**Where the word TASK is mentioned in APP text, replace with ‘intervention’**

**ALL Tasks should trigger a record in the daily diary when complete.**

**ALL Tasks should include a simple mood tracker to record mood prior to intervention, during intervention and following intervention:**

**Sample mood tracker (this is too cartoony, please revise and improve):**

**ALL Tasks should have the following text upon completion of task:**

**How long has it taken you? [Insert time in minutes]**

**Was the intervention? [Tick as appropriate]**

**As Expected? [Close task]**

**Unusual? [Free Text to daily record and flag to person in charge]**

**Accident/Incident? [Go to accident incident form and flag to person in charge]**

**Complaint? [Go to complaint form and flag to person in charge]**

**All TASKS should be able to be summarised under the assessment title, so that a care plan summary can be printed out.**

**TASKS**

**ACTIVITY**

Specify Activity from icons

Arts & Crafts

Board Games

Community outing

Dancing

Entertainer

Film

Group game

Music

Reminiscence

Shopping

Singing

Talking

TV

Other [STATE]

Date/Time

**ASSESSMENT REVIEW**

State frequency of review: Irregular (will specify when required)/Daily/Weekly/Monthly

The specific assessment review will be determined where the task is triggered.

Once this icon is clicked the named assessment will open.

**ASSISTED FEEDING**

Set Frequency

Add following text and allow check if complete and no problems or checked and problem identified.

1. Physical examination for flatus, abdominal discomfort, bloating or reflux.

2. Oral health check, ensuring clients or carer’s oral hygiene practice continues according to client circumstances

IF ticked problem identified allow FREE TEXT flag to person in charge, and add to daily record and handover note.

Tube replacement required? YES flag to person in charge, and add Task Tube Replacement.

**ASSISTED FLUIDS**

Follow local protocol for intravenous fluids

**BATHROOM SUPERVISON**

Populate from Question 5 Mobility Assessment

[Number] carers are required to assist [NAME] in the bathroom using [AID]

**BED RAILS**

Link to capacity assessment.

If person has capacity question: “Do you agree to bed rails being fitted to help avoid falling from your bed?” YES/NO Service User [Signature]

If person does not have capacity: Statement: You must add the bed rails to any DoLS referral. A new task has been triggered to ensure referral is made Trigger new task PROFESSIONAL REFERRAL.

**BIOCHEMISTRY**

Set Frequency

Identify tests required:

Sodium

Potassium

Urea

Creatinine Male or female

Glucose

Liver Function Test

Full Blood Count

Other [STATE]

Question: Are results within normal ranges?

YES close task and add note to daily records.

NO Do the results require PROFESSIONAL REFERRAL? IF YES add task PROFESSIONAL REFERRAL and go to next question. If NO go to next question,

You now need to review the necessary assessment to include required recommendations from the relevant professional. If YES close task. IF NO state: “This task cannot be closed until relevant actions are taken”. and return to the question “You now need to review the necessary assessment to include required recommendations from the relevant professional”

**BOWEL FUNCTION**

Add Date/TIME

Tick Type:

Do you need to inform Person In Charge of any problem such as bloating or discomfort?

YES Flag to person in charge and add handover note.

NO No further action

**CATHETER CARE**

Add statements from question 15 Continence assessment

State frequency of change [Add calendar reminder]

Describe care required:

State frequency

**FEMALE HYGIENE**

Identify support required: FREE TEXT

Prompts [State frequency]

Mobilisation: [State number of carers, aids]

**FLUID CHART**

Set frequency

Set fluid intake monitor related to Question 1 Nutrition Needs Assessment

Flag is created if the fluid intake is below the recommended daily intake.

Record amount of fluids taken recording time and date

**FOOD CHART**

Set frequency

Record food served recording time and date

Record quantity of food eaten recording time and date

**FOOD PREPARATION**

Ensure all food is prepared to recommended consistency:

Add consistency dependent on answer Question 7 Nutrition assessment.

Either

B = Thin Purée Dysphagia Diet

C = Thick Purée Dysphagia Diet

D = Pre-mashed Dysphagia Diet

E = Fork Mashable Dysphagia Diet

No soft diet required

Thickened fluids are required

Thin, Thick or Very Thick

**FULL REVIEW (TBD)**

Once this icon is clicked the full assessment is opened. As each assessment is completed a dialogue box opens to ask: Have you pelted review or do you want to continue to next assessment? This is repeated until complete.

