GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

COMPLEX NEEDS BOOKLET

Name & Address:
Addressograph

NHS No:

Local Authority No:

Hospital No:

Other No:

Date:

Borough:

Legend:

Red section to be completed within 5 days of complex needs being identified within Booklet 1 – Patient Care Record.

Yellow section to be completed following a discussion with MDT.

Blue section to be completed for Complex Discharge.

Continuing NHS Care Categories
Please complete, if appropriate.

Fast Track	( )
Palliative	( )
Mental Health	( )
Learning Disability	( )
General	( )

Status: Issue 1
Approved by: Nursing Director
Owner: Nursing Director

Issue Date: December 2009
Review Date: December 2010
Number: 1

UACM: Individual's Perspective

Assessor: Date:

Please give a description of person's perspective, in their own words, consider:

- Expectations, needs, strengths, abilities & motivation
- Specific cultural, spiritual or social preferences
- Worries & / or concerns
- Need for information about their condition, rights, responsibilities, available help
- Any issues with current care arrangements
- Any unmet needs
- Any risks identified by the individual

If person is unable to comment, please state this.

UACM: Carer's Perspective

Assessor: Date:

Is there a carer? Yes / No if yes, please provide details below.

Name of Carer: Date:

Please give a description, considering the following, in the carers own words:

- What support does carer provide and how often?
- Health issues arising from caring role e.g Physical difficulties
- Psychological difficulties or pressures arising from caring, include grief, shock, inadequacy
- Issues arising from caring, include clashes with employment, child care, leisure activities
- What assistance does carer require to support them e.g respite, training
- Strengths, expectations, motivation, perception of needs and user's needs

Identify evidence, risks to independence and the source of the information.

Ask carer if they require a Carers Assessment? Yes / No / Declined

If Yes, date of referral to Local Authority for an assessment:

Has a carer's information pack been offered? Yes / No / Declined

Access: to accommodation

		In accommodation		
		Toilet	Bedroom	Bathroom
Lift Y / N / NA				
Steps to building ( )	Upstairs	( )	( )	( )
Slope to building ( )	Downstairs	( )	( )	( )
Hand rail outside ( )	Both	( )	( )	( )
Handrail inside ( )	Lt / Rt going up	Stair lift: Y / N NA		

Cooking facilities:

Heating: Central heating / Electric / Gas fire / None / Other:

Emergency communication: Telephone / Pendant alarm / Pull cord

Other forms of Assistive Technology:

Does person need help to remain at home & / or have long term medical equipment needs, e.g. long term bed, pressure relieving equipment? Yes / No if yes, please specify

Professionals / Agencies Involved: Further information on services being received:

Type of Service	✔ if received	Contact name, number, organisation & start date
Social Care		
Community Nurses		
GP		
Practice Nurse		
CPN		
Home Care		
Occupational Therapy		
Physiotherapy		
Podiatrist/Chiropody		
Dietitian		
Attendance at Day Centre		

Attendance at Day Hospital		
Respite Care		
Palliative Care		
Complex Care Team		
Re-ablement Team		
Rapid Response Team		
Any Others:		

Other Professionals or Agencies Used: consider care co-ordinator, IMCA, Lasting Power of Attorney, DOL Best Interest Assessor, advocate, interpreter, dentist, optician, pharmacist etc.

Name: Role:
Organisation: Tel:

Name: Role:
Organisation: Tel:

Name: Role:
Organisation: Tel:

Name: Role:
Organisation: Tel:

Name: Role:
Organisation: Tel:

Name: Role:
Organisation: Tel:

Name: Role:
Organisation: Tel:

Name: Role:
Organisation: Tel:

Further Information on Medication

Information recorded by: Date:

Is person able to take medicines without help ? Yes / No
Consider injections, eye drops, inhalers, topical applications (creams) etc.
If no, who will give this help, also consider prompt or assistance needed: eg. relatives, formal carer

Does person:-		Comments
Have difficulties with dexterity	Yes / No	
Have difficulties with swallowing	Yes / No	
Need assistance with administration	Yes / No	
Have difficulty remembering to take medication	Yes / No	
Need help getting a regular supply of medicines	Yes / No	
Get confused with the medication	Yes / No	
Have difficulties reading the label	Yes / No	

