[](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRxqFQoTCIftm4jqoMcCFcw5GgoddTUB5Q&url=http://www.vte.salisbury.nhs.uk/Education/Pages/AdditionalResources.aspx&ei=aM_JVYeZCczzaPXqhKgO&bvm=bv.99804247,d.d2s&psig=AFQjCNHSbWVdb40p3fa3cW9ql6EQvzXgFw&ust=143937)

Patient name

Hospital number

Date of birth

Ward

W

**Personalised Care Framework**

**DAILY NURSING GOALS Continuation Sheet**

**DATE………………………… Communication aids eg glasses / hearing aid…………………..**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Symptom Assessment and Management** | | | | | | | |
| **Always consider whether any symptoms observed are reversible, and can be managed with non-pharmacological interventions**  **PAIN:**  If unable to vocalise look for frowning, facial grimacing, moaning, tense body language, striking out. Is the patient in need of a position change? Is abdominal pain due to constipation or urinary retention? PRN analgesia (PR Paracetamol or S/C opioids) may be indicated  **AGITATION:** could be caused by opioid toxicity, rectal loading, urinary retention, hypoxia and hypercalcaemia; all of which can be managed without requiring sedation  **RESPIRATORY TRACT SECRETIONS:**  Consider change of position. If patient is receiving artificial hydration, request a review of fluid requirements. Medication should be given at early signs of symptoms.  **NAUSEA AND VOMITING**  use antiemetic via s/c route and consider continuous subcutaneous infusion  **BREATHLESSNESS**: Consider change of position and the use of a fan. Low dose opioids can be beneficial | | | **Have comfort observations been carried out?**  **Early** □ Yes □ No **Late** □ Yes □ No **Night** □ Yes □ No  **Has the patient experienced symptoms?**  **Early** □ Yes □ No **Late** □ Yes □ No **Night** □ Yes □ No  **Is the patient on a syringe driver** □ Yes □ No  **If yes, is the syringe driver effective?**  **Early** □ Yes □ No **Late** □ Yes □ No **Night** □ Yes □ No  **If symptoms present, please document on comfort observation chart including treatments given and effectiveness** | | | | |
| **Is the patient’s mouth moist and clean?** | | | | | | | |
| * Regular mouth care is essential for the patient’s comfort, to keep the mouth moist, free of debris and reduce the risk of infection * The patient’s mouth should be assessed every shift and documented on comfort observations chart. * If unable to drink, aim for hourly mouth care with soft toothbrush/pink sponges * Consider whether oral gel