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|  | Resident Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  | | | | | | | | |  |  | |  | Allergies | | | | | | | | | | | | | | |  | Relevant Medical History | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  |  |  | |  | Drug Allergies | | | | |  | | | Sulphur | | | | | |  |  | Dementia | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  |  |  | |  | Risks / Safety Issues | | | | | | | | | | | | | | |  | Other Medical Diagnosis | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  |  |  | |  | Participating in Activities | | | | |  | | | No | | | | | |  |  | Alzheimers dementia. GORD, Polymyalgia Rheumatica, Airway Disease, Osteoarthritis, Vitamin D Deficiency, Urinary Incontinence, Dementia | | | | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  | |  |  | | | | |  | | |  | | | | | |  |  |  | |  |
|  |  |  |  | |  | Altered Behaviour Patterns | | | | |  | | | Yes | | | | | |  |  |  | |  |
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|  |  |  |  | |  | Continence Problems | | | | |  | | | Yes | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  |  | |  | Lack of insight into their own Safety | | | | |  | | | Yes | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  |  | |  | Medications that may affect safety | | | | |  | | | Yes | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  |  | |  | Impaired Mobility | | | | |  | | | No | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | First Name | | | |  | Carol | | | | | | | |  |  | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  | Nutrition Problems | | | | |  | | | No | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Surname | | | |  |  | | | | | | | |  |  | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  | Behaviour puts Safety of others at Risk | | | | |  | | | No | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Preferred Name | | | |  | Carol | | | | | |  | |  |  | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Admitted Location | | | |  |  | | | | | | | |  |  | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  | Restraints used for Risk Activities | | | | |  | | | Yes | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  | | |  |  | Sensory Deficits | | | | |  | | | No | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  | Religion / Culture | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | D.O.B | | | |  |  | | | | | |  | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Admission Date | | | |  |  | | | | | |  | |  | Nationality | | | | |  | | | Australian | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Medicare No. | | | |  |  | | | | | |  | |  | Religion / Belief | | | | |  | | | Catholic. | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Pension Entitlement No. | | | |  |  | | | | | |  | |  | Level of Participation | | | | |  | | | nil | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Next of Kin | | | |  | 910608 | | | | | |  | |  | Language's Spoken | | | | |  | | | English. | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | - Home Phone | | | |  | 6558 1270 | | | | | |  | |  |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | - Mobile | | | |  |  | | | | | |  | |  |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Medical Practitioner's Name | | | |  |  | | | | | |  | |  |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Dr's Work Phone | | | |  |  | | | | | |  | |  |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Summary of Preferences / Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Relevant Social Hx / Needs | | | | | | | | | | | |  | | Diet Type | | | | | | | | | | | | | | |  | Hygiene Assistance | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  |  | | | | | |  |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  | Requires meals to be separated - e.g. so does not eat sweets only | | | |  | Yes | | | | | |  |  | | Diet Consistency | | | | | | | | | | | | | | |  | Full Assist | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  |  |  | |  | | | | |  | | |  | | | | | |  |  | Washing face | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  |  |  | | Main | | | | |  | | | Regular Easy to Chew | | | | | |  |  |  | |  | | | | |  | |  |
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|  |  |  |  | |  | | |  |  | Washing body | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  |  |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
|  |  |  |  | | Vegetables | | | | |  | | | Regular Easy to Chew | | | | | |  |  |  | |  | | | | |  | |  |
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|  | Eating Assistance | | | | | | | | | | | |  | |  | | |  |  |  | |  | | | | |  | |  |
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|  |  | |  | | |  |  | Washing extremities | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | Dessert | | | | |  | | | Regular Easy to Chew | | | | | |  |  |  | |  | | | | |  | |  |
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|  | Requires assistance in positioning self for meal | | | |  | Yes | | | | | |  |  | |  | | |  |  | Drying face | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  |  |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
|  |  |  |  | | Urinary Aids | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  |  |  | |  | Drying body | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  | Requires extensive prompting to eat/drink | | | |  | Yes | | | | | |  |  | | Morning aids | | | | |  | | | XL 1 - Pants Premium | | | | | |  |  |  | |  | | | | |  | |  |
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|  |  |  |  | |  | | |  |  | Cleaning teeth/dentures | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  |  |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
|  |  |  |  | | Afternoon aids | | | | |  | | | XL 1 - Pants Premium | | | | | |  |  |  | |  | | | | |  | |  |
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|  |  |  |  | |  | | |  |  | Hair | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | | | |  |  | | | | | |  |  | |  | | |  |  |  | |  | | | | |  | |  |
|  | Requires supervision in positioning for meal | | | |  | Yes | | | | | |  |  | |  | | |  |  |  | |  | | | | |  | |  |
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|  |  |  |  | | Night time aids | | | | |  | | | XL 1 - Pants Premium - Times 2 | | | | | |  |  |  | |  | | | | |  | |  |
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|  |  |  |  | |  | | |  |  | Toileting Assistance | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Requires supervision to drink fluids | | | |  | Yes | | | | | |  |  | |  | | | | |  | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  |  |  | |  | | | | |  | | |  | | | | | |  |  | Full one to one physical assistance is required to position resident on and off the toilet, commode, bedpan or urinal | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  | Requires supervision to eat food | | | |  | Yes | | | | | |  |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
|  |  | | | |  |  | | | | | |  |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
|  | Own Teeth or Dentures | | | | | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
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|  | Partial Dentures | | | |  | Yes | | | | | |  |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  |  |  | |  | | | | |  | | |  | | | | | |  |  | Clothing adjustment after toileting | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | | | |  |  | | | | | |  |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
|  | Lower Teeth | | | |  | Yes | | | | | |  |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
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|  |  | | | |  |  | | | | | |  |  | |  | | | | |  | | |  | | | | | |  |  | Post toilet hygiene wipe / clean peri-anal area | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  | Upper Teeth | | | |  | Yes | | | | | |  |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
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|  | Potential Complications / Health Management / Medication Management Issues | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care & Interventions | | | | | | | | | | | | | | | | | | | |  | Relevant Assessment Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Goals of Care | | | | | | | | | | | | | | | | | | | |  | Dr's Care Planning Consultation details | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |  |
