White boxes to be completed by care home staff as part of assessment

Yellow boxes to be completed prior to calling GP / Telemeds / Gold Line / 111 / 999

|  |  |  |
| --- | --- | --- |
| **Person’s name** | **DOB / /** | **NHS №** |
|  |
| **Care home**Phone | **Please indicate COVID HOME STATUS:**  |
| **Next of kin’s name**RelationshipContact details | Legal power of attorney? **YES / NO**finance **YES / NO** health & wellbeing **YES / NO**Contact details |
| **GP surgery** and phone number |
| **SITUATION** |
| Current concerns regarding this person |
|  |
| **BACKGROUND** |
| **Last seen by GP** on / / for |
| New medication / treatment |
| **Allergies**  |
| **Past medical history** – *Include hospital admissions, diagnosis etc* |
| Does the person require time critical medication? **YES / NO** details… |
| Is the person on oxygen therapy? **YES / NO** details… |
| **Continence** | Full continence | Urinary incontinence | Faecal incontinence | Suprapubic Catheter | Stoma |
| Please tick ***✓*** |  |  |  | (size?) |  |
| Is the person taking a supply of continence products to hospital? **YES / NO**  | Date catheter changed  |
| Is the person an infection risk of **MRSA YES / NO C. diff. YES / NO** Other… |
| On a palliative care / end of life pathway? **YES / NO**  | Is the person registered with Gold Line? **YES / NO**  |
| Is a **DNACPR** in place? **YES / NO**  | Is there an Advance Care Plan? **YES / NO**  |
| Is there a preferred place of care? **YES / NO** details… |
| Any personal wishes or religious beliefs?  |
|  |
| **ASSESSMENT –** complete as appropriate |
| **Cognitive status ✓** as appropriate |
| no confusion  |  | occasional confusion  |  | long term confusion  |  | diagnosed dementia |  |
| Any recent changes in behaviour in last 72 hours? **YES / NO** if Yes describe… |
|  | **normal** | **current** |  | **normal** | **current** |
| Blood Pressure  | **/** | **/** | Respiration Rate  |  |  |
| Pulse (bpm) |  |  | Blood Glucose |  |  |
| Temperature (°C) |  |  | Oxygen Saturation  |  |  |
| Is there an outbreak within the home? **YES / NO** Diarrhoea? **YES / NO** Vomiting? **YES / NO** Other **YES / NO** |
| Level of Response **Alert** (responding normally) / **Drowsy** / **Confused** / **Unresponsive** |
| Pain **no pain / occasional pain / constant pain** |
| Is the skin intact? **YES / NO**Pressure Ulcer? **YES / NO** Reported? **YES / NO** Category **1 / 2 / 3 / 4 / unstageable / moisture lesion**Waterlow score: |
| Indicate any injury on the diagrams below and describe the type, size etcRRLLFRONTBACK |
|  |
| **RECOMMENDATION & OUTCOME** |
| Record who you spoke to and what the outcome was of the phone call made. Including any actions to take whilst waiting for a GP/ambulance eg repeat observations. |
| Time of call | Time call returned (if applicable) |
| Ambulance arrival time | Are the family aware? **YES / NO** |

Staff name (print) Signature

Date Time

|  |
| --- |
| **Care home discharge plan** (patient’s condition to facilitate early discharge - nursing requirements, mobility/transfers etc) |
| Please see **This is me** document for my consent to share information with the care home |