**INJECTION MONITORING**

State medication FREE TEXT

State Frequency

Add body map to allow practitioner to show site where injection placed, date and time

**MANAGING MENTAL HEALTH: ANXIETY**

Populate with statements from relevant questions Emotional & Psychological needs assessment question 5

State specific interventions that [NAME] finds helpful [FEEE TEXT]

State frequency of interventions, or as required

**MANAGING MENTAL HEALTH: DEPRESSION**

Populate with statements from relevant questions Emotional & Psychological needs assessment question 4

State specific interventions that [NAME] finds helpful [FEEE TEXT]

State frequency of interventions, or as required

**MANAGING MENTAL HEALTH: ISOLATION**

Populate with statements from relevant questions Emotional & Psychological needs assessment question 4

State specific interventions that [NAME] finds helpful [FREE TEXT]

State frequency of interventions, or as required

**MANAGING MENTAL HEALTH: PSYCHOSIS**

Populate with statements from relevant questions Emotional & Psychological needs assessment question 4

State specific interventions that [NAME] finds helpful [FREE TEXT]

State frequency of interventions, or as required

**MANAGING MENTAL HEALTH: SLEEP**

Populate with statements from relevant questions Emotional & Psychological needs assessment question 4

State specific interventions that [NAME] finds helpful [FREE TEXT]

State frequency of interventions, or as required

**MANAGING MENTAL HEALTH: SELF HARM**

State specific self harming behaviours and related risks.

State specific interventions that [NAME] finds helpful [FREE TEXT]

State frequency of interventions, or as required

**MANAGING RISK: SUICIDE**

Carry out environmental risk assessment and remove immediate risks. State frequency

Carry out observations YES/NO State regularity

State specific interventions that [NAME] finds helpful [FREE TEXT]

Flag risk of suicide on HOME page

**MANAGING RISK: RISK BEHAVIOUR**

Populate behaviours as ticked on question 2 Behaviour needs assessment

Identify who is at risk:

[NAME]

Staff

Other people who use the service

Visitors

General public

Other [STATE]

The behaviour exhibited is predictable? YES/NO If YES state triggers

State specific interventions that [NAME] finds helpful or will reduce risk [FREE TEXT]

How many staff are required to manage the behaviours?

How long does it usually take to de-escalate behaviours?

Is there any requirement for physical restraint techniques as a last resort?

ADD ABC RECORD FOR EACH INCIDENT:

Date/Time

Antecedent - What happened before the incident?

Behaviour - Describe the incident

Consequences - Describe what happened as a consequence of the behaviour

**MANAGING RISK: COGNITION**

Populate with statements from relevant questions Cognition Needs Assessment question 5

State specific interventions that [NAME] finds helpful [FREE TEXT]

State frequency of interventions, or as required

**MEAL TIME ASSISTANCE**

If YES ticked to question:

Does the seating position need to be adjusted or monitored to prevent choking/aspiration?

Add action:

Ensure that [NAME] is sitting as upright as possible.

If YES is ticked to question:

Does this person require someone to be with them whilst they eat or drink?

You must remain with [NAME] whilst they are eating.

If YES is ticked to question:

Does this person require someone to be with them whilst they drink?

You must remain with [NAME] whilst they are drinking.

**MEDICATION REVIEW**

Refer to (Tick as appropriate)

Mental Health Team

District Nurses

GP

Other [STATE}

To be able to close task the following question must be answered: “referral complete?”

No - Reassign Task daily raising priority

Yes - [Upload document] and additional question

“Medication review completed?”

If YES

Statement “MAR Sheets Updated” If YES add note to handover document and daily record and close task. If NO state: “This task cannot be closed until MAR Sheet is updated”. and return to the question “MAR Sheets Updated”

If NO

Reassign Task daily raising priority

**MOVE**

Obtain data from Moving and Handling Assessment

[NAME] Requires X carers to move when in chair using X

[NAME] Requires X carers to move when in bed using X

State move: Tick all appropriate

To the left

To the right

On to left side

On to right side

On to front

On to back

Legs up

Legs down

State Frequency

**MOVEMENT SENSOR**

Link to capacity assessment.

If person has capacity question: “Do you agree to a movement sensor being fitted to help avoid falls?” YES/NO Service User [Signature]

If person does not have capacity: Statement: You must add the movement sensor to any DoLS referral. A new task has been triggered to ensure referral is made Trigger new task PROFESSIONAL REFERRAL.

**MONITORING PHYSICAL HEALTH**

Blood Pressure: Allow recording of outcome or not required

Pulse: Allow recording of outcome or not required

Temperature: Allow recording of outcome or not required

Respiration: Allow recording of outcome or not required

Additional checks required? Please state: [FREE TEXT]

State frequency:

Post Seizure

Minutes

Hours

Days

**PATCH MONITORING**

State medication FREE TEXT

State Frequency

Add body map to allow practitioner to show site where patch placed, date and time

**PAIN MONITORING**

State frequency

Use attached tool as template

**PRN MEDICATION**

State medication FREE TEXT

State route: Oral, rectal, intravenous, infusion, intramuscular, topical, enteric, nasal, inhaled, otic, ophthalmic, sublingual, buccal, transdermal, subcutaneous.

