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| **Details of Client** | | |
| **Name of Client:** Clarence Davidson (prefers Clarrie)  **Room number**: 15  **Name of Facility**: New Greens Aged Care  **Supervisor in Charge:** Mary Supervisor | | Elderly man holding yoga mat |
| **DOB**:12/8/1948 **AGE**:74 years **Male/Female:** M  **Country of birth:** Australia **Ethnicity:** Australian **Marital Status:** Married to Gwen (lives in the Hostel)  **Religion:** Anglican | | |
| **Personal Care Needs (comment on the assistance and support required)** | | |
| **Dressing:** Requires assistance.  **Toiletry:** Requires assistance.  **Bathing**: Requires assistance.  **Oral hygiene:** Requires assistance.  **Hydration and nutrition:** Prompts to continue eating if engaged in conversation.  **Maintenance of skin integrity:** N/A  **Mobility and transfer:** Independent in mobility.  **Medication:** Able to self-medicate with prompts.  Assistance with Ventolin administration. | **Pain:** N/A  **Rest and sleep:** Sleep disturbances, wakes up to twice a night.  **Respiratory issues:** Asthmatic.  **Dressings**: N/A  **Catheter care:** N/A  **Application of prostheses**: N/A  **Assistance with anti-thrombotic stockings:** N/A  **Support with breathing tubes:** N/A  **Simple eye care**: N/A | |
| **Personal preferences for personal care**: Requires some assistance with personal care. May be agitated or refuse shower if he thinks he has already had one for the day.  **Any issues with fear, embarrassment or humiliation for support provided?** No.  **Any identifiable risks for support provided?** If agitated could be risk to care workers. | | |
| **Aid or Equipment Required** | | |
| **Wheelchair: N**/A  **Wheelie Walker**: Yes.  **Walking Stick:** N/A  **Other Mobility aids**: N/A  **Lifting and transferring aids**: N/A  **Beds**: Standard facility equipment – bed rails up in the evening. | **Breathing devices**: N/A  **Continence aids:** N/A  **Audio/visual aids**: N/A  **Feeding aids:** N/A | |
| **Health and Wellbeing** | | |
| **Height**: 5”7 **Weight**: 80 kg **Blood Pressure:** 130/80 | | |
| **Does the client suffer from any of the following?**  **Any Allergies** (please list): Yes No  **Anxiety issues** Yes No  Related to CTE Dementia.  **Arthritis** Yes No  **Asthma** Yes No  Ventolin prescribed as required.  **Behavioural Conditions** Yes No  Wandering, agitation  **Birth Defects** Yes No  **Cancer** Yes No  **Chronic Disease (please specify)** Yes No  **Chronic Illness (please specify)** Yes No  **Diabetes** Yes No  **Dementia** Yes No  Chronic traumatic encephalopathy dementia (CTE).  **Depression** Yes No | | **Hearing** Yes No  **Incontinenc**e Yes No  **Infections** Yes No  **Mental Health/Illness issues** Yes No  Depression.  **Oral Health** Yes No  **Parkinson’s Disease** Yes No  **Sexual issues** Yes No  **Sleep Conditions** Yes No  Associated with CTE.  **Sight** Yes No  **Stroke** Yes No |
| **What is the general condition of the client’s health:**  **Physical:** Physical fit and able, occasional asthma.  **Emotional:** Withdrawn and sad, particularly after Gwen’s visits. Happiest when in the outdoor areas.  **Psychological:** Impulse control issues developing, depression. | | |
| **Are there any issues that may have impacted the client’s health:**  **Disability:** Yes  No  **Illness:** Yes  No  **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)**  Being separated from his wife Gwen who lives in the Hostel section.  Ongoing deterioration of dementia. | | |
| **Does the client suffer from pain (if so please specify)**  Yes  No | | |

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| **MEDICATION CHART** | | | | | | |
| Facility/Client: Bolton Clarke  Address: 1 Goodwill Drive, Brisbane, Queensland  Phone: (09) 9998-9997 | | | | | Elderly man holding yoga mat | |
| 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: Clarence Davidson  Date of Birth: 12/8/1948  Drug Allergies: NIL  Special Instructions: | | Room No: 15  Food Allergies: Nil Known | | | | |
| **Regular Continuous** | **Dose and route & Frequency** | **Start date** |  | **Dr Sign** | | **Date** |
| Aurorix  2X 150g | Dose : 300mg ( 150g x2)  Route: Oral  Frequency : 150 g tablet after breakfast and 150g tablet after dinner | 15/12/20 | SG | | *13/12/2020* |
|  |  | 15/12/20 | SG | | *13/12/2020* |
| **PRN** | **Dose and route & Frequency** | **Start date** | **Dr Sign** | | **Date** |
| Ventolin | Dose : 2 puffs as required  Max 4 puffs –  Frequency as required on presentation of breathing issues. | 11/11/19 | SG | | *13/12/2020* |

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| **Patient Name:**  Clarence DAVIDSON | **Facility ID:** Bolton Clarke | **Date of Birth:** 12/8/1948 |
| Supplied Medication | Drug Name | Physical description |
| Aurorix | Moclobemide | White, oval, film-coated with a score notch on both sides. For the treatment of depression. |
| Ventolin | Albuterol | Bronchodilator used to treat wheezing and shortness of breath caused by as asthma. |
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