Does person require a referral to a Pharmacist for an appropriate method of dispencing & advice re: medication? Yes / No Referred to Pharmacist? Yes / No

Name of medicine, dose, route & frequency, if known	Prescribed = P Over Counter = OC	Comments, including qualification of staff required

Any Additional Information: include voluntary organisations involved

Record of Specialist Referrals Made:

Referral made to:- Name & Profession	Reason for Referral & Assessment	Date of Referral	Referral made by:-

Information Collected by:

Name:	Signature:
Role / Designation:	
Hospital / Organisation:	
Contact No:	Date:
Completed & agreed with:	(named person / carer)

UACM: Specialist Assessment Log

Professionals - please give details of your involvement, including contact details.

Date of Assessment: Name of Assessor:

Profession:	Needs Identified	Actions
Organisation:		
Contact No:		

Date of Assessment: Name of Assessor:

Profession:	Needs Identified	Actions
Organisation:		
Contact No:		

Date of Assessment: Name of Assessor:

Profession:	Needs Identified	Actions
Organisation:		
Contact No:		

Date of Assessment: Name of Assessor:

Profession:	Needs Identified	Actions
Organisation:		
Contact No:		

Date of Assessment: Name of Assessor:

Profession:	Needs Identified	Actions
Organisation:		
Contact No:		

Date of Assessment: Name of Assessor:

Profession:	Needs Identified	Actions
Organisation:		
Contact No:		

Additional Specialist Assessment Logs can be added, as and when appropriate.

Complex Needs Nursing Assessment

To be completed following discussion by MDT, rehab is complete, future planning & / or discharge is being considered.

Is patient able to understand and engage in this assessment process? Yes / No
If No, please give reason and evidence that a capacity assessment has taken place, if appropriate use Trust Mental Capacity Assessment & 'Best Interest' Record & summarise on Mental Capacity Assessment Log which will be kept with Complex Needs Booklet 2:

Use this assessment in conjunction with the relevant risk assessments.
Consider each domain and the relevant sub domains. This assessment covers all areas required for complex needs within the Unified Assessment Process and Continuing NHS Healthcare Process.
Evidence collected within the Care Domains, will be used if considering eligibility for Continuing NHS Healthcare is required.

Mental Health Domain:

1. Behaviour Care Domain:

Confusional states: organic / infection
Behaviour: inappropriate / challenging / aggressive – verbal or physical
Circumstances in relation to substance misuse: alcohol or drug dependency
Suicide risk: requires appropriate risk assessment
Paranoia states: unusual ideas / delusions

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required	Y / N	Issues requiring care planning	Y / N
Specialist Assessments	Y / N	CPA assessment required	Y / N

2. Cognition Care Domain:

Orientation: in time & place / memory short or long term / wandering
At risk: neglect / health deterioration / exploitation / insight

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period			
Risk Assessment required	Y / N	Issues requiring care planning	Y / N
Specialist Assessments	Y / N	CPA assessment required	Y / N

3. Psychological / Emotional Needs Care Domain:

Depression / worry / anxiety / fatigue / mood disturbance
Emotional distress / agitation
Life change: Loss / bereavement
Other emotional difficulties

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period			
Risk Assessment required	Y / N	Issues requiring care planning	Y / N
Specialist Assessments	Y / N	CPA assessment required	Y / N

Senses Domain:

1. **Communication Care Domain**: Affect of any cognitive impairment, neurological or other disorder.
   Speech: Cognition / Understanding / Speech impaired / Any aids used

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N Issues requiring care planning Y / N Specialist Assessments Y / N

2. **Sensory Impairment:**
   Sight: Glasses / Contact lenses / Visually impaired / Blind
   Hearing difficulties: Hearing aid / Hearing impaired / Deaf
   Touch / Dexterity:
   Smell / Taste:

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N Issues requiring care planning Y / N Specialist Assessments Y / N

Disease Prevention Domain:

1. Nutrition Care Domain: Current diet / Swallowing ability / Difficulties chewing / Fluids / Any assistance required for eating & drinking / Risk of malnutrition or dehydration / PEG / NG

Identify any needs / Professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N MUST tool Y / N Specialist Assessments Y / N
Issues requiring care planning Y / N