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|  | I would like staff to early detect any signs and symptoms of potential infections I may experience. | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  |
|  |  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |  |
|  |  | Psychotropic consent form completed Medications are usually either pre-existing, or requested by patients themselves or families When I have recommended medications, I always discuss potential benefits and risks with that given medication  By Ruben Kurilowich [Doctor - GP] on 16/09/2022 13:17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | |  | |  | | | | | | | | |  | |  |  |  |
|  | STAFF INTERVENTIONS | | | | | | | | | | | | | | | | | | | |  |  |  |
|  |  | | | | | | |  | |  | | | | | | | | |  | |  |  |  |
|  | Frequency of required observations | | | | | | |  | |  | | | | | | | | |  | |  |  |  |
|  |  | | | | | | |  | |  | | | | | | | | |  | |  |  |  |
|  | Monthly general observations and weight as per resident of the day schedule. | | | | | | | | | | | | | | | | | | | |  |  |  |
|  |  | | | | | | |  | |  | | | | | | | | |  | |  |  |  |
|  | Oral medication admin by | | | | | | |  | | Care Staff - Med trained | | | | | | | | |  | |  |  |  |
|  |  | | | | | | |  | |  | | | | | | | | |  | |  |  |  |
|  | Injectable medication admin by | | | | | | |  | | Registered Nurse | | | | | | | | |  | |  |  |  |
|  |  | | | | | | |  | |  | | | | | | | | |  | |  |  |  |
|  | Topical By | | | | | | |  | | Staff | | | | | | | | |  | |  |  |  |
|  |  | | | | | | |  | |  | | | | | | | | |  | |  |  |  |
|  | Staff Interventions for topical medications | | | | | | |  | |  | | | | | | | | |  | |  |  |  |
|  |  | |  | | | | | | | | |  | |  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |  |
|  |  | |  | | | | | | | | |  | |  | Related to the following medical concerns | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | |  | |  | | | | | | | | |  | |  |  |  |
|  | Staff apply treatment cream to extremities as per medication chart directive. | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  | | | | | | |  | |  | | | | | | | | |  | |  | Related to the following medical concerns | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | Immunisation History | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  | Details of current immunisations | | | | | | |  | | 21/06/2023- Fluad Quad 358950 | | | | | | | | |  | |  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |  |
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|  | Fluvax | | | | | | |  | | 21/06/2023 | | | | | | | | |  | |  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |  |
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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Complex Care Goals of Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | I would like staff to continue monitoring my complex needs as required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Other Complex Care Interventions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Communication / Hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Goals | | | |  | | | | | | | |  | | Related to | | | | | | | | | | | | | | |  | Please note: the Language/s this person speaks is listed on the front page | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | |  |
|  | I would like to be able to hear well without distraction. | | | | | | | | | | | |  | |  |  | |  |
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|  |  | | Related to (Speech difficulties) | | | | |  | | |  | | | | | |  |  |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | |  | | | | | |  |  | Can resident use a call bell? | | | | | | |  | | No | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Alzheimer's dementia - comprehension and communications skills are impaired. Carol's speech can be repetitive with word finding difficulties. Carol is becoming verbally quieter as her Dementia progresses | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | Resident uses an emergency response aid | | | | | | |  | | No | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Interpreter required | | | | | | |  | | No | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | Aids to communicate | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Cognitive deficit or speech disorder affecting comprehension or speech | | | | |  | | |  | | | | | |  |  |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | |  | | | | | |  |  | Aids worn | | | | | | |  | | No | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | |  | | | | | |  |  | Repeat sentences | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | |  | | | | | |  |  | Use simple sentences | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | |  | | | | | |  |  | Gain eye contact before communicating | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | Alzheimer's dementia - comprehension and communications skills are impaired. Carol's speech can be repetitive with word finding difficulties. Carol is becoming verbally quieter as her Dementia progresses | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Wax management interventions | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Staff to monitor hearing abilities and if becoming diminished from normal, report to GP to assess for wax build up. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Speech / Comprehension difficulties | | | | | | | | | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Other communication interventions | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Alert | | | | |  | | | Yes | | | | | |  |  |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Confused | | | | |  | | | Yes | | | | | |  |  | Reduce background noise and gain Carol's attention. Maintain eye contact and smile Keep conversations simple and direct. Allow time for her to comprehend what has been said and to formulate her responses. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Slurred words | | | | |  | | | Yes | | | | | |  |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | Single words | | | | |  | | | Yes | | | | | |  |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | Clearly spoken words | | | | |  | | | Yes | | | | | |  |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | Dysphasia: | | | | |  | | | No | | | | | |  |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | Dysarthria | | | | |  | | | No | | | | | |  |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | Memory - recent / past events | | | | | | | | | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | Recent | | | | |  | | | poor | | | | | |  |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | Past | | | | |  | | | poor | | | | | |  |  |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | |  |  | Hearing deficit | | | | | | | | | | | | | | | | | | |  | |  |
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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 | | | | |  | | | | | | | | | |  | Glasses | | | | | | |  | | No | | | | |  | | | | |  | |  |
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|  | I want to be able to enjoy good eyesight and have my glasses clean and easy to access all the times when reading or attending to an activity. | | | | | | | | | | | |  | |  | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | | | | | | | | | |  | Location glasses kept | | | | | | |  | | Bedside table inside a black glasses case. | | | | |  | | | | |  | |  |
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|  |  | | Requires reading glasses for reading and close up activities. Must not be worn when walking. | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | |  | Care of glasses | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Staff are to clean when required and ensure they are well fitted. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Detail strategies | | | | | | |  | |  | | | | |  | | | | |  | |  |