State any specialist requirements FREE TEXT

State reason for use: FREE TEXT

Statement: Ensure that there is Pharmacy/GP agreement/permission for all medication that is crushed/altered

Question: Do you want to add an another prn medication?

If YES add another TASK PRN MEDICATION

If NO close and return to assessment

**PROFESSIONAL APPOINTMENT**

Appointment with (Tick as appropriate)

SW

Mental Health Team

Memory Team

Pain Team

District Nurses

GP

Dentist

Optician

Chiropodist

Other [STATE}

To be able to close task the following question must be answered: “referral complete?”

No - Reassign Task daily raising priority

Yes - [Upload document] and additional question

“Professional assessment completed?” If YES Upload document and additional question:

You now need to review the necessary assessment to include required recommendations from the relevant professional. If YES close task. IF NO state: “This task cannot be closed until relevant actions are taken”. and return to the question “You now need to review the necessary assessment to include required recommendations from the relevant professional”

**PROFESSIONAL REFERRAL**

Refer to (Tick as appropriate)

SW

DoLS Team

Mental Health Team

SALT Team

Falls Team

Memory Team

Pain Team

District Nurses

GP

Tissue Viability Nurse

Translator

Other [STATE}

To be able to close task the following question must be answered: “referral complete?”

No - Reassign Task daily raising priority

Yes - [Upload document] and additional question

“Professional assessment completed?” If YES Upload document and additional question:

You now need to review the necessary assessment to include required recommendations from the relevant professional. If YES close task. IF NO state: “This task cannot be closed until relevant actions are taken”. and return to the question “You now need to review the necessary assessment to include required recommendations from the relevant professional”

**SEIZURE MONITORING**

Use attached chart. records should be able to be correlated onto a chart or spreadsheet.

Add note: In the event of prolonged ASC (in excess of 5 minutes) follow NICE Guidelines and seek urgent medical attention

**SEIZURE**

[This is an information task and should be available on the clients HOME page for staff to access immediately upon seizure.]

State specialist requirements during seizure. Ensure NICE Guidelines, and Resuscitation Council recommendations are followed: [FREE TEXT]

Add note: In the event of prolonged ASC (in excess of 5 minutes) follow NICE Guidelines and seek urgent medical attention

**SKIN MANAGEMENT**

Select monitoring/treatment frequency minutes/hours/daily

State treatment required: “FREE TEXT”

Monitor improvement: Grade 1/2/3/4

**SPECIALIST EQUIPMENT**

State equipment

State any specialist requirements

State frequency

Question: Do you want to add another specialist equipment?

If YES add another TASK SPECIALIST EQUIPMENT

If NO close and return to assessment

**SPECIALIST MEDICATION**

State medication FREE TEXT

State route: Oral, rectal, intravenous, infusion, intramuscular, topical, enteric, nasal, inhaled, otic, ophthalmic, sublingual, buccal, transdermal, subcutaneous.

State any specialist requirements FREE TEXT

State frequency

Statement: Ensure that there is Pharmacy/GP agreement/permission for all medication that is crushed/altered

Statement: Where Covert medication administration is in place must be agreed by the MDT and supported by MCA/Best Interest Decision/DoLS

Question: Do you want to add an another specialist medication?

If YES add another TASK SPECIALIST MEDICATION

If NO close and return to assessment

**SUPPORT: COMMUNICATION**

Add statements populated from ticked items question 5 Communication assessment.

Please state specific requirements to aid communication with [NAME] [FREE TEXT]

This information should be available from the client HOME PAGE and also included in the passport and flagged on all interventions/tasks

**SUPPORT: TOILETING**

Add statements from relevant question

Identify support required:

Daytime: Commode/Toilet/Bed

Nighttime: Commode/Toilet/Bed

Pads: YES/NO {If Yes state type Free Text]

Prompts [State frequency]

Mobilisation: [State number of carers, aids]

Support in the toilet [State number of carers, aids]

**SUPPORT: COGNITION**

Populate with statements from relevant questions Cognition Needs Assessment question 3

State specific interventions that [NAME] finds helpful [FREE TEXT]

State frequency of interventions, or as required

**SUPPORT: FINANCES**

Populate with statements from relevant questions Cognition Needs Assessment question 7

State specific interventions that [NAME] finds helpful [FREE TEXT]

State frequency of interventions, or as required

**TRACHEOSTOMY**

Describe size and make of tracheostomy tube and care needs (Free Text)

State frequency

**TOPICAL MEDICATION MONITORING**

State medication FREE TEXT

State Frequency

Add body map to allow practitioner to show site where topical medication placed, date and time

**TUBE REPLACEMENT**

Follow local protocol for replacement of feeding tubes.