2. History of Blood Pressure monitoring:
3. Drinking & smoking history:
4. Exercise pattern:
5. Vaccination history: e.g. Flu
6. History of screening: e.g. Breast/cervical
7. Pattern & nature of disease / disability / illness

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

Personal Care & Physical Well Being Domain:

1. Mobility Care Domain: In & out of the home – level of independence / Weight bearing ability / Aids or splints /

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required	Y / N	Patient Handling Assessment	Y / N
Specialist Assessments	Y / N	Issues requiring care planning	Y / N

2. Continence Care Domain: Usual pattern of elimination / Urinary incontinence / Faecal incontinence / Use any equipment / Specialist treatments

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period. Please ensure any Dignity & Respect needs are met (Behind Closed Doors / Standard 2 – Fundamentals of Care)

Risk Assessment required	Y / N	Specialist Assessments	Y / N	Issues requiring care planning	Y / N
Continence Pathway required	Y / N	Catheterisation Pathway required	Y / N		

3. **Skin Condition Care Domain**: Pressure areas / Wounds / Ulceration / Skin rash / Oedema / Any history which could affect tissue tolerance or contribute to wound infection / Prevention – Relief of pressure / Specialist treatments

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period. Please attach any wound management chart.

Risk Assessment required Y / N Waterlow Assessment Y / N
Specialist Assessments Y / N Issues requiring care planning Y / N

4. **Pain**: Is there any experience of pain / Able to manage their pain / Able to express if they have pain / Does anything relieve the pain

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period. Please attach any wound management chart.

Risk Assessment required Y / N
Pain Score complete Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

5. **Sleeping patterns**: Usual sleeping pattern / Difficulty sleeping / Number of pillows / Assistance required e.g. medication, special routines

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period. Please attach any wound management chart.

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

6. Oral health: Condition of mouth – lips, gums, tongue / Own teeth / Dentures / Caps or crowns

7. Foot care: Include circulation / Specialist or regular treatments

8. Ability to use stairs and slopes: Level of independence / Any aids used

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

Clinical Background Domain:

1. Breathing Care Domain: Any difficulties with breathing / Shortness of breath, at rest or on exertion / Productive cough / Uses any equipment / Requires oxygen / Suction

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

2. Medication Care Domain: Type & route of administration / Monitoring / Side effects / Self medication

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

3. Falls History: Any history of falls / Any injurious fall in last 12 months / Any fear of falling. If yes to any of these – a falls pathway will be required

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N Falls Assessment Y / N
Falls Pathway required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

4. Health Care Intervention:
Recent hospitalisations with dates & reasons / Frequent admissions
Medical history & diagnosis will be recorded in Booklet 1.

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

Activities of Daily Living Domain:

1. **Washing:** Hands / Face / Body
2. **Bathing / Showering**: Any aids used or help required
3. **Grooming:** Hair care / Shaving / Applying make up
4. **Dressing / Undressing:** Any aids used

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

5. Ability to access & use the toilet: Any aids used

6. Transferring: On & off toilet / On & off chair / On & off bed

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

7. Support needed for eating & drinking: Any aids used or help required

8. Ability & opportunity to make choices / Have control over environment:

Identify any needs / professionals' comments on risks to independence / specify level of input required to meet identified needs.

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

9. Is any equipment used:

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

Safety Domain:

1. Personal Safety & Vulnerability:

Abuse / Neglect: Risk of neglect / Abuse / Exploitation

Other aspects of personal safety: Ability to summon help / Awareness of danger / Risk of wandering

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

3. Public safety & hazards: Risk to others

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

4. Manual Handling Assessment:

5. Vulnerable Adult / Child Protection Issues: POVA

Identify any needs / professionals' comments on risks to independence / specify level of input required to meet identified needs.