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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 | | | | | | |  | good |  | | |  | Weight bearing aids used | | | |  | | nil aids | | | |  | |  | Detail to transfer | | | | | | |  | |  | |  | | | | |  |  |
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|  | I would like to continue improving my mobility and staff to remind me how to be safe whilst doing so. | | | | | | |  |  | | | | | | |  |  |  | | |  |  | |  | |  | Carol's mobility can fluctuate at times due to cognition, pain and function.  Carol currently requires SBA for mobility and transfers however due to poor cognition at times Carol chooses to mobilise without assistance increasing her falls risk.  She can at times require 1 x A for STS transfers from a low bed or chair. | | | | | | | | | | | | | | | |  |  |
|  |  | Coordination/balance | | | | | | |  | can be unsteady |  | | |  |  | |  | |  |  |  |
|  |  |  |  | | |  |  | | | |  | |  | | | |  | |  |  |  |
|  |  |  |  | | |  | Chair type uses during day | | | |  | | Standard chair | | | |  | |  |  |  |
|  |  |  | | | | | | |  |  |  | | |  |  | |  | |  |  |  |
|  |  | Gait | | | | | | |  | can be unsteady . |  | | |  |  | |  | |  |  |  |
|  |  | |  |  | | |  |  |  |  | | |  |  | | | |  | |  | | | |  | |  |  |  |
|  | Maintenance/Improvement of transfers | |  | With assistance x 1 | | |  |  |  |  | | |  | Hip Protection Required | | | |  | | No | | | |  | |  |  |  |
|  |  |  |  |  | | | | | | |  |  | | |  |  | |  | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  | | |  |  | |  | |  |  |  |
|  |  |  |  | Hand Grip | | | | | | | | | | | |  |  | |  | |  |  |  |
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|  |  |  |  | Left | | | | | | |  | weak |  | | |  |  | | | |  | |  | | | |  | |  |  |  |
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|  | Maintain/Improve mobility | |  | With Supervision | | |  |  |  |  | | |  |  | | | |  | |  | | | |  | |  |  |  |
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|  |  |  |  | Right | | | | | | |  | weak |  | | |  |  | | | |  | |  | | | |  | |  |  |  |
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|  |  | |  |  | | |  |  |  | | | | | | |  |  |  | | |  |  | | | |  | |  | | | |  | |  | Transfer aids used | | | | | | |  | | SBA, nil aid (PRN 1 x A for STS transfers) | |  | | | | |  |  |
|  |  | |  |  | | |  |  |  | | | | | | |  |  |  | | |  |  | | | |  | |  | | | |  | |  |  | | | | | | |  | |  | | | | |  |  |
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|  |  | |  |  | | |  |  |  | | | | | | |  |  |  | | |  |  | | | |  | |  | | | |  | |  | Assistance to Mobilise | | | | | | |  | |  | |  | | | | |  |  |
|  |  | |  |  | | |  |  |  | | | | | | |  |  |  | | |  |  | | | |  | |  | | | |  | |  |  | | | | | | |  | |  | |  | | | | |  |  |
|  |  | |  |  | | |  |  |  | | | | | | |  |  |  | | |  |  | | | |  | |  | | | |  | |  | Requires physical assistance to mobilise with 1 staff member | | | | | | | | | | | | | | | |  |  |
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|  |  | |  |  | | |  |  |  | | | | | | |  |  |  | | |  |  | | | |  | |  | | | |  | |  | Distance able to walk with physical assistance: Please provide additional instructions | | | | | | |  | | SBA, nil aid (PRN 1 x A for STS transfers) | |  | | | | |  |  |
|  |  | |  |  | | |  |  |  | | | | | | |  |  |  | | |  |  | | | |  | |  | | | |  | |  |  | | | | | | |  | |  | |  | | | | |  |  |
|  |  | |  |  | | |  |  |  | | | | | | |  |  |  | | |  |  | | | |  | |  | | | |  | |  | Other staff assistance / comments | | | | | | |  | |  | |  | | | | |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Carol's mobility can fluctuate at times due | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | to cognition, pain and function.  Carol currently requires SBA for mobility and transfers however due to poor cognition at times Carol chooses to mobilise without assistance increasing her falls risk.  She can at times require 1 x A for STS transfers from a low bed or chair | | | | | | | | | | | | | | | |  | |
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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 | | | | | | | | | | | |  | Type of Restraint | | | |  |  |  | | | |  |  |  |  | | | | | |  | |  | | | | | |  | |  |  |
|  |  | | | | |  |  |  |  |  | | | |  |  |  | Medication - generic and trade names | | | | | |  | | Citalopram | | | | | |  | |  |  |
|  |  | |  | | | | |  |  |  | | |  |  |  |  | | | |  |  |  |  | |  | |  |  |
|  | I would like to be protected from injury as much as possible. | | | | | | |  |  | Secure memory support unit to provide a safe environment | | | | | | | | | | | |  |  | |  | |  |  |
|  |  |  | | | | | | |  |  |  | | |  |  |  | |  | |  |  |
|  |  | Lost Balance | | | | | | |  | Yes |  | | |  |  |  | |  | |  |  |
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|  |  | Slip | | | | | | |  | Yes |  | | |  |  |  | |  | |  |  |
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|  |  | |  | | | | |  |  |  | | |  | Continence safety issues | | | |  |  | Regular continence aid changes. | | | |  |  |  |  | | | | | |  | |  | | | | | |  | |  |  |
|  |  | |  | | | | |  |  |  | | |  |  |  |  |  |  | Possible adverse effects which affect safety | | | | | |  | | Blurred vision, weakness, tiredness | | | | | |  | |  |  |
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|  |  | |  | | | | |  | Trip | | | | | | |  | Yes |  | | |  |  |  |  |  |  |  | |  | |  |  |
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|  |  | |  | | | | |  | Other Types of falls in past | | | | | | |  |  |  | | |  |  | | |  |  |  |  |  |  |  | |  | |  |  |
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|  |  | |  | | | | |  |  |  |  | | |  | Behaviour safety issues | | | | | | | | | | | |  |  | |  | |  |  |
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|  |  | |  | | | | |  | 4/4/2024 - unwitnessed fall from bed 23/3/24 - witnessed fall during activity - heightened mood 9/11/23 08/7/23 30/1/21, | | | | | | | | | | | |  |  |  | | | | | |  | |  | | | | | |  | |  |  |
|  |  | |  | | | | |  |  |  | Record ID | | | | | |  | | 47632177 | | | | | |  | |  |  |
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|  |  | |  | | | | |  |  | Behaviour related safety issues | | | |  |  | Intentional rounding, activities interested in. | | | |  |  |  |  | |  | |  |  |
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|  |  | |  | | | | |  |  | | | | | | |  |  |  | | |  | Psychotropic Medication Risk Review | | | | | | | | | | | |  |  | | | | | |  | |  | | | | | |  | |  |  |
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|  |  | |  | | | | |  |  | | | | | | |  |  |  | | |  | Commencement location | | |  |  | Prior to admission | | | | | |  |  |  | | | | | |  | |  | | | | | |  | |  |  |
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|  |  | |  | | | | |  |  | | | | | | |  |  |  | | |  | Medication name | | |  |  | Citalopram | | | | | |  |  |  | | | | | |  | |  | | | | | |  | |  |  |
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|  |  | |  | | | | |  |  | | | | | | |  |  |  | | |  | Diagnosis or Indication | | |  |  | Anxiety / BPSD in dementia | | | | | |  |  |  | | | | | |  | |  | | | | | |  | |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | Relevant information has been provided and / or explained to the resident and / or the Substitute Decision Maker | | |  | | Yes | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | Informed consent received from | | |  | | Substitute Decision Maker | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | If the resident did not give the consent, who did? | | |  | | Mragaret Kennedy | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | Treating Physician Name | | |  | |  | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | Commencement location | | |  | | In facility | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | Medication name | | |  | | Paracetamol and Codeine | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | Diagnosis or Indication | | |  | | Pain | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | Relevant information has been provided and / or explained to the resident and / or the Substitute Decision Maker | | |  | | Yes | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | Informed consent received from | | |  | | Substitute Decision Maker | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | If the resident did not give the consent, who did? | | |  | | Margaret Kennedy | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | Treating Physician Name | | |  | |  | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | |  |
