|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Resident Details | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  | Allergies | | | |  | Relevant Medical History | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Drug Allergies |  | Nurofen || Oxycontin || Fluvax |  |  | Diabetes |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Dementia |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Food / Fluid Allergies |  | Nil known |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | CVA(Stroke) |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Risks / Safety Issues | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | TIA's |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Other Medical Diagnosis | | | |  |  |
|  |  |  |  |  | Participating in Activities |  | No |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Vascular dementia; CVA with Multiple TIA's; IDDM; Rheumatoid/osteoarthritis; poor vision- both eyes; depression; asthma & SOB on exertion; Rotator cuff tears. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Altered Behaviour Patterns |  | No |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Continence Problems |  | No |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Lack of insight into their own Safety |  | Yes |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Impaired Mobility |  | No |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | First Name | |  | Gay | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Nutrition Problems |  | No |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname | |  | Timmermans | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Behaviour puts Safety of others at Risk |  | No |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Preferred Name | |  | Gay | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Restraints used for Risk Activities |  | No |  |  |  |  |  |  |  |  |
|  | Admitted Location | |  | MACLEAY VALLEY HOUSE / Room 076 / Red Cedar Wing Room 076 A | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Sensory Deficits |  | Yes |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ACF ID | |  | MCVH440 | | |  | Religion / Culture | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | D.O.B | |  | 17/05/1934 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Nationality |  | Australian citizen |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Admission Date | |  | 12/03/2024 | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Religion / Belief |  | Seventh day Adventist |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Medicare No. | |  | 2676639923 | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Level of Participation |  | invite to services and Gay will choose |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Pension Entitlement No. | |  | 205393936X | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Next of Kin | |  | Peter Campbell | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Language's Spoken |  | English |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | - Mobile | |  | 0413 771 931 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Medical Practitioner's Name | |  | Dr Frank Reed. | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Dr's Work Phone | |  | 0417 312 976 | |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Summary of Preferences / Needs | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Relevant Social Hx / Needs | | | |  | Diet Type | | | |  | Hygiene Assistance | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Support needed by families / friends |  | Nil |  |  | Diabetic |  | Yes |  |  | Full Assist |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Type of Diabetes |  | Type 2 |  |  | Can choose own clothes |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Eating Assistance | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Other Diabetes |  | INSULIN DEPENDENT |  |  | Toileting Assistance | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Diabetes Monitoring Requirements |  | BD BGL before breakfast and dinner and bed time. |  |  |  |  |  |  |  |  |
|  | Requires assistance in positioning self for meal |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Clothing adjustment after toileting |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Requires meal to be cut up |  | Yes |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Post toilet hygiene wipe / clean peri-anal area |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Diet Consistency | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Requires supervision to drink fluids |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Main |  | Regular |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Vegetables |  | Regular |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Requires supervision to eat food |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Dessert |  | Regular |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Urinary Aids | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Own Teeth or Dentures | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Morning aids |  | Gay refuses to wear aids |  |  |  |  |  |  |  |  |
|  | Full Dentures |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | No Teeth |  | Yes |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Afternoon aids |  | Schedule toileted. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Lower Dentures |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Night time aids |  | Gay refuses to wear aids |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Upper Dentures |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Potential Complications / Health Management / Medication Management Issues | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care & Interventions | | | |  | Relevant Assessment Details | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | | | |  | Related to the following medical concerns | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | I want staff to detect early, any signs and symptoms of potential complications. | | | |  | Related to the following medical concerns | | | |  |  |
|  |  |  |  |  |  |  |  |
|  | STAFF INTERVENTIONS | | | |  |  |  |  |  |  |  |
|  |  | Infection Record | | | |  |  |
|  |  |  |  |  |  |  |  |
|  | Frequency of required observations |  | monthly observations and weight and PRN if unwell |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Date this INFECTION was identified - DO NOT alter this date once chosen |  | 16/09/2024 |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Oral medication admin by |  | Care Staff - Med trained |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Injectable medication admin by |  | Registered Nurse |  |  | FUNGAL SKIN INFECTION |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Topical By |  | Staff |  |  |  |  | A maculopapular rash, Either medical officer diagnosis, or laboratory confirmation |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Staff interventions for oral / injectable medications |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Antibiotics/treatment used and length of time ordered for |  | TERBINAFINE 10mg/g (1%) CRM |  |  |  |
|  | Staff place medications in hand, Gay will then take all medications at once swallowed with drink | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Care Interventions |  | Wash and pat dry then apply cream BD |  |  |  |
|  | Staff Interventions for topical medications |  | Staff manage all aspects of medication management. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Record ID |  | 64373828 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Immunisation History | | | |  |  | | | |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Details of current immunisations |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | 9/5/22- Fluad Quad 2022 season (332702) given by Dr Reed, 6/4/21 Fluad Quad 2021 season ( 296067) given by Dr Reed. 30/3/2020 Fluad Batch 267524 given by Dr Anselm.Nil immunisations | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | COVID 19 Vaccine Date of Administration Dose 1 |  | 05/05/2021 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | COVID 19 Vaccine Date of Administration Dose 2 |  | 26/05/2021 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Outcome of Referral | | | |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Complex Health Care Needs Summary | | | |  |
|  |  |  |  |  |  |
|  | Complex Care Goals of Care | | | |  |
|  |  |  |  |  |  |
|  | I want my clinical and medical needs to be addressed appropriately by staff and unwanted side effects or outcomes be reduced. | | | |  |
