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| **Details of Client** | | | |
| **Name of Client:** John Dutton  **Room number**: 26  **Name of Facility**: New Greens Aged Care  **Supervisor in Charge:** Mary Supervisor | | |  |
| **DOB**:20/05/1935 **AGE**: 88 **Male/Female:** M  **Country of birth:** England **Ethnicity:** English **Marital Status:** Widowed  **Religion:** Agnostic | | | |
| **Personal Care Needs (comment on the assistance and support required)** | | | |
| **Dressing:** Requires assistance, is able to put on shirts and pants but requires assistance with buttons.  **Toiletry:** Requires assistance with pants only.  **Bathing**: Requires assistance with back washing.  **Oral hygiene:** Requires assistance. Has medicated mouthwash.  **Hydration and nutrition:** Does not require assistance with eating and drinking. Does require high protein supplement as per GP orders. Dislikes the taste.  **Maintenance of skin integrity:** Cetophil use on areas of concern.  **Mobility and transfer:** Uses walker, needs assistance from sitting to upright.  **Medication:** Able to self-medicate but can often refuse. | **Pain:** N/A  **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:** N/A  **Support with breathing tubes:** N/A  **Simple eye care**: Ensure skin cleaned each morning with soft cotton. | | |
| **Personal preferences for personal care**: Requires some assistance but can be resistive when care staff approach him.  **Any issues with fear, embarrassment or humiliation for support provided?** Anger, embarrassment.  **Any identifiable risks for support provided?** Manual handling risk if client needs assistance with transfer. | | | |
| **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. | **Breathing devices**: N/A  **Continence aids:** N/A  **Audio/visual aids**: N/A  **Feeding aids:** N/A | | |
| **Health and Wellbeing** | | | |
| **Height**: 6”0 **Weight**: 70 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  Anger when being provided assistance in personal care, can be resistive to assistance.  **Birth Defects** Yes  No  **Incontinenc**e Yes  No  **Infections** Yes  No  **Mental Health/Illness issues** Yes  No  **Oral Health** Yes  No  Prone to mouth ulcers, maintain good oral care and use of medicated mouthwash.  **Parkinson’s Disease** Yes  No  **Sexual issues** Yes  No  **Sleep Conditions** Yes  No  **Sight** Yes  No  **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:** John is slightly underweight as he does not have a large appetite. He has been prescribed a high protein supplement to assist in weight gain and overall health. Oral healthcare issues and skin is starting to thin. Be aware of tears.  **Emotional:** Frustrated and at times disorientated to time and place.  **Psychological:** N/A | | | |
| **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)**  Dementia and quite a reclusive individual. | | | |
| **Does the client suffer from pain (if so please specify)**  When mouth ulcers are present John does experience some pain. | | | |

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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: John Dutton  Date of Birth: 20/05/1935  Drug Allergies: NIL  Special Instructions: | | Room No: 26  Food Allergies: Nil Known | | | | |
| **Regular Continuous** | **Dose and route & Frequency** | **Start date** |  | **Dr Sign** | | **Date** |
| Sustagen Hospital Formula Active | Dose : 60ml  Route: Oral  Frequency: Nocte with evening meal | 15/12/20 | SG | | *13/12/2020* |
| Cetophil | Apply thin layer to skin b.d – topical after a shower and before bed. | 15/12/20 | SG | | *13/12/2020* |
| **PRN** | **Dose and route & Frequency** | **Start date** | **Dr Sign** | | **Date** |
|  |  | 11/11/19 | SG | | *13/12/2020* |

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| **Patient Name:**  John DUTTON | **Facility ID:** Bolton Clarke | **Date of Birth:** 20/05/1935 |
| Supplied Medication | Drug Name | Physical description |
| Sustagen Hospital Formula Active | N/A | High protein supplement to aid against malnutrition and sarcopenia. |
| Cetophil | N/A | Generic non- aqueous skin lotion to maintain skin integrity. |