|  | I would like to avoid becoming incontinent at all times. If I do become incontinent, I would like staff to attend to my hygiene and provide me extra reassurance as this will me feel upset. | | | | | | | | | | | |  | |  |  | |  |
|  |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | Functional | | | | |  | | | Yes | | | | | |  |  | Aids Required | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | Urgency | | | | |  | | | Yes | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | | |  |  | Morning aids | | | | | | |  | | XL 1 - Pants Premium | | | | |  | | | | |  | |  |
|  |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
|  |  | | Type(s) of incontinence | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
|  |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | Afternoon aids | | | | | | |  | | XL 1 - Pants Premium | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Recognizes sensation to urinate | | | | |  | | | Sometimes | | | | | |  |  | Night time aids | | | | | | |  | | XL 1 - Pants Premium - Times 2 | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | |  |  |  | | | | | | |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Continence m'ment toileting times | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | On rising, after breakfast, after lunch, before dinner and on settling. Schedule toilet if wandering or agitated | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Times to check aids | | | | | | |  | | As per toileting times. | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Catheter use | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | No Devices | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Care if incontinent | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Assistance if incontinent | | | | | | |  | | Staff x 1 full assist with schedule toileting. | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Care after incontinence | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Staff X 1 full assist Carol with her peri-anal hygiene. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Other care | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Staff X 1 provide full physical assistance with scheduled toileting, peri-anal hygiene cares,and adjusting clothing before and after.  Carol demonstrates reduced ROM in bilateral shoulders and lower back affecting her ability to complete reaching tasks to complete peri-anal task and affecting her transfers on/off toilet. Carol cognitive deficit impacts on her ability to sequence tasks to ensure safety and adequate/appropriate peri anal hygiene. . | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Bowel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Goals | | | |  | I will open my bowels every 1-2 days. | | | | | |  |  | | Related to a lack of | | | | | | | | | | | | | | |  | Bowel Pattern | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  |  |  | | Exercise | | | | |  | | | Yes | | | | | |  |  | Constipation | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  |  | | | | | |  |  | | Mobility | | | | |  | | | Yes | | | | | |  |  | Bowel action time of day | | | | | | |  | | AM. | | | | |  | | | | |  | |  |
|  |  | | | |  |  | | | | | |  |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  |  | | | | | |  |  | |  | | | | |  | | |  | | | | | |  |  | Bowel Management program | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  |  | | | | | |  |  | |  | | | | |  | | |  | | | | | |  |  | Staff monitor & record bowels each shift. Staff advise RN if bowels not open for 2 days. Provide fruit daily for breakfast.  Encourage adequate fluid intake, offer fluids at each meal. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  |  | | | | | |  |  | |  | | | | |  | | |  | | | | | |  |  | Other bowel function issues to address | | | | | | | | | | | | | | | | | | |  | |  |
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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 | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  | Goals | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  | Full one to one physical assistance is required to position resident on and off the toilet, commode, bedpan or urinal | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
|  | I would like staff to assist me with my toileting needs when needed. | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  | Clothing adjustment after toileting | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  | Post toilet hygiene wipe / clean peri-anal area | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  | Number of staff required for toileting | | | | | | |  | | 1 | | | | |  | | | | |  | |  |
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|  | Self Care Needs - Bathing / Hygiene / Dressing Grooming | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | |  | | Interventions | | | | | | | | | | | | | | |  | Details from Functional Assessment | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  | Goals | | | |  | | | | | | | |  | | Prefers | | | | | | | | | | | | | | |  | Needs the following assistance for hygiene | | | | | | | | | | | | | | | | | | |  | |  |
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|  | I would like to be dressed and well presented every morning before 8 and would like staff to ensure I am well presented at all times. | | | | | | | | | | | |  | |  |  | |  |
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|  |  | | Bath, Shower or Both | | | | |  | | | Shower | | | | | |  |  | Needs full assistance | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | When | | | | |  | | | Every Day | | | | | |  |  | Washing body | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Time AM | | | | |  | | | Before Breakfast | | | | | |  |  | Washing face | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | Resident staff preference for care | | | | | | | | | | | | | | |  | Washing extremities | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Drying face | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | Female | | | | |  | | | Yes | | | | | |  |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | |  |  | Drying body | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Bathing / showering preferences / routines | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Cleaning teeth/dentures | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Haircare details | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | |  | | | | | |  |  | Hair care | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | In house hairdresser appointment when required Assisted hair wash in the shower weekly | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Use of anti-embolic stockings/Protective bandaging | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Cream details | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Emollient or barrier cream | | | | |  | | | moisturizer BD | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Times to apply cream(s) within a 24 hr period: | | | | |  | | | with morning care and at lunchtime a | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Laundering / Linen / Towel Preferences | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Weekly linen change | | | | |  | | | Yes | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Facility to supply linen | | | | |  | | | Yes | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Requested specific time to make bed | | | | |  | | | Yes | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | As per requested time | | | | |  | | | Daily | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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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 | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | | | | | | | | | | | |  | |  |
|  | I want to enjoy having clean teeth in the morning and night, I sometimes do not like to wear my dentures. | | | | | | | | | | | |  | |  |  | | | | | | | | | | | |  | |  |
