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| **Details of Client** | | | |
| **Name of Client:** Penny Slade  **Community Client**  **Supervisor in Charge:** Mary Supervisor | | |  |
| **DOB**:1/01/1973 **AGE**:50 **Male/Female:** F  **Country of birth:** United States of America **Ethnicity:** American **Marital Status:** Married with 2 children  **Religion:** N/A | | | |
| **Personal Care Needs (comment on the assistance and support required)** | | | |
| **Dressing:** Requires full assistance.  **Toiletry:** Cathether bag assistance and bowel evacuation in AM.  **Bathing**: Full assistance with hoist and sling.  **Oral hygiene:** No assistance  **Hydration and nutrition:** Does not require assistance with eating and drinking. Recently found to be low in Vitamin C and prescribed a supplement.  **Maintenance of skin integrity:** QV Oil.  **Mobility and transfer:** Uses wheelchair for mobility due to C5 incomplete quadriplegia.  **Medication:** Able to self-medicate.  May need assistance to take tablets.  Needs assistance to apply cream. | **Pain:** N/A  **Rest and sleep:** N/A  **Respiratory issues:** N/A  **Dressings**: N/A  **Catheter care:** Yes, AM and as needed throughout the day.  **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 full assistance, will try to assist but strength is deteriorating in shoulders.  **Any issues with fear, embarrassment or humiliation for support provided?** Frustration at deterioration at times.  **Any identifiable risks for support provided?** Manual handling risk. | | | |
| **Aid or Equipment Required** | | | |
| **Wheelchair: Yes**  **Wheelie Walker**: N/A  **Walking Stick:** N/A  **Other Mobility aids**: N/A  **Lifting and transferring aids**: Mobile hoist.  **Beds**: Electric adjustable bed. | **Breathing devices**: N/A  **Continence aids:** Catheter, kylie on bed.  **Audio/visual aids**: N/A  **Feeding aids:** N/A | | |
| **Health and Wellbeing** | | | |
| **Height**: 5”5 **Weight**: 75 kg **Blood Pressure:** 130/80 | | | |
| **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  **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:** Penny is currently in moderate physical condition, however she is losing mobility and strength in her shoulders.  **Emotional:** Frustrated with increasing deterioration in upper body strength.  **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** | | | |
| **Are there any issues that could have impacted on the client’s well-being - both emotional and psychological? (eg stress, anxiety, isolation, depression)**  Rapid deterioration of upper body strength which means increasing independence on others, losing some feeling in right hand. | | | |
| **Does the client suffer from pain (if so please specify)**  N/A | | | |

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| **MEDICATION CHART** | | | | | | |
| Address: 1 Boonah Drive, Brisbane, Queensland  Phone: (09) 9955-6682 | | | | |  | |
| Doctor Name: Dr Rachel Klein  Address: New Greens Pharmacy | | Phone: (09) 9998-9998  Email: [drk@bestdocs.com.au](mailto:drk@bestdocs.com.au) | | | Date of Photo: 21/11/2021 | |
| Patient Name: Penny Slade  Date of Birth: 1/01/1973  Drug Allergies: NIL  Special Instructions: | | Food Allergies: Nil Known | | | | |
| **Regular Continuous** | **Dose and route & Frequency** | **Start date** |  | **Dr Sign** | | **Date** |
| Vitamin C | 2 x 500mg  Mane | 15/12/20 | RK | | *13/12/2020* |

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| **Patient Name:**  Penny SLADE | Address: 1 Boonah Drive, Brisbane, Queensland | **Date of Birth:** 1/01/1973 |
| Supplied Medication | Drug Name | Physical description |
| Cenovis Sugarless Vitamin C for Immune Support 500mg | Vitamin C | Chewable Vitamin C tablet for immune system support. |