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| **Details of Client** | | |
| **Name of Client:** Angelina LENTINI  **Room number**: 9  **Name of Facility**: New Greens Aged Care  **Supervisor in Charge:** Mary Supervisor | |  |
| **DOB**: 1 August 1920 **AGE**: 100 **Male/Female:** F  **Country of birth:** Italy **Ethnicity:** Italian **Marital Status:** Widowed  **Religion:** Catholic | | |
| **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:** Does not require assistance with eating and drinking.  **Maintenance of skin integrity:** Eczema.  **Mobility and transfer:** Uses mobility aid (wheeled walker) Can transfer self. May need some assistance.  **Medication:** Able to self-medicate.  May need assistance to take tablets.  Needs assistance to apply cream. | | **Pain:** At times has severe headaches.  **Rest and sleep:** Frequent insomnia.  **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**: Subject to dry eyes – may require eye drops. |
| **Personal preferences for personal care**: Requires some assistance with personal care and likes to be helped by care staff.  **Any issues with fear, embarrassment or humiliation for support provided?** No.  **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**: Wears glasses and a hearing aid.  **Feeding aids:** N/A |
| **Health and Wellbeing** | | |
| **Height**: 5”3 **Weight**: 74 kg **Blood Pressure:** 140/90 | | |
| **Does the client suffer from any of the following?**  **Any Allergies** (please list): Yes  No  Drug allergies to morphine, norfloxacin and benzodiazepines.  **Anxiety issues:** Yes  No  **Arthritis:** Yes  No  **Asthma:** Yes  No  **Behavioural Conditions:** Yes  No  Can get frustrated and angry.  **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  **Depression:** Yes  No  **Hearing:** Yes  No  **Incontinence:** 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.  **Stroke:** Yes  No | |
| **What is the general condition of the client’s health:**  **Physical:** Angelina is overweight and has high blood pressure. She has eczema on her arms. She is 100 years old and quite frail.  **Emotional:** Usually very happy but somewhat frustrated by her frailty and her itchiness.  **Psychological:** N/A | | |
| **Are there any issues that may have impacted the client’s health:**  **Disability:** Yes  No  **Illness:** Yes  No  High blood pressure.  **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)**  No pain, but eczema is very itchy. | | |

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| **MEDICATION CHART** | | | | | | | | |
| Facility/Client: Bolton Clarke  Address: 1 Goodwill Drive, Brisbane, Queensland  Phone: (09) 9998-9997 | | | | | | | A picture containing person, indoor  Description automatically generated | |
| 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: Angelina LENTINI (Female)  Date of Birth: 1 August 1920  Drug Allergies: Morphine, norfloxacin, benzodiazepines.  Special Instructions: | | | Room No: 9  Food Allergies: Nil Known | | | | | |
| **Regular Continuous** | **Dose and route & Frequency** | | **Start date** | |  | **Dr Sign** | | **Date** |
| Verapamil 40mg | 40mg tds with food – oral | | 15/12/20 | | SG | | *13/12/2020* |
| Ego Dermaid 1% cream | Apply thin layer to affected 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** |
| Polaramine (timed release preparation) | 6mg at bedtime - oral | | 11/11/19 | | SG | | *13/12/2020* |
| **Patient Name:**  Angelina LENTINI | | **Facility ID:** Bolton Clarke | | **Date of Birth:** 1 August 1920 | | | | |
| Supplied Medication | | Drug Name | | Physical description | | | | |
| Verapamil | | Verapamil | | Reduce high blood pressure. | | | | |
| Ego Dermaid | | Dermaid 1% | | Eczema. | | | | |
| Polaramine | | Dexchlorpheniramine | | Itch as a result of eczema. | | | | |