|  |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | | | | | | |  | |  |
|  |  | | Own Teeth | | | | | | | | | | | | | | |  |  | | | | | | | | | | | |  | |  |
|  |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | |  | staff to support twice daily oral and denture care. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Denture | | | | | | | | | | | | | | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | State of mouth | | | | |  | | | Pink/ Moist. | | | | | |  |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | State of gums/lips | | | | |  | | | Pink/ Moist. | | | | | |  |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | State of tongue | | | | |  | | | Pink/ Moist. | | | | | |  |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | State of teeth/dentures | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Remaining teeth stained and worn. If pain occurs, staff are to report to the GP/ family to discuss treatment options. | | | | | | | | | | | | | | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Tooth or mouth pain - Y/N | | | | |  | | | No | | | | | |  |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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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 | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | |  |
|  | I would like my skin to remain hydrated with no injury. | | | | | | | | | | | |  | |  |  | |  |
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|  |  | | Skin/Wound Issues: | | | | |  | | |  | | | | | |  |  | Care strategies | | | | | | |  | | sunscreen | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
|  | Skin Assessment Pictures | | | | | | | | | | | |  | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
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|  |  | | Potential skin problems include: Dry skin, Excoriations, IAD, Exacerbation of itchy skin nodules. | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | Pressure area care | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | | | | | |  | |  | Times to reposition person within a 24 hr period | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | | | | | |  | | Skin Condition: | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | | | | | |  | | Past/Present Conditions: | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
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|  |  | | | | | | | |  | |  | | |  | | | | | |  |  | Emollient/barrier cream | | | | | | |  | | moisturizer BD | | | | |  | | | | |  | |  |
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|  |  | | | | | | | |  | | 7/1/2024 sunburn  History - Itchy skin nodules - Now Healed. History - Excoriation under breasts - Now Healed. History - Bruising - Now Healed. 27/10/23 SB DR Kurilowich Dermatitis to face - Advantan 07/11/2023 - unwitnessed Fall, skin integrity intact, nil injuries or bruising.  17/11/23 SB Dr Kurilowich - Candida under breasts - clonea 18/3/24 - Excoriation under left breast and abdo - broken areas. | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | | | | | |  | |  | Times to apply cream(s) within a 24 hr period | | | | | | |  | | with morning care and at lunchtime a | | | | |  | | | | |  | |  |
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|  |  | | | | | | | |  | |  | Pressure relieving devices | | | | | | | | | | | | | | | | | | |  | |  |
|  | Back neck | | | |  | | | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | Systemic meds impact | | | | |  | | | Clonea Advanatan | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | Flaky / Dry Skin | | | | |  | | | Yes | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Rashes | | | | |  | | | Yes | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Skin Condition: | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Norton Score: | | | | |  | | | 14 | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Sensory Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Goals of Care: | | | | | | | | | | | |  | | Related to: Seizures: | | | | |  | | | No problems identified. | | | | | |  |  | Details of sensory pain for staff to manage: | | | | | | |  | | No problems identified. | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Dizziness: | | | | |  | | | No problems identified. | | | | | |  |  |  | |  | | | | |  | |  |
|  | Goals: | | | |  | | | | | | | |  | |  | | |  |  |  | |  | | | | |  | |  |
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|  |  | | | | | | | |  | |  | | |  |  | Taste Problems: | | | | | | |  | | No problems identified | | | | |  | | | | |  | |  |
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|  |  | | | | | | | |  | | Tingling: | | | | |  | | | No. | | | | | |  |  |  | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | |  |  |  | |  | | | | |  | |  |
|  | I would like any sensory issues to be rectified if I may experience them. | | | | | | | | | | | |  | |  | | |  |  |  | |  | | | | |  | |  |
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|  |  | | Identifies aromas: | | | | |  | | | No problems identified. | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Nutrition Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  | Hydration Goals of Care: | | | |  | | | | | | | |  | | Attitude to food / appetite : | | | | |  | | | | | | | | | |  | Food Allergies | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | | | | | |  | |  | | | | | | | | | |  | Diet type: | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  |  | |  |
|  | I would like to be offered multiple drinks throughout the day so I do not feel dehydrated. | | | | | | | | | | | |  | | Carol enjoys her food and has a good appetite however she can be easily distracted and struggles with planning and sequencing. Staff must prompt and remind Carol to continue eating if she forgets. | | | | | | | | | | | | | | |  |  | |  |
|  |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | 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 | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | |  |
|  | Nutrition Goals of Care: | | | |  | | | | | | | |  | |  |  | |  |
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|  | I do not wish to gain any weight and if so I would like a dietitian to become involved in my care. | | | | | | | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Normal | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Taste problems to monitor: | | | | | | |  | | No problems identified | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Food & Fluid likes/dislikes: | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Food likes | | | | | | |  | | Strawberries, Black grapes. | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Food dislikes: | | | | | | |  | | Curries, Spicy food, Mushrooms, Seafoodz, Broccoli | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Serve Size: | | | | | | |  | | Medium | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Readiness to eat related answers | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Breakfast | | | | | | |  | | Yellow Willow Dining Room. | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Lunch | | | | | | |  | | Yellow Willow Dining Room. | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Dinner | | | | | | |  | | Yellow Willow Dining Room. | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Plate | | | | | | |  | | Normal. | | | | |  | | | | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Hot cup holding ability | | | | | | |  | | Yes - do not overfill | | | | |  | | | | |  | | |
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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 | | | | | | | | | | | | | | | | | | | |  | | | Yes, offer double desserts and monitor | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |
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|  | 5. Level 1 interventions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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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? | | | | | | |  | | No | | | | | | | | |  | |  | Strategies for safe swallowing | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Tablets administered | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | Eating and Drinking | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Whole | | | | | | |  | | Yes | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Details re crushing meds OR other methods | | | | | | |  | |  | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | If medications require crushing, check MIMS in the first instance and also with pharmacist and GP for further direction | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Discomfort / Pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Goals: | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | | | | | | |  | |  | |  |
|  |  | | | | | | | |  | |  | Description | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | |  |
|  | I would like to be pain free at all times and have options to relieve pain if I may experience it. Staff will detect early, any signs and symptoms of potential complications. Staff will prevent complications. | | | | | | | | | | | |  | |  |  | |  |
|  |  | |  |  | | | | | |  | |  | | | | | | | | |  | |  | |  |
|  |  | |  | Relevant medical diagnoses to consider | | | | | |  | | OA within bilateral knee joints Polymyalgia Rheumatica of hip joints | | | | | | | | |  | |  | |  |
|  |  | |  |  | | | | | |  | |  | | | | | | | | |  | |  | |  |
|  |  | |  | Details of Pain Scale and assessed score - i.e. Abbey Pain Scale | | | | | |  | | PAINAD 4/10 | | | | | | | | |  | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Intensity | | | | | |  | | 5 | | | | | | | | |  | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Location of the pain of this intensity | | | | | |  | | Knees, lower back, hips | | | | | | | | |  | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Details re Long-Term pain management as relevant eg. Norspan, Digesic, Morphine, Heat, Massage, TENS use | | | | | |  | | Carol has long standing chronic pain from Polymyalgia Rheumatica mostly affecting lower back and hips. Recent issue also with her bilateral knees. | | | | | | | | |  | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  | Nature of Pain | | | | | |  | | Ache, Sharp, Tight | | | | | | | | |  | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  | Onset | | | | | |  | | Gradual | | | | | | | | |  | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  | Periodic | | | | | |  | | Yes | | | | | | | | |  | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  | Guarding Body Part | | | | | |  | | Yes | | | | | | | | |  | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  | Describe body part | | | | | |  | | Lower back/hips, knees | | | | | | | | |  | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | |  | Other expression of pain | | | | | |  | | Grimacing, Anxious, 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? | | | | | |  | | Prolonged weight bearing | | | | | | | | |  | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Needs Referral | | | | | |  |  |  | | | | | | | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | No | | | | | | | | |  | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pain relief Interventions including frequency of interventions | | | | | |  |  | Staff apply gentle massage - Small circular movements to knees and lower back from rib cage to pelvic area as a component of ADLs 5 mins daily incorporating 20 mins weekly. Massage medium - emollient lotion. Encourage seated rest breaks when longtime standing, walking. | | | | | | | | |  | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Record ID | | | | | |  |  | 25009232 | | | | | | | | |  | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Musculoskeletal Pain: | | | | | | |  |  |  | | | | |  | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  |  |  | | | | |  | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Carol has long standing chronic pain from Polymyalgia Rheumatica mostly affecting lower back and hips Diagnosis of OA degenerative changes in knee joints and she reports headaches | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  |  |  | | | | |  | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sensory Pain: | | | | | | |  |  | No problems identified. | | | | |  | | |  | |  | | |
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|  | Sleep - Rest Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Goals: | | | |  | | | | | | | |  | | Difficulties: | | | | |  | | | Excessive interactions, noise and light | | | | | |  |  | Usual settling time: | | | | | | |  | | 2000. | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  | I would like to sleep well throughout the night with no episodes of insomnia. | | | | | | | | | | | |  | |  | | | | |  | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | | | | |  | | |  |  | Usual waking time: | | | | | | |  | | 0530-0600. | | | | |  | | | | |  | |  |
|  |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
|  |  | | Medical history: | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
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|  |  | |  | | |  | | | | | |  |  | Amt Pillows: | | | | | | |  | | 1 | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | GORD, Polymyalgia Rheumatica, Alzheimer's disease,Airway disease, Itchy skin nodules,Osteoarthritis of the knees, Low vitamin D | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Amt. blankets: | | | | | | |  | | 2 | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Sleep management plan: | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Can be effected by periods of napping throughout the day compromising night time sleep pattern | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Other preferences and routines: | | | | | | |  | |  | | | | |  | | | | |  | |  |
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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: | | | | |  | | |  | | | | | |  |  | Religion/ Belief: | | | | | | |  | | Catholic. | | | | |  | | | | |  | |  |
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|  | I would like to feel supported and comforted when I become upset. | | | | | | | | | | | |  | |  | | |  | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | | |  | | | | | |  |  | Minister / church to contact: | | | | | | |  | | nil | | | | |  | | | | |  | |  |
|  |  | |  | | | | |  | | |  | | | | | |  |  |  | |  | | | | |  | |  |
|  |  | | Carol's sisters visit often, Carol video calls with her daughter every Sunday | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Service participation: | | | | | | |  | | nil | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Issues re family / friends relationships: | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Specific Spiritual needs / preferences: | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Feelings about relationships | | | | |  | | | Carol enjoys contact and visits with loved ones. | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | |  |  | Spiritual needs | | | | | | |  | | I have no spiritual needs | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  |  | Specific Cultural needs / preferences: | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Cultural needs | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | I have no specific cultural needs but enjoy celebrating Australian cultural days | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Customs | | | | | | |  | | Australian Customs. | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Support needed by resident: | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Emotional support strategies | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | After visits from sister and her dog, Carol needs 1:1 time and attention to distract her. Reassurance that she will continue to have visits from her sister and she will bring in her dog, Honey. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Support relationship with: | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | People resident wishes to contact / confide in: | | | | | | |  | | Sister's . | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Religious/ holiday celebrations / traditions: | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Celebrations | | | | | | |  | | Christmas and Easter | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Holidays | | | | | | |  | | Christmas and Easter. | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Traditions | | | | | | |  | | birthdays, Christmas and Easter, ANZAC Day | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  | Relaxation strategies: | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Singing and spending time with staff. The garden and the | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | therapy dog, Tilly. Likes to pick flowers or just walking with staff holding her hand for reassurance | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ways to solve problems: | | | | | | |  | | Joking around, dancing and singing with her | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Assistance required: | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Staff assistance | | | | | | |  | | be respectful, kind ,understanding | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other strategies | | | | | | |  | |  | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | staff give 1:1 time and attention, reassurance, distraction with activity or conversation of interest to Carol , likes watching or participating in cooking, craft, likes to be made feel useful and a help to others. Carol responds to staff taking her to a quite area to give support , likes to be made feel listened to and have empathy back to her | | | | | | | | | | | | | | | | | | |  | | |
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|  | Behaviour Management Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Goals: | | | |  | | | | | | | |  | | Behaviour demonstrated when upset: | | | | | | | | | | | | | | |  | Avoid these causes of: | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | |  |
|  | I would like staff to remind me that sometimes I can use a tone of voice that is distressing to others. | | | | | | | | | | | |  | |  |  | |  |
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|  |  | | How the person alerts staff that a problem exists | | | | |  | | | | | | | | | |  | Stress: | | | | | | |  | | Becomes stress with any changes to routine . | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | |  | Anger: | | | | | | |  | | Carol becomes upset when she is incontinent. | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Staff will notice a change in her behaviour or participation .  Carol has stuttering or loss of verbal communication when upset  Carol may follow a staff member that she is comfortable with for reassurance and support or regress to a quiet spot, often outside in the garden | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Anxiety: | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | easily becomes anxious and worries about any changes in her health or worries about her family | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Depression: | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | can become despondent and at times teary , can have self focus and not be conscious of others, looks for attention back on to herself | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Powerlessness: | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | When feeling lonely and feels no one likes her . Becomes happy again when given attention. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | Watch for the following signs of these: | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | withdrawal and isolation Carol will regress to a quiet space or stand quietly  Carol becomes agitated and doesn't not like staff attending her personal hygiene needs. | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | How to assist resident when upset: | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | How to prevent loneliness: | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  | | | | | | | | | |  | 1:1 support and time in the garden where Carol is happy Engagement in activities Carol enjoys within Willow | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  |  | | | | | |  |  | |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
|  | Social Work Psychosocial Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Relevant Assessment Details | | | | | | | | | | | |  | | Other details re person's presentation | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | PAS | | | |  | 17 | | | | | |  |  | | Client behaviour - tick as many of the following that apply | | | | | | | | | | | | | | |  | Restraint Authorised by | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  |  | | | | | |  |  | |  |  | |  |
|  | Psychiatric Diagnosis | | | |  | Diagnosis: Alzheimer's Dementia. | | | | | |  |  | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  | |  | Advance Directives in place | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Geriatric Depression Scale | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Cornell Depression Scale | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Score / 38 | | | |  | 10 | | | | | |  |  | |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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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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|  | 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 | | | | |  | | | poor mobility | | | | | |  |  | Physical | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Aims | | | |  | | | | | | | |  | |  | | |  |  | Reason / Need to participate in activities | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | | | | | |  | | Strategies | | | | |  | | |  | | | | | |  |  |  | | | | | | | | | | | |  | |  |
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|  | The aim of Carol's individualised activities program is to promote enjoyment, encourage Carol to be as independent as she chooses by staff facilitating assistance to do the activities she enjoys. The plan aims to promote a sense of happiness, well being and self worth in Carol through enjoyable activity. Carol's activities are provided taking into account her preferences based on her interests both past and present and individualised taking into consideration her level of cognitive impairment and progression in her disease. | | | | | | | | | | | |  | |  | | |  | | | | | |  |  |  | | | | | | | | | | | |  | |  |
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|  |  | | Staff use a combination of both reality orientation and validation therapies to assist with implementation of Carol's individualised activities plan due to her cognitive limitations. Staff support Carol physically, emotionally and cognitively to ensure the best outcome possible for meeting her activity goals | | | | | | | | | | | | | | |  |  | | | | | | | | | | | |  | |  |
|  |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | |  | Carol will be given the opportunity to maintain/improve physical health | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | Activities | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | |  | Carol will be invited and supported to participate in Group walking and seated exercise activities, walking in the garden, carpet bowls, chair hockey and more. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | |  | | |  | | | | | |  |  | Cognitive | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | |  | | |  | | | | | |  |  | Reason / Need for participating activities | | | | | | |  | | | | | | | | | | | |  | |  |
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|  | Life Story Details | | | |  | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | | | | | | |  | |  |