Risk Assessment required Y / N Handling Assessment complete Y / N
Issues requiring care planning Y / N Specialist Assessments Y / N

Relationships Domain:

1. **Carer support:** Strength of caring arrangements
2. **Ability to care for others:** Partner / Children / Parents
3. **Sex & sexuality:** Personal relationships
4. **Social support:** Networks / Involvement in leisure, hobbies, religious groups etc.
5. **Cultural awareness issues:**

Identify any needs / professionals' comments on risks to independence / specify level of input required to meet identified needs e.g. qualification, numbers of staff, frequency, length of time taken to complete all interventions over a 24 hour period

Risk assessment required Y / N Issues requiring care planning Y / N Specialist Assessments Y / N

Instrumental Activities of Daily Living Domain:

1. **Cooking:** Preparing snacks / Meals / Hot drinks
2. **Heavy housework:** Cleaning / Laundry
3. **Shopping:** For food, clothes, prescriptions etc
4. **Keeping warm:**
5. **Care in the home:** Using household appliances
6. **Managing affairs:** Finances / Paperwork

Identify any needs / professionals' comments on risks to independence / specify level of input required to meet identified needs.

Risk assessment required Y / N Issues requiring care planning Y / N Specialist Assessments Y / N

Immediate Environment & Resources Domain:

1. **Accommodation:** Noise / Heating / Physical hazards / Location / Access
2. **Level & management of finances:** Need for benefit advice / Accessing pensions & cash
3. **Access to local facilities & services:**
4. **Participating in community activities:** Work / Education / Learning / Socialising
5. **Transport needs:** Access to car / Public transport

Identify any needs / professionals' comments on risks to independence / specify level of input required to meet identified needs

Risk assessment required Y / N Issues requiring care planning Y / N Specialist Assessments Y / N

Altered State of Consciousness Care Domain

1. Diagnosis 2. Predictability **3.** Frequency 4. Management

Identify any needs / professionals' comments on risks to independence / Specify level of input required to meet identified needs, e.g. qualification, numbers of staff, frequency, length of time taken to complete all intervention over a 24 hour period

Risk Assessment required Y / N Specialist Assessments Y / N Issues requiring care planning Y / N

Nurse Assessor: Print Name: Sign: Date:

Following assessment and discussion with a social worker, should an MDT be convened to consider eligibility for Continuing NHS Health Care at this time? Yes / No

Give reason for decision:

If Yes, please refer to Continuing NHS Healthcare guidance.

Nurse Sign: S/W Sign: Date:

Care Co-Ordinators Log

If required, please complete this log.
For **Unified Assessment:** On referral, the MDT may refer to a particular team for a care co-ordinator, which team will depend on presenting need.
For **Continuing NHS Healthcare:** please give details of the health care co-ordinator.
This must include who will act as a contact for Continuing NHS Healthcare during periods of leave.
Please indicate below if UA or CHC Care Co-ordinator. Also indicate if care co-ordinator changes.

UA / CHC Care Co-ordinator	Where is Summary Record Held ?	Reason for Choice of Care Co-ordinator Role
Date		
Name		
Role		
Organisation		
Contact No.		

UA / CHC Care Co-ordinator	Where is Summary Record Held ?	Reason for Change of Care Co-ordinator Role
Date		
Name		
Role		
Organisation		
Contact No.		

UA / CHC Care Co-ordinator	Where is Summary Record Held ?	Reason for Change of Care Co-ordinator Role
Date		
Name		
Role		
Organisation		
Contact No.		

UA / CHC Care Co-ordinator	Where is Summary Record Held ?	Reason for Change of Care Co-ordinator Role
Date		
Name		
Role		
Organisation		
Contact No.		

UA / CHC Care Co-ordinator	Where is Summary Record Held ?	Reason for Change of Care Co-ordinator Role
Date		
Name		
Role		
Organisation		
Contact No.		

UA / CHC Care Co-ordinator	Where is Summary Record Held ?	Reason for Change of Care Co-ordinator Role
Date		
Name		
Role		
Organisation		
Contact No.		

UA / CHC Care Co-ordinator	Where is Summary Record Held ?	Reason for Change of Care Co-ordinator Role
Date		
Name		
Role		
Organisation		
Contact No.		

Plan for a Complex Discharge

Planned destination:

Summary of Care Requirements Pre Admission / Referral:

Sign: Print: Date:

Care Requirements for Discharge: Such as consideration of particular requirements if person is returning to a residential home i.e. referral to district nurses.

Sign: Print: Date:

Other Requirements for Discharge (OT / PT / Social Worker etc.):

Action Use the given Fundamentals of Care prompts, if appropriate. Add further information if necessary	Who is responsible	Date completed	Comments
Respecting People: Individuals perspective complete Involved in planning discharge Appropriate advice available Appropriate information given Advice re: smoking cessation			
Ensuring Safety: Risk assessments complete Risk management plans completed if appropriate Check what equipment is insitu Equipment clean / maintained Equipment ordered & date for delivery All adaptations arranged & date to complete Assistive technology options Access / Home Visit completed Kitchen assessment completed Stair practice completed			
Promoting Independence: Appropriate assessments complete Provision of any equipment Advice re: lifestyle Advice re: vocational activities Advice re: exercise Advice re: work Advice re: benefits Car transfers practiced Advice re: driving			
Medication: Check E Discharge To Self medicate Arrange dosette box To commence O^2 therapy at home - referral for commencement completed & faxed. Advice re: medication	Doctor		Pharmacist / family / other to fill dosette box

Relationships: Carers perspective complete Referred for carers assessment Carers involved in planning Voluntary organisations involvement Transport Advice re: sex			
Rest & Sleep: Assessment for appropriate mattress / bed is complete			
Ensuring Comfort, Alleviating Pain: Palliative Care Issues Pain assessment Pain relieving aids provided			
Personal Hygiene, Appearance & Foot Care: Infection Control Washing & dressing assessment completed			
Eating & Drinking: Provision of any special diets Manages PEG: self / others NG fed Provision of aids Advice re: salt intake Advice re: diet Advice re: alcohol consumption			
Oral Health & Hygiene: Appropriate assessments complete			

Toilet Needs: Appropriate assessments complete Continence Pathway available for discharge Catheterisation Pathway available for discharge Catheter products ordered & delivery date **Preventing Pressure Sores:** Appropriate assessments complete Provision of equipment Wound care **Communication:** Care plans evaluated & complete All assessments are complete Provision of any specialist aids Family meeting / Case conference Panel date for Continuing NHS Healthcare Funding agreed Directory given to patient / family **Care Package:** Care package arranged No of calls & rationale Care package details Date of first visit **Other Information**			

Complex Discharge Checklist from Ward or Team

EDD: **Actual Discharge Date:**

Discharge Destination:

Complete as appropriate with a date & signature. If N/A indicate in appropriate column with a ✓.

Communication:

Aware of Discharge?	Date	N/A	Sign	Aware of Discharge?	Date	N/A	Sign
The Person				Physiotherapist			
NoK / relatives				Occupational Therapist			
GP				Dietitian			
Practice Nurse				Speech &Language Therapist			
District Nurse				Warden / Scheme Manager			
Social Worker				Residential Home Manager			
Palliative Care Team				Nursing Home Manager			
Complex Care Team				Intermediate Care Team State which team:			
CPN / Specialist Nurse State which specialist nurse:							
Referral document to District Nurse Teams							
Other appropriate referrals made							

Home / Access:

Check discharge address & access to property: Keys / Keysafe			
Appropriate equipment ordered & in place			

Care Package:

Care package arranged. Date of first visit:			

Transport:

Transport arranged by person: am / pm			
Hospital transport booked: No: chair / stretcher			
Ambulance form completed			

Medication:

T.T.H.'s ordered: order 48 hours before planned discharge date			
TTH letter given, medications checked and given to person with appropriate advice			
Signed prescription chart, if appropriate, to be sent to District Nurse Team (for Insulin, Clexane etc)			
If O^2 Therapy is to be used at home refer to appropriate Respiratory Team			

Nutrition:

Feed / equipment supplied for discharge			
Referral to Dietitican			

Continence:

14 day supply of equipment provided for discharge			
Catheterisation Pathway sent to District Nurse Team			
Continence Pathway sent to District Nurse Team			

Wound Care:

7 day supply of wound products provided for discharge			
Appointment arranged with appropriate Nursing Team. Date of first visit:			

Other Information:

Any relevant information required given to person			
Bed space/locker checked for personal property e.g. glasses, walking aids, dentures etc			
Person's property returned from hospital safe			

Name of Nurse on Discharge:	Date:
Signature:	Time:
Person's or Carer's Signature:	Date:
Main Contact following Discharge:	

Comments re: discharge / referrals / transfers:

Appropriate pathways, prescription charts, risk assessments, referral / transfer documentation etc. to be copied and forwarded to appropriate Community Team on discharge.

REORDER:WOE378G