|  |  |  |  |  |  |
|  | Other Complex Care Interventions | | | |  |
|  |  |  |  |  |  |
|  | Blood glucose measurement for the monitoring of a diagnosed medical condition e.g. diabetes, is a usual care need AND frequency at least daily |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Pain management involving therapeutic massage or application of heat packs AND frequency at least weekly AND involving at least 20 minutes of staff time in total |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Complex pain management by an allied health professional or registered nurse. This will involve therapeutic massage and/ or pain management involving technical equipment specifically designed for pain management AND frequency at least weekly AND involving at least 20 minutes of staff time in total |  | Yes |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Communication / Hearing | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | Related to | | | |  | Please note: the Language/s this person speaks is listed on the front page | | | |  |  |
|  |  |  |  |  |  |  |
|  | I want to be able to hear when others speak to me. I want to continue to enjoy interacting with my sons and staff. | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Related to (Speech difficulties) |  | n/a |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Can resident use a call bell? |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Cognitive deficit or speech disorder affecting comprehension or speech |  | n/a |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Call Bell Interventions |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Staff are to ensure Gay's call bell is within easy reach and to answer promptly. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Interpreter required |  | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Speech / Comprehension difficulties | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Aids to communicate | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Alert |  | Yes |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Aids worn |  | N/A |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Confused |  | Yes |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Repeat sentences |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Slurred words |  | No |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Use simple sentences |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Single words |  | N/A |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Gain eye contact before communicating |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Clearly spoken words |  | Yes |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Dysphasia: |  | No |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Other communication interventions |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Dysarthria |  | No |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Memory - recent / past events | | | |  | Staff are to allow time for Gay to understand and to formulate responses. Ensure Gay's reading glasses are cleaned and well fitted. Gay has moderate cognitive impairment associated with her diagnosis of vascular dementia. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Recent |  | Gay has trouble remembering recent events. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Past |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Gay is able to remember certain past events, more stories about her childhood. | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Hearing deficit | | | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Vision Needs | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | Related to visual changes |  | no |  |  | Glasses |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I want to maintain my eyesight to the level it is now so that I can still continue with colouring in my pictures as this is important to me. | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Type of glasses |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Gay has bifocal glasses black with silver specs on arms with metal frames. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | When worn |  | Gay wears her glasses all the time. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Location glasses kept |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Gay stores her glasses on her bedside locker at night | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Care of glasses |  | Staff to assist Gay in cleaning her glasses daily |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Interventions to optimise vision |  | Ensure glasses are kept clean and well fitted. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | How often |  | Gay's son Peter makes all the appointments. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobility & Dexterity | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | | | |  | Relevant Assessment Details | |  | Interventions | | | |  | Details from Functional Assessment - assist with following | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  |  |  | Posture |  |  | Strategies to minimize impaired mobility issues |  |  |  |  | Detail to transfer |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I want to maintain my current level of independence with mobility and safe transfers. | | | |  | Gay's posture has become more stooped with flexed posture. More unsteady on feet. | |  |  |  |  |  | TRANSFERS: Gay requires supervision with prompting with getting in and out of bed, recliner chair, shower chair, and armchairs. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | Place call bell and side table within reach and instruct Gay to call for assistance as required.  Ensure safe footwear when mobilising i.e. well-fitted shoes.  Clothing to fit well and of appropriate length.  Clear area of hazards-spills, clutter, unstable furniture.  Ensure Gay has access to adequate nutrition and hydration.  Ensure bed height is appropriate to the needs of the resident. Staff to be aware that Gay may stumble when she is walking with them. | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Reduce Pain |  | Yes |  |  | Hand Grip | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Transfer aids used |  | Recommend 4ww due to poor dynamic standing balance |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Pain Management Details - physio |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Regular massage with pain relieving cream to knees due to OA effects | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Increase functional activities |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Other staff assistance / comments |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Minimise falls and related function |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Gay has a moderate cognitive impairment. She has a reduced ability to initiate, plan and sequence movements. Gay is easily distracted and requires regular orientation to remain focused on the current task. Gay lacks insight into her own care needs and limitations and she can be highly impulsive, placing herself at risk. Gay has difficulty in following complex or multi stage instructions Her hands have degenerative changes and Gay presents with reduced grip strength and dexterity, her hand movements are slow and lack accuracy, she requires increased concentration to complete finger opposition. This impacts on Gay’s ability to functionally grasp and manipulate her cutlery in order to prepare and cut up her meal.  Staff are required to orientate Gay | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Falls and injuries management |  | x1 Transfers with supervised ambulation using 4ww |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Increase/maintain muscle strength |  | Lower limbs |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Maintenance/Improvement of transfers |  | With assistance x 1 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Seating preferences |  | Standard/Recliner |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Maintain/Improve mobility |  | With Supervision |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Hip Protection Required |  | N/A |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Improve/maintain sit-to-stand ability |  | Preferable with 4ww |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Other Goals |  | 'I can not remember' |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
|  |  |  |  |
|  | to meal service and assist her to the dining room and to position at the table for meals. Staff are to provide a cut up diet and serve one course at a time. Staff are required to encourage Gay to commence eating and to continue to monitor throughout meal service, regularly reminding her to continue to eat and to complete her meals. | |  |
|  |  |  |  |
|  | Other mobility aids |  |  |
|  |  |  |  |
|  | Encouraged to use 4ww to improve dynamic balance. Gay declines constantly. | |  |
|  |  |  |  |
|  | Detail intervention to be provided |  |  |
|  |  |  |  |
|  | Bed mobility: Stand-by Assistance/Supervision. To roll in bed, 1 staff member should place one hand on the resident's shoulder and the other on the hip, and gently facilitate to roll. Lying to sitting: 1 x physical assistance, utilise bed mechanics to raise bed head up before sitting on bed edge, then place hands under the legs and physically move legs out of bed. Moving back into bed physically move the legs onto the bed and have bed head back down. | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Potential for Injury / Risk | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | | |  | Medications that may impact on Falls/Safety |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | Types of falls in past | | | |  | Sensory deficit safety issues | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | I will be protected from injury as much as possible. | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Trip |  | Yes |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Gay wears bifocal glasses, Gay may misjudge distances and fall. Staff need to be aware that this may occur. Staff are to ensure area is clutter free. Staff to regularly check on Gay for the times she is unable to use the buzzer | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Other Types of falls in past |  | 23/8/24, 04/08/19, 12/07/18. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Behaviour safety issues | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Lack of insight issues | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Gets lost easily outside of room. Will need supervision and redirection at times. Ensure Gay does not wander outside on her own. Staff to take extra care when loading Gay onto bus. | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Psychotropic Medication Risk Review | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Commencement location |  |  | In facility |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Date commenced |  |  | 02/10/2015 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Medication name |  |  | Escitalopram |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Diagnosis or Indication |  |  | Depression |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Other Information |  | reviewed at CMA 8/7/2024 with view to weaning for cessation of same as per GP |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Relevant information has been provided and / or explained to the resident and / or the Substitute Decision Maker |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Informed consent received from |  | Substitute Decision Maker |  |  |
|  |  |  |  |  |  |
|  | If the resident did not give the consent, |  | Peter Campbell |  |  |
|  | who did? |  |  |  |
|  |  |  |  |  |  |
|  | Treating Physician Name |  | Dr Frank Reed |  |  |
|  |  | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Urinary Continence Management | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | Type(s) of incontinence | | | |  | Concerns about elimination | | | |  |  |
|  |  |  |  |  |  |  |
|  | I want to reduce the episodes of incontinence.  I want my comfort, dignity and privacy maintained. | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Functional |  | Yes |  |  | Behaviours prior incontinence |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Stress |  | Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Gay refuses to wear continence aids. Gay states do not need them. | | | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Urgency |  | Yes |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Type(s) of incontinence | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | Aids Required | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Recognizes sensation to urinate |  | Sometimes |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Morning aids |  | Gay refuses to wear aids |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Afternoon aids |  | Schedule toileted. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Night time aids |  | Gay refuses to wear aids |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Continence m'ment toileting times |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Schedule toilet: On raising, before or after meals, before bed and overnight on ward rounds. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Catheter use | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | No Devices |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Care if incontinent | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Assistance if incontinent |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Staff to check room daily for any underwear which gay may been incontinent in. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Care after incontinence |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Gay will ask if needing assistance with peri / anal hygiene | | | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Bowel | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | Related to a lack of | | | |  | Bowel Pattern | | | |  |  |
|  |  |  |  |  |  |  |
|  | I want to maintain effective bowel management that reduces episodes of constipation. | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Exercise |  | Yes |  |  | Bowel action time of day |  | AM |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Mobility |  | Yes |  |  | Bowel Management program |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Ensure Gay has adequate fluid intake, offer fluids at each meal, M/Tea, A/Tea, Supper and after attending any ADLs/PAC etc.  Provide Gay with fruit daily for breakfast.  Promote regular time for Gay to defecate.  Encourage Gay to adopt the correct sitting position on the toilet and to avoid straining. Offer Gay extra fibre / prunes. Staff monitor & record bowels each shift. Staff advise RN if bowels not open for 3 days. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Other bowel function issues to address | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Ostomy type if applicable | | | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Toileting | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Interventions |  | Details from Functional Assessment | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  |  |  | Clothing adjustment after toileting |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | I want to maintain my preferred level of toileting needs and that my preferences are respected. | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Post toilet hygiene wipe / clean peri-anal area |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Number of staff required for toileting |  | 1 staff |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Self Care Needs - Bathing / Hygiene / Dressing Grooming | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Interventions | | | |  | Details from Functional Assessment | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | Prefers | | | |  | Needs the following assistance for hygiene | | | |  |  |
|  |  |  |  |  |  |  |
|  | I want to maintain as much independence with my own personal hygiene for as long as I am able. | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Bath, Shower or Both |  | Shower |  |  | Needs full assistance |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | When |  | Alternate |  |  | Can choose own clothes |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Time PM |  | before going to bed. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Resident staff preference for care | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Female |  | Yes |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Bathing / showering preferences / routines | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Toiletries |  | Facility liquid soap and vegiesorb |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Haircare details |  | In house hairdresser appointment when required |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Special Routines |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Gay requires x1 staff physical assist during personal care activities. Gay may decline a shower stating she has already had one that day. Gay stands up in the shower cubicle when she has a shower. Gay uses soap to wash her body. Gay dresses and undresses in the bathroom. Gay has Rexona and Nivea roll-on deodorant that she applies after her shower. Gay likes to apply Avon skin so soft cream on her face and hands. Gay enjoys putting on her perfume, Far Away from Avon. Sometimes Gay | | | |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | applies foundation to her face for special occasions. Gay prefers to wear slip on shoes during the day. Hair - Gay either brushers or combs her hair. Hairdresser - Gay mainly goes for a haircut and makes the appointments herself. | | | |  |
|  |  |  |  |  |  |
|  | Cream details | | | |  |
|  |  |  |  |  |  |
|  | Emollient or barrier cream |  | Vegiesorb / Vitamin E |  |  |
|  |  |  |  |  |  |
|  | Times to apply cream(s) within a 24 hr period: |  |  |  |  |
|  |  |  |  |  |  |
|  | Gay prefers to have moisturiser applied after her shower and before going to bed. | | | |  |
|  |  |  |  |  |  |
|  | Laundering / Linen / Towel Preferences | | | |  |
|  |  |  |  |  |  |
|  | Weekly linen change |  | Yes |  |  |
|  |  |  |  |  |  |
|  | If others, please specify |  | as per schedule |  |  |
|  |  |  |  |  |  |
|  | Facility to supply linen |  | Yes |  |  |
|  |  |  |  |  |  |
|  | No specific time to make bed |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Staff to distribute clean towels and collect dirty towels |  | Yes |  |  |
|  |  |  |  |  |  |
|  | All clothes washed by aged care service |  | Yes |  |  |
|  |  |  |  |  |  |
|  | Woolens washed by aged care service |  | Yes |  |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Oral / Dental | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details - refer to Teeth/Denture details in Summary of preferences | | | |  | Interventions | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  | Level of Assistance | | | |  | Assistance to prevent dental issues |  |  |  |
|  |  |  |  |  |  |  |  |
|  | My oral and dental hygiene will be maintained, and any complications associated with poor and dental hygiene such as sore gums/teeth, infections to be minimised. | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Own Teeth | | | |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | Staff to assist Gay to clean her dentures.To encourage Gay to rinse her mouth and brush her tongue, after breakfast and before going to bed at night. | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Denture | | | |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | State of mouth |  | Good |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Special needs to care for teeth or dentures |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | State of gums/lips |  | Gay has pink lips. No cracks or sores noted |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Gay uses a manual toothbrush with colgate toothpaste to clean her dentures. Staff to standby assist to offer Gay assistance if she requires. | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | State of tongue |  | Gay's tongue is pink |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | State of teeth/dentures |  | Dentures are in good repair. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Tooth or mouth pain - Y/N |  | No |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Lesions/Sores/Lumps |  | Nil lesions |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Please refer to other Dental problems in Nutrition Needs section | | | |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Skin / Wound | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | | | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals |  |  |  |  | Related to: | | | |  | Skin care | | | |  |  |
|  |  |  |  |  |  |  |  |  |
|  | I want to maintain skin integrity and to minimise the risk of injury. | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Skin Condition: | | | |  | Care strategies |  | Gay likes moisturiser applied BD to her skin |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Past/Present Conditions: |  |  |  |  |  |  |  |  |  |
|  | Skin Assessment Pictures | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Maintenance strategies |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | For Current Wound management refer to Wound Care Chart | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Please refer to wound management plan and evaluation chart for all current treatments of wounds.  12/7/18 Skin tear L middle finger,  12/10/17 Scratch (L) forearm,10/10/17 Scratch (L) lower leg, 20/9/17 Skin tear (L) shin 27/05/22 Skin assessment today. Gay has been scratching herself and left fine scratch marks on her forearms and legs.  13/9/22 Bruising on right /left lower legs. 23/4/24 Bruise right shin. 29/4/24 Bruise measures 6cm x 7 cm. Legs moisturised. 13/9/24 Excoriation inner thighs and labia.Photo not taken due to privacy and location of rash/excoriation | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Pressure area care | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Emollient/barrier cream |  | Vegiesorb / Vitamin E |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Times to apply cream(s) within a 24 hr period |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Gay prefers to have moisturiser applied after her shower and before going to bed. | | | |  |  |
|  | Right cheek |  | Left foot |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Pressure relieving devices | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Foam Mattress |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Finger /Toe Nail problems: |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Other interventions |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Staff to assist Gay with cutting her fingernails as required | | | |  |  |
|  | Left cheek |  | Right foot |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Bruises |  | Yes |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Flaky / Dry Skin |  | Yes |  |  |  |  |  |  |  |  |
|  | Right shin |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Finger /Toe Nail problems |  | Yes |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Rashes |  | Yes |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Skin Condition: | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Norton Score: |  | 13 |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Sensory Needs | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care: | |  | Related to: Seizures: |  | Gay has known TIA's in past |  |  | Details of sensory pain for staff to manage: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Gay has past history of fractured cx spine with some referral into right arm | | | |  |  |
|  |  |  | Dizziness: |  | Gay doesn't experience any dizziness. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | I want to be able to continue to enjoy my meals and able to enjoy sensory stimulation. | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Taste Problems: |  | Gay has no concerns regarding her taste |  |  |  |
|  |  | Tingling: |  | no |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Identifies aromas: |  | yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Nutrition Needs | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Hydration Goals of Care: |  |  | Attitude to food / appetite : |  | Gay likes her food. |  |  | Food Allergies | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Food/Fluid Allergies |  | Nil known |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I want to be well hydrated and be maintained by staff ensuring my intake is adequate. | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Diet type: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Nutrition Goals of Care: |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | 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 | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | I consume the food and fluids that I enjoy and enjoy the socialisation of dining with others. My nutritional intake and my weight will be monitored to remain within a healthy range for my age and my diabetes well controlled. | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Religious / Cultural dietary needs: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Gay has no specific religious/cultural dietary needs. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Taste problems to monitor: |  | Gay has no concerns regarding her taste |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Food & Fluid likes/dislikes: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Food dislikes: |  | Gay doesn't like Pork as upsets her stomach |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Serve Size: |  | Medium |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Fluid likes: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Readiness to eat related answers | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Preffered Seating Location | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Breakfast |  | Rosella dining room |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Lunch |  | Rosella dining room |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Dinner |  | Rosella dining room |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Eating Aids / Utensils Details | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Plate |  | Gay has a normal size plate. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Specific eating aids/utensils |  | Normal |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Cup/saucer (type other options if not shown in the list) |  | Normal |  |  |
|  |  |  |  |  |  |
|  | Special cutlery |  | N/A |  |  |
|  |  |  |  |  |  |
|  | Detail intervention to provide |  |  |  |  |
|  |  |  |  |  |  |
|  | Gay likes to have all her meals in the dining room.  Gay only has her meals in her room when she is unwell. Staff are required to notify Gay of mealtimes.  Staff are to provide standby assist/supervision when Gay is walking to the dining room for meals as she doesn't use her 4ww and assist her in positioning at the table.  Staff are to assist Gay in getting ready for her meals and she needs set up assistance during mealtimes Gay is able to feed herself but requires staff supervise her during these times. Staff to redirect Gay back to eating her meals when she becomes distracted. Staff to provide a cut-up diet and serve one course at a time.  To monitor weight Monthly.   Gay has a moderate cognitive impairment. She has a reduced ability to initiate, plan and sequence | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | movements. Gay is easily distracted and requires regular orientation to remain focused on the current task.Gay lacks insight into her own care needs and limitations and she can be highly impulsive, placing herself at risk. Gay has difficulty in following complex or multistage instructions. Her hands have degenerative changes and Gay presents with reduced grip strength and dexterity, her hand movements are slow and lack accuracy, she requires increased concentration to complete finger opposition. This impacts on Gay’s ability to functionally grasp and manipulate her cutlery in order to prepare and cut up her meal.  Staff are required to orientate Gay to meal service and assist her to the dining room and to position at the table for meals. Staff are to provide a cut up diet and serve one course at a time. Staff are required to encourage Gay to commence eating and to continue to monitor throughout meal service, regularly reminding her to continue to eat and to complete her meals. | |  |
|  |  |  |  |
|  | Other Staff Assistance to provide |  |  |
|  |  |  |  |
|  | Gay is on a diabetic diet. Gay requires staff assist with cutting up her food and supervision during eating. Gay has all her meals in the dining room. When Gay is feeling unwell, she has her meals in her room. When Gay's son, Peter visits, he takes Gay home for a meal. | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Swallowing difficulty details |  | Gay has no swallowing difficulties |  |  |
|  |  |  |  |  |  |
|  | Functional Assessment answers - please refer to Summary Page 2 | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Nutrition Risk Screening Tool Interventions - Refer to detailed NRST Assessment also | | | |  |
|  |  |  |  |  |  |
|  | Interventions are based on risk score | | | |  |
|  |  |  |  |  |  |
|  | ..................................................................................................................................................................................................................................... | | | |  |
|  |  |  |  |  |  |
|  | LOW: If score = Low Risk (1-10) repeat NRST 3 monthly or more often if obvious health changes | | | |  |
|  |  |  |  |  |  |
|  | HIGH: If score = High Risk (20+) follow Moderate Interventions below and refer to Dietitian | | | |  |
|  |  |  |  |  |  |
|  | MODERATE: If score = Moderate Risk (11-19) or High Risk (as above) complete following | | | |  |
|  |  |  |  |  |  |
|  | 1. Person inappropriately gained weight |  | No, go to Q 2 |  |  |
|  |  |  |  |  |  |
|  | 2. Person has an appetite |  | Yes, go to Q 3 |  |  |
|  |  |  |  |  |  |
|  | 3. Person manages larger serves of all meals |  | Yes, offer larger serves of all meals and monitor |  |  |
|  |  |  |  |  |  |
|  | 4. Person manages double serves of desserts |  | Yes, offer double desserts and monitor |  |  |
|  |  |  |  |  |  |
|  | 5. Level 1 interventions | | | |  |
|  |  |  |  |  |  |
|  | 6 & 7. Level 2 or Level 3 interventions | | | |  |
|  |  |  |  |  |  |
|  | 8. If High Risk - refer to Dietitian | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Speech Pathology Details - interventions only show below if applicable | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Oral medication administration directives | | | |  | Speech Pathology Meal Time Care Plan | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Oral medications to be crushed? |  | No |  |  | Strategies for safe swallowing | | | |  |  |
|  |  |  |  |  |  |  |  |
|  | RN Instructions re Med Admin |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Ensure alert/upright (90deg); head tilted forwards, chin towards chest (chin tuck) |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Staff place medications in hand, Gay will then take all medications at once swallowed with drink | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Tablets administered | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Avoid distractions; concentrate on chewing, swallowing, not talking/watching tv |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Whole |  | Yes |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Details re crushing meds OR other methods |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Ensure dentures clean and fit firmly |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Eating and Drinking | | | |  |  |
|  |  |  |  |  |  |  |  |
|  | Staff place medications in hand, Gay will then take all medications at once swallowed with drink | | | |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Encourage to eat/ drink slowly, take small amounts, rest between mouthfuls |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Provide oral hygiene at completion of every meal |  | Yes |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Discomfort / Pain | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals: |  |  | Pain Assessment Required |  | Yes |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Description | | | |  |  |
|  |  |  |  |  |  |  |  |  |
|  | I want any pain I experience is assessed and addressed in an appropriate time frame. I want staff to recognise non-verbal signs of pain and manage my pain promptly and effectively. Staff will detect early, any signs and symptoms of potential complications. Staff will prevent complications. | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Relevant medical diagnoses to consider |  | Rheumatoid Arthritis, Osteoarthritis, Vascular dementia, R Shoulder RC tears, CVA |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | Details of Pain Scale and assessed score - i.e. Abbey Pain Scale |  | Abbey - 6 |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Intensity |  | 5 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Location of the pain of this intensity |  | Gay experiences pain in her bilateral knees, upper back/neck, right shoulder, right arm, feet |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Details re Long-Term pain management as relevant eg. Norspan, Digesic, Morphine, Heat, Massage, TENS use |  | Gay has prescribed PRN analgesia if needed. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Nature of Pain |  | Ache, Sharp, Spread Over Area, Tight |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Onset |  | Gradual |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Constant |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Time of day present |  | on weight bearing |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Guarding Body Part |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Describe body part |  | left knee |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Other expression of pain |  | Grimacing, Anxious, Decreased activity, Decreased socialisation |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Altered mood |  | Irritable |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | What causes or increases the pain that needs to be |  |  | independent ambulation |  |  |
|  | avoided? |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Needs Referral |  |  | No |  |  |
|  |  |  |  |  |  |  |
|  | Pain relief Interventions including frequency of interventions |  |  | Gay has prescribed PRN analgesia. |  |  |
|  |  |  |  |  |  |  |
|  | Record ID |  |  | 9706703 |  |  |
|  |  | | | | |  |
|  | Musculoskeletal Pain: | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | PAIN LOCATION: Gay has a mild pain to the lateral side of the L foot. Gay also has an intermittent chronic pain left knee and neck with shoulder pain.   Simple analgesia regularly and prn | | | | |  |
|  |  |  |  |  |  |  |
|  | Sensory Pain: | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Gay has past history of fractured cx spine with some referral into right arm | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Sleep - Rest Needs | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals: |  |  | Difficulties: |  |  | Usual settling time: |  | Gay goes to sleep at 2400 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | I want to be assisted and supported to get the desired amount of rest. I want to be well rested. | |  | Pain, Disruption due to cares, dementia, depression, Excessive light or noise. | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | Usual rest times: |  | Gay does have daytime naps. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Medical history: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Usual waking time: |  |  |  |  |  |
|  |  |  |  | Vascular dementia with moderate cogntive impairment; CVA with Multiple TIA's; IDDM; Rheumatoid/osteoarthritis; Poor vision- both eyes; Depression; Asthma & SOB on exertion; Rotator cuff tears | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Gay wakes up about 0400 then will go off to sleep again till 0700 | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Amt Pillows: |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Amt. blankets: |  | 2 - 3 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Sleep management plan: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | To promote adequate rest and sleep. Ensure nurse call bell is within reach. Encourage fluids whilst attending. Monitor for discomfort/pain, offer analgesia as required. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Other preferences and routines: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Gay enjoys her supper, where she has a cup of coffee and a biscuit, she likes this about 2100 before she settles for the night. Gay prefers all her lights off in her room and bathroom. Gay likes her main door slightly ajar, and the bathroom door shut. Occasionally Gay will leave her bathroom door open, staff to ask Gay if they want the door closed. Gay wants her blind down. When Gay settles for the night she will lay under her blankets and watch TV. Gay, has 2-3 blankets on if she is cold in bed. When not cold she has x1 blanket plus the little crochet laid over her | | | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | feet. Gay goes to sleep at 2400, then wakes at 0400, looks at her clock on the wall and see the time and then doses off again.  Gay is woken early by staff for her BGL.  During the day Gay has a daytime nap, be either in her bed or when she is sitting in her chair, really depends how she is feeling where she will have her nap. | | | |  |
|  |  |  |  |  |  |
|  | Medications / support equipment: |  | Unknown |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Emotional / Relationship / Intimacy / Stress Management / Spiritual - Cultural / Social - Community Needs | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals: |  |  | Frequency of family visits: |  | Gay sees her son Peter when he is able to. |  |  | Religion/ Belief: |  | Seventh day Adventist |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | My quality of life and social involvement will continue as I choose. | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Minister / church to contact: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Issues re family / friends relationships: | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | yes Gay would like the Minister/church to contact her when she chooses | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Issues to address |  | Nil Known |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Feelings about relationships |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Service participation: |  | At own discretions |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Specific Spiritual needs / preferences: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Loves talking about her family and loves when her son, Peter visits. | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Important to address |  | Family and health are important to Gay. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Spiritual needs |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Specific Cultural needs / preferences: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Cultural needs |  | n/a |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Fulfilment strategies |  | Gay would like to be surprised occasionally |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Support needed by resident: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Staff support strategies |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Provide emotional support to Gay and to support her to do what she loves which is colouring in her pictures. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Emotional support strategies |  | Nil |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Support relationship with: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Other important people |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Gay's son Peter and his wife Rose are important people to her. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | People resident wishes to contact / confide in: |  | Son, Peter |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Help required: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Gay sees her son often. Her other son's live to far away to visit but every Christmas everyone comes together to celebrate. When Gay's son visit he takes her home for a | | | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | meal which she thoroughly enjoys. | | | |  |
|  |  |  |  |  |  |
|  | Other residents / groups the resident wishes to be in contact with: |  | Craft |  |  |
|  |  |  |  |  |  |
|  | Religious/ holiday celebrations / traditions: | | | |  |
|  |  |  |  |  |  |
|  | Celebrations |  | Gay celebrates Christmas and Easter. |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Traditions |  | Christmas and Easter, birthday |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Relaxation strategies: |  |  |  |  |
|  |  |  |  |  |  |
|  | Staff to provide Gay with 1:1 time so that feels supported whilst living in the home. 16/08/18Loves to colour in and socialise during meal times. | | | |  |
|  |  |  |  |  |  |
|  | Ways the person copes with difficulties: |  | Becomes verbally agitated. |  |  |
|  |  |  |  |  |  |
|  | Ways to solve problems: |  |  |  |  |
|  |  |  |  |  |  |
|  | Reassurance by staff. Staff to divert Gay's attention by talking about her family as they are very important to her. Gay loves talking about her time looking after her mum at their house while her dad was working.Gay loves showing off her beautiful pictures she has coloured in. | | | |  |
|  |  |  |  |  |  |
|  | Assistance required: | | | |  |
|  |  |  |  |  |  |
|  | Other strategies |  |  |  |  |
|  |  |  |  |  |  |
|  | Ensure Gay feels safe and secure and knows where she is | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Behaviour Management Needs | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals: |  |  |  |  |  |  |  | Avoid these causes of: | | | |  |  |
|  |  |  | Issue/behaviour description |  | Physical Aggression to other residents |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | I want staff would help me effectively manage my behaviours and to provide a safe environment for me. | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Stress: |  | Gay becomes quite anxious about getting lost. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Usual time of day and duration the behaviour was exhibited |  | Surrounding meal times, but can be exhibited during any time of the day. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Anger: |  | Other residents, feeling unwell, feeling ignored |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Amount of times on average per day that behaviour was exhibited |  | twice |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Anxiety: |  | Gay becomes quite anxious about getting lost. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Watch for the following signs of these: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Triggers or Warning Signs |  | Memory loss |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Gay may become agitated; Gay may become verbally aggressive and if not redirected can become physically aggressive. | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Possible contributing factor(s) |  | Other residents entering personal space in the dining room. Noise  Pain  Feeling tired Unfamiliar staff members |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | How to assist resident when upset: | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | How to prevent loneliness: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Staff to spend 1:1 time with Gay to reassure her that she feels supported whilst living in the home. Staff to distract Gay's attention by talking about her family as they are very important to her.  Gay loves talking about her time looking after her mum at their house while her dad was working. Gay loves showing off her beautiful pictures she has coloured in and enjoys showing staff the ones she has done recently and in the past. To ask Gay to talk about her Christmas celebrations when all her sons come together. Gay's son Peter visits often and when he does | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Successful interventions used |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Staff to intervene when this occurs and try to walk Gay away from the situation. Speak in a soft gentle manner Listen actively and acknowledge feelings. |  |  |  |
|  |  | visit, he takes her back to his house for a meal which she thoroughly enjoys. |  |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  | Staff to spend 1:1 time with Gay to reassure her that she feels supported whilst living in the home. Staff to distract Gay's attention by talking about her family as they are very important to her.  Gay loves talking about her time looking after her mum at their house while her dad was working. Gay loves showing off her beautiful pictures she has coloured in and enjoys showing staff the ones she has done recently and in the past. To ask Gay to talk about her Christmas celebrations when all her sons come together. Gay's son Peter visits often and when he does visit, he takes her back to his house for a meal which she thoroughly enjoys. |  |  |
|  |  |  |  |  |  |
|  | Are restrictive |  |  |  |  |
|  | practices required? |  | No |  |  |
|  |  |  |  |  |  |
|  | Record ID: |  | 20867555 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  | |  |
|  | Behaviour demonstrated when upset: | |  |
|  |  |  |  |
|  | How the person alerts staff that a problem exists |  |  |
|  |  |  |  |
|  | Looks for staff, will make verbal threats of aggression against others who she feels has wronged her. | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Social Work Psychosocial Care | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Relevant Assessment Details | | | |  | Other details re person's presentation |  | Interventions |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | PAS |  | 8.0 |  |  | Client behaviour - tick as many of the following that apply |  | Restraint Authorised by |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Psychiatric Diagnosis |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Advance Directives in place |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Vascular Dementia, Depression  Pain - knees, upper back, neck, right shoulder, right arm, feet/ | | | |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Geriatric Depression Scale | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Cornell Depression Scale | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Score / 38 |  | 0 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Philadelphia Depression Scale | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Other Scale | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Review Psycho-Geriatrician | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Psychological and Emotional Supports | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Significant Life Events / Transitions / holocaust experience |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Moving to Australia and being involved in war time Holland. | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Legal / Financial | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Client Mood and Affect | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Carer Mood and Affect | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Client Social Adaptability | | | |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Diversional Therapy / OT / Activities Planned | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Activities/Therapies | |  | Relevant Assessment Details | |  | Interventions | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Aims of Activities | |  | Limitations / barriers observed |  |  | Physical | |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Aims |  |  |  |  | Reason / Need to participate in activities |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | Has had multiple broken bones and has not exercised in some years. | |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Provide Gay with leisure activities that support holistic wellbeing, taking into consideration her cognitive and physical abilities and her social, cultural, spiritual and creative needs and continue with artisitic interests. | |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | Gay to continue with her walks when she chooses to maintain her physical abilities | |  |  |
|  |  |  |  |  |  |  |
|  |  | Strategies |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | Often requires a reminder of "What's On" during the day. | |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | Activities |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Life Story Details |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Gay will be invited and supported to walk around the facility and to attend activities of her choice. | |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Gay was born in Holland went to Private School. First child of 5 the only girl. Live through WWII in Holland lived in a rural area near the German border and were subjected to numerous events of cruelty at the hands of the Germans. Moved to Australia in 1950. Settled in Wauchope and married Stan after meeting him at his grandmother's house. Gay and Stan had 3 children and permanently fostered 3 girls all up I had 35 children in my care over the years. Divorced Stan in 2005. Worked as a cleaner for Dr surgery while raising my children. Always enjoyed doing voluntary work and craft | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Cognitive | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Reason / Need for participating activities |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Gay will be given the opportunity to participate in activities of a cognitive nature to provide cognitive stimulation | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Activities |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Gay will be encouraged to join in Bingo, Table Games-Dominoes and craft sessions. . | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Emotional / Social | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Reason / Need for participating activities |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Gay will be given the opportunity to be given social and emotional support when she chooses and is needed | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Activities |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Invite and support Gay to attend concerts and independent gatherings with like minded people to provide enjoyment and socialisation | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Creative | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Reason / Need for participating activities |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Gay will be given the opportunity to continue her creative experiences through colouring and craft to provide enjoyment and creativity | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Activities |  |  |
|  |  |  |  |
|  | Gay will be invited and supported to attend all craft activities held at MCVH. Supply Gay with colouring supplies that she needs | |  |
|  |  |  |  |
|  | Cultural | |  |
|  |  |  |  |
|  | Reason / Need for participating activities |  |  |
|  |  |  |  |
|  | Gay will be given the opportunity to enjoy cultural days that are of meaning to her and maintain cultural experiences | |  |
|  |  |  |  |
|  | Activities |  |  |
|  |  |  |  |
|  | Invite and support Gay to attend special events days and theme days. | |  |
|  |  |  |  |
|  | Sensory | |  |
|  |  |  |  |
|  | Reason / Need for participating activities |  |  |
|  |  |  |  |
|  | Gay will be invited and supported to participate in sensory activities to provide an opportunity for Gay's senses to be stimulated. | |  |
|  |  |  |  |
|  | Activities |  |  |
|  |  |  |  |
|  | Invite and support Gay to enjoy sensory stimulation during craft, cooking and musical activities | |  |
|  |  |  |  |
|  | Task Oriented or ADL’s | |  |
|  |  |  |  |
|  | Reason / Need for participating activities |  |  |
|  |  |  |  |
|  | Gay will be given the opportunity to continue her love of craft to maintain her interests | |  |
|  |  |  |  |
|  | Activities |  |  |
|  |  |  |  |
|  | Encourage Gay to chose from the daily menu and to chose her activities and outings and clothes | |  |
|  |  |  |  |
|  | Hobbies / Special Activities | |  |
|  |  |  |  |
|  | Reason / Need for participating activities |  |  |
|  |  |  |  |
|  | Gay will be given the opportunity to continue her love of | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | craft to maintain her interests | |  |
|  |  |  |  |
|  | Activities |  |  |
|  |  |  |  |
|  | Support Gay to continue to enjoy activities of a craft nature. Provide Gay with colouring pages | |  |
|  |  |  |  |
|  | Spiritual | |  |
|  |  |  |  |
|  | Reason / Need for participating activities |  |  |
|  |  |  |  |
|  | Gay will be given the opportunity to pursue her spiritual needs as she wishes to maintain and enhance her spiritual needs | |  |
|  |  |  |  |
|  | Activities |  |  |
|  |  |  |  |
|  | Invite and support Gay to attend the chapel at her own discretion. | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Physiotherapy - Chest/Hot/Cold/Electrical/Other - Refer to Physio Assessment AND Interventions Report also | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Chest Physio |  | Hot/Cold/Manual | | | |  | Electrical | | | |  | Tilt Table Program |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Hot/Cold Therapy |  | suitable if required especially to left knee |  |  | Massage | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Heat Pack | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Area |  | L foot, Right knee joint / Back lower |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Physio for pain m'ment | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | On referral/request |  | Yes |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Describe |  | 20 minutes, as needed |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Tens | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Laser | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Ultrasound | | | |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Physiotherapy - Exercise Therapy - Refer to Physio Assessment AND Interventions Report also | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Exercise Therapy | | | |  | Active Movem'nt Program |  | Exercise Programs | | | |  | Splints / aids |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | No. Aquatic sess'ns wkly |  | N/A |  |  |  |  | Falls prev'ntn exercise sheet |  | Yes |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | No. Falls Program sess'ns wkly |  |  |  |  |  |  | Walking Program |  | Yes |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Gay has been provided with individual exercises for strength, ROM and OA pain management. | | | |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Physiotherapy - Mobility/Gait/Walking - Refer to Physio Assessment AND Interventions Report also | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobility/Trnsfrs | |  | Gait Practice |  | Walking Program | | | |  | Walking Aids |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobility aids/monitoring |  |  | In Parallel Bars |  | No. walks wkly |  | Walking group |  |  | AFO |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Indoors |  | Yes |  |  |  |  |  |
|  |  |  | Walking |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | MOBILITY: Gay requires supervision with verbal prompts and directional guidance with walking using a 4wrf, ~100 meters. | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Outdoors |  | Yes |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Walk to meals -support |  | Yes |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Transfer Practice | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Bed to wheelchair/motorised chair/showerchair/chair |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | TRANSFERS: Gay requires supervision with prompting with getting in and out of bed, recliner chair, shower chair, and armchairs. | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postural Correction | |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Podiatry Details as applicable | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobility - Footwear Risks | | | |  | Podiatrist Care Plan | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Shoes recently reviewed |  | Yes |  |  | Podiatrist will see this person |  | 6 - 8 weekly visits arranged |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Details re shoes to be used/considered |  |  |  |  | Foot care |  | podiatrist for foot care 6-8 weekly |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Stable sandals with closed heels, pulley velcro straps and rounded toeline | | | |  |  |  |  |  |  |  |
|  |  | Nail Care Requirements |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Podiatrist footwear recommendations | | | |  | Staff to assist Gay with cutting her fingernails as required | | | |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Podiatrist recommended interventions | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Wash/dry between toes thoroughly, wipe with alcohol swab/other product if excessive moisture present |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Check shoes, hosiery, socks for fit and foreign objects before fitting shoes |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Check shoes for wear or torn linings and excessive wear |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Inspect feet from heel to toe - report joint inflammation, swelling, skin breakdown or lesions |  | Yes |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Current review details |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Resident seen by Podiatrist - 16/1/24 Consent obtained prior to treatment.   O/E - B/F nails long and thick, skin intact, NAD. Treatment - B/F nails cut and filed. Comments - Pulses palpable, skin integrity WNL, Feet and toenails are to be washed and checked daily for infection or inflammation, fungi etc by care staff. Any abnormality is reported to the RN.  Plan - review 6-8/52  Instrument sterilisation batch No. 140124 | | | |  |  |

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|  | Alexander Walker Podiatrist AHP |  |

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|  | Advanced Health Directives / Palliative | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals of Care | |  | Relevant Assessment Details | | | |  | Interventions | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Goals: |  |  | Medical Power of Attorney: | | | |  | Specific wishes re care: | |  |  |
|  |  |  |  |  |  |  |
|  | I want my preferences and wishes to be respected ensuring my dignity, choices and quality of life are maximised. | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Medical POA details | | | |  | When Dying: |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | Gay wishes to have a natural death. Palliative care to treat pain and other symptoms.Gay would like to be kept comfortable and allow death with dignity.TDS BGL and notify LMO is its out of range | |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Name: |  | Peter Campbell |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Relationship to person: |  | son |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

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|  | Complementary Therapy Details |  |