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|  | Born in Sydney. Grew up in Gaylong N.S.W ( near Yass). Moved with her Mum to Canberra to attend High School. Experienced trauma when father died. Married first husband Ronnie to appease her father. Carol had an ectopic pregnancy and was unable to conceive naturally. They adopted 2 children, Jerome and Serena. They later divorced. She married John her second husband and lived in UK and travelled around Europe. Later divorced John | | | | | | | | | | | |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | |  | | | | |  | | |  | | | | | |  |  | Carol will be given the opportunity to maintain / improve current cognitive capabilities. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | |  | | |  | | | | | |  |  | Carol will be invited and supported to attend cognitive activities such as drum circle and Art and craft activities. She does not like quizzes and memory games, however seems to enjoy watching others engage with this activity | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  | | | | |  | | |  | | | | | |  |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | |  | | | | |  | | |  | | | | | |  |  | Emotional / Social | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | |  | | |  | | | | | |  |  | Reason / Need for participating activities | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | |  | | |  | | | | | |  |  | Carol will be given the opportunity to attend activities in small group settings and socialise with her friendship group as she chooses. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | |  | | |  | | | | | |  |  | Activities | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | |  | | |  | | | | | |  |  | Carol will be invited and supported to socialise in small groups with like minded residents as well as attend social group activities such as Happy Hour. Carol is very social and loves to chat to other residents and staff, all of which is encouraged daily. Carol uses video calling via Messenger to keep in contact with family members and staff send pictures via messenger to the family of Carol | | | | | | | | | | | | | | | | | | |  | |  |
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|  | She sold the house and moved to Gosford to be closer to children and Grandchildren. Carol moved in with Margaret her sister at Missabotti and then later to Valla where her condition deteriorated. She now resides at MVH. She has lived a solitary life and hasn't made many friends throughout her life.  She loves animals and gardening | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | enjoying her day to day activities | | | | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | | | | | | | | Reason / Need for participating activities | | | | | | |  | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | | | | | | | | Carol will be given the opportunity to be creative in our creative Arts programs. | | | | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | | | | | | | | Carol will be invited and supported to attend Live music sessions, drum circle and creative artistic workshops. Carol is encourage to attend cooking group and other creative activities too. | | | | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Reason / Need for participating activities | | | | | | |  | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Carol will be given the opportunity to have her Cultural needs met. | | | | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Carol will be invited and supported to attend Australia day celebrations and Melbourne cup fun days with other residents. | | | | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Carol will be given the opportunity to have her sensory needs met. | | | | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Carol will be invited and supported to attend Aromatherapy sessions and Massage with Physiotherapists, sensory activities such as cooking and gardening and more | | | | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Carol will be invited and supported to select activities | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | from the activities calendar which she may like to attend. Carol will be supported with cleaning her room. She waters her own little pot plant garden on her bench. Carol takes part in the household model of care supported by staff to ensure positive outcomes. | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Carol will be invited and supported to attend activities such as Art days in our craft room and Supervised cooking in our kitchens as well as gardening. Carol is supported by staff to choose and pick flowers which she places in vases throughout Willow wing to brighten up the place. | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Carol's family has stated she has no Spiritual needs. | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | although we have established that Carol has no Spiritual needs, she still recognizes Christmas and Easter, and will be invited to spiritual activities and given the choice to attend. | | | | | | | | | | | | | | | | | | |  | | |
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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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|  |  | | | | | | |  | 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 | | | | | | |  | | Yes | | | | | | | | |  | |  | Anti-embolic stockings use details | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | |  |  |
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|  | Podiatrist footwear recommendations | | | | | | | | | | | | | | | | | | | |  | Podiatrist plan - including Foot Hygiene | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | |  | | | | | | | | |  | |  | Podiatrist to review 6 weekly- trim and file nails and clear sulci. Care staff wash and dry feet and nails daily and check for infection, inflammation, fungi etc and report any abnormality to RN. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | | | | | | |  | |  | | | | | | | | |  | |  | Podiatrist recommended interventions | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | | | | | | |  | |  | | | | | | | | |  | |  | Massage skin daily to hydrate skin | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | |  | | | | | | | | |  | |  | Use protective footwear to relieve pressure/protect | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | |  | | | | | | | | |  | |  | Wash/dry between toes thoroughly, wipe with alcohol swab/other product if excessive moisture present | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
|  |  | | | | | | |  | |  | | | | | | | | |  | |  |  | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | |  |  |
|  |  | | | | | | |  | |  | | | | | | | | |  | |  | Check the towel for any signs of discharge after drying | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | |  | | | | | | | | |  | |  | Check shoes, hosiery, socks for fit and foreign objects before fitting shoes | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
|  |  | | | | | | |  | |  | | | | | | | | |  | |  |  | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | |  |  |
|  |  | | | | | | |  | |  | | | | | | | | |  | |  | Check shoes for wear or torn linings and excessive wear | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | |  | | | | | | | | |  | |  | Inspect feet from heel to toe - report joint inflammation, swelling, skin breakdown or lesions | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  | Advanced Health Directives / Palliative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Goals of Care | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Goals: | | | |  | | | | | | | |  | | Family / Advocate discussion: | | | | |  | | | Yes | | | | | |  |  | Specific wishes re care: | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | |  |  |  | |  |
|  | When the time comes that I deteriorate, I would like my family to be involved in all decision making. | | | | | | | | | | | |  | |  | | |  |  |  | |  |
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|  |  | | Name of person/s outlining wishes: | | | | |  | | | Margaret Kennedy | | | | | |  |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Medical Power of Attorney: | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | POA present: | | | | |  | | | Yes | | | | | |  |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Medical POA details | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Name: | | | | |  | | | Margaret Kennedy | | | | | |  |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Relationship to person: | | | | |  | | | Sister | | | | | |  |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Funeral Director details: | | | | |  | | | For cremation. Funeral details - to be advised | | | | | |  |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Complementary Therapy Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |