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| **Details of Client** | | | |
| **Name of Client:** Rose Williams  **Room number**: 8  **Name of Facility**: New Greens Aged Care  **Supervisor in Charge:** Mary Supervisor | | |  |
| **DOB**: 2/02/1944 **AGE**: 79 **Male/Female:** F  **Country of birth:** Australia **Ethnicity:** Australian **Marital Status:** Never married.  **Religion:** Protestant | | | |
| **Personal Care Needs (comment on the assistance and support required)** | | | |
| **Dressing:** Needs assistance with stockings and socks.  **Toiletry:** Assistance with stockings.  **Bathing**: Requires assistance with back and hair washing.  **Oral hygiene:** Assistance applying toothpaste.  **Hydration and nutrition:** Assistive cutlery and plate guard and spill proof mug.  **Maintenance of skin integrity:** Cetaphil twice daily.  **Mobility and transfer:** Independently mobile.  **Medication:** Able to self-medicate.  May need assistance to take tablets.  Needs assistance to apply eyedrops. | **Pain:** Some arthritis related pain.  **Rest and sleep:** N/A  **Respiratory issues:** N/A  **Dressings**: N/A  **Catheter care:** N/A  **Application of prostheses**: N/A  **Assistance with anti-thrombotic stockings:** Yes  **Support with breathing tubes:** N/A  **Simple eye care**: Subject to dry eyes – may require eye drops | | |
| **Personal preferences for personal care**: Requires some assistance but prefers female-only care workers.  **Any issues with fear, embarrassment or humiliation for support provided?** N/A  **Any identifiable risks for support provided?** No | | | |
| **Aid or Equipment Required** | | | |
| **Wheelchair: N**/A  **Wheelie Walker**: No  **Walking Stick:** N/A  **Other Mobility aids**: N/A  **Lifting and transferring aids**: N/A  **Beds**: Standard facility equipment. | **Breathing devices**: N/A  **Continence aids:** N/A  **Audio/visual aids**: Wears glasses for reading and activities.  **Feeding aids:** N/A | | |
| **Health and Wellbeing** | | | |
| **Height**: 5”5 **Weight**: 69 kg **Blood Pressure:** 140/90 | | | |
| **Does the client suffer from any of the following?**  **Any Allergies** (please list): Yes  No  **Anxiety issues** Yes  No  **Arthritis** Yes  No  **Asthma** Yes  No  **Behavioural Conditions** Yes  No  **Birth Defects** Yes  No  **Incontinenc**e Yes  No  **Infections** Yes  No  **Mental Health/Illness issues** Yes  No  **Oral Health** Yes  No  **Parkinson’s Disease** Yes  No  **Sexual issues** Yes  No  **Sleep Conditions** Yes  No  **Sight** Yes  No  Wears glasses for reading and up close work, suffers from dry eyes regularly.  **Stroke** Yes  No | | **Cancer** Yes  No  **Chronic Disease (please specify)** Yes  No  **Chronic Illness (please specify)** Yes  No  **Diabetes** Yes  No  **Dementia** Yes  No  **Depression** Yes  No  **Hearing** Yes  No | |
| **What is the general condition of the client’s health:**  **Physical:** Rose is slightly underweight for her age but is presently physically well, despite arthritis in her hand joints.  **Emotional:** Rose has a lovely and kind disposition, she is happiest when with other people.  **Psychological:** N/A | | | |
| **Are there any issues that may have impacted the client’s health:**  **Disability:** Yes  No  **Illness:** Yes  No  Arthritis  **Neglect:** Yes  No  **Abuse:** Yes  No  **Other:** Yes  No | | | |
| **Are there any issues that could have impacted on the client’s well-being - both emotional and psychological? (eg stress, anxiety, isolation, depression)**  N/A | | | |
| **Does the client suffer from pain (if so please specify)**  Pain in her hands in the evening if she has been busy in activities like knitting, crafting. | | | |

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| **MEDICATION CHART** | | | | | | |
| Facility/Client: Bolton Clarke  Address: 1 Goodwill Drive, Brisbane, Queensland  Phone: (09) 9998-9997 | | | | |  | |
| Doctor Name: Dr Son Good  Address: New Greens Pharmacy | | Phone: (09) 9998-9998  Email: [dsg@bestdocs.com.au](mailto:dsg@bestdocs.com.au) | | | Date of Photo: 21/11/2021 | |
| Patient Name: Rose Williams  Date of Birth: 2/02/1944  Drug Allergies: NIL  Special Instructions: | | Room No: 8  Food Allergies: Nil Known | | | | |
| **Regular Continuous** | **Dose and route & Frequency** | **Start date** |  | **Dr Sign** | | **Date** |
| **N/A** |  | 15/12/20 | SG | | *13/12/2020* |
|  |  | 15/12/20 | SG | | *13/12/2020* |
| **PRN** | **Dose and route & Frequency** | **Start date** | **Dr Sign** | | **Date** |
| Panadol Osteo | 2 caplets evert 6- 8 hours (maximum 6 caps in 24 hours), 1 cap = 665 mg  As required. | 12/3/2018 | SG | | 13/12/20 |
| Liquifilm Tears | 1 drop per eye as required. | 11/11/19 | SG | | *13/12/2020* |

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| **Patient Name:**  Angelina LENTINI | **Facility ID:** Bolton Clarke | **Date of Birth:** 1 August 1920 |
| Supplied Medication | Drug Name | Physical description |
| Liquifilm Tears | Polyvinyl alcohol | Generic eye drops that soothe and lubricate dry eyes |
| Panadol Osteo | Paracetamol | Panadol Osteo is a bi-layer tablet incorporating an immediate release and a sustained release dose to help manage osteoarthritis pain |