong in Melbourne.  She had an older brother ( deceased) and a younger sister Joan.  She had a happy family life, and her family managed hotels and other businesses in Melbourne and travelled around a lot.  Her father was very strict and in the later years her father took up farming, moving the family to rural Victoria.  She attended an all-girls grammar school and left early.  She met her husband and they had 3 children, and later fostered a girl.. | | | | | | | | | | | | |  | |  |  | |  |
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|  |  | |  | | | | | |  | | | | | | | | | | | |  | Reason / Need for participating activities | | | | | | |  | | | | | | | | |  | |  |
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|  |  | |  | | | | | |  | | | | | | | | | | | |  | Betty will enjoy activities in groups or personalised despite her current physical and cognitive limitations. She will be supported throughout the activities. | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | | |  | | | | | | | | | | | |  | Activities | | | | | | |  | | | | | | | | |  | |  |
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|  |  | |  | | | | | |  | | | | | | | | | | | |  | Staff assist Betty in going to the activities as she is non-ambulant.  Staff to provide reassurance and orientation during and throughout the activities. Staff to explain and support her to be aware of what is happening to her surroundings and activities she is currently participating in due to dementia and cognitive impairment | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | | |  | | | | | | | | | | | |  | Emotional / Social | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | | |  | | | | | | | | | | | |  | Reason / Need for participating activities | | | | | | |  | | | | | | | | |  | |  |
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|  |  | |  | | | | | |  | | | | | | | | | | | |  | Betty will be given the opportunity to have social and emotional support. She will be assisted to socialise with others despite her cognitive limitations | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | | |  | | | | | | | | | | | |  | Betty will be invited to attend activities of a social nature such as Happy Hour, group activities, small group | | | | | | | | | | | | | | | |  | |  |
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|  | Betty later divorced her husband and eventually moved to Gympie to look after her elderly mother, who passed away.  Betty then moved to a unit on her own.  After suffering a stroke, she was unable to live alone and moved into a nursing home in Gympie.  Her sister Joan, describes Betty as always being a bit of a loner.   She is currently residing at | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | activities, music singalong and more. She will also be invited to talk with staff and have 1:1 emotional support as necessary. | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | Creative | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | Reason / Need for participating activities | | | | | | |  | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | Betty will be given the opportunity to be as creative as she chooses and is able | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | Betty will be invited to enjoy the creative activities provided such as cooking group, singing and music, and more | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Betty will be invited to enjoy aromatherapy sessions and massage with our trained therapists, staff hand massage sessions, beauty therapy, cooking group, the beautiful garden and more | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Betty will be invited to listen to the Sunday hymns on her in house channel because she loves music and may enjoy the hymns. | | | | | | | | | | | | | | | |  | | |
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|  | Physiotherapy - Chest/Hot/Cold/Electrical/Other - Refer to Physio Assessment AND Interventions Report also | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Chest Physio | | | | | | | |  | Hot/Cold/Manual | | | | | | | | | | | | |  | | Electrical | | | | | | | | | | | | |  | Tilt Table Program | | | | | | | | | | | | |  |  |
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|  | Chest Physio? | |  | No | | | |  |  | Physio for pain m'ment | | | | | | | | | | | | |  | | Massage | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |  |
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|  |  | |  |  | | | |  |  | On referral/request | | | | | | |  | Yes | |  | | |  | | Heat Pack | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |  |
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|  | Physiotherapy - Exercise Therapy - Refer to Physio Assessment AND Interventions Report also | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Exercise Therapy | | | | | | | |  | Active Movem'nt Program | | | | | | | | | | | | |  | | Exercise Programs | | | | | | | | | | | | |  | Splints / aids | | | | | | | | | | | | |  |  |
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|  | Physiotherapy - Mobility/Gait/Walking - Refer to Physio Assessment AND Interventions Report also | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Mobility/Trnsfrs | | | | | | | |  | Gait Practice | | | | | | | | | | | | |  | | Walking Program | | | | | | | | | | | | |  | Walking Aids | | | | | | | | | | | | |  |  |
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|  | Transfer Practice | | | | | | | |  | In Parallel Bars | | | | | | | | | | | | |  | |  | | | | | | | | | | | | |  | AFO | | | | | | | | | | | | |  |  |
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|  | Postural Correction | | | | | | | |  | Walking | | | | | | | | | | | | |  | |  | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |  |
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|  | Podiatry Details as applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Mobility - Footwear Risks | | | | | | | | | | | | | | | | | | | | | |  | | Podiatrist Care Plan | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Shoes recently reviewed | | | | | | | |  | | No | | | | | | | | | |  | |  | | Podiatrist will see this person | | | | | | | | | | | | |  | | Podiatrist every 4-6 weeks | | | | | | | | |  | | |  |  |
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|  | Podiatrist footwear recommendations | | | | | | | | | | | | | | | | | | | | | |  | | Nail Care Requirements | | | | | | | | | | | | |  | |  | | | | | | | | |  | | |  |  |
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|  |  | | staff or sister Joan to attend finger nail care, podiatry for footcare | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | Podiatrist plan - including Foot Hygiene | | | | | | | | | | | | |  | |  | | | | | | | | |  | | |  |  |
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|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | 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 sulci cleared. | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | Podiatrist recommended interventions | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | Current review details | | | | | | | | | | | | |  | |  | | | | | | | | |  | | |  |  |
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|  |  | | | | | | | |  | |  | | | | | | | | | |  | |  | | Resident seen by Podiatrist - 17/01/24 Consent obtained prior to treatment.  O/e - B/F nails long and thick, skin intact, NAD. Treatment - B/F nails cut and filed. Comments - B/F DP + PT pulses palpable, feet to be checked daily by care staff and any abrasions, cuts or erythema reported to RN.  Plan - Review 6-8/52  Instrument sterilisation batch No. 140124  Alexander Walker Podiatrist AHP | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Advanced Health Directives / Palliative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | |  | |  |
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|  | Goals: | | | |  | | | | | | | | |  | | Medical Power of Attorney: | | | | | | | | | | | | | | | | | |  | Specific wishes re care: | | | | | | | | | | | | | | | |  | |  |
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|  | Betty's needs will be addressed in accordance with their preferences. | | | | | | | | | | | | |  | |  |  | |  |
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|  |  | | POA present: | | | | | |  | | | | Yes | | | | | |  | |  | When Dying: | | | | | | |  | | | | | | | | |  | |  |
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|  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Doctor to decide when when she is dying as per son's request | | | | | | | | | | | | | | | |  | |  |
|  |  | | Medical POA details | | | | | | | | | | | | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Name: | | | | | |  | | | | and Jamie | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | | |  | | Relationship to person: | | | | | |  | | | | Son | | | | | |  | |  |  | | | | | | |  | | | | | | | | |  | |  |
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|  | Complementary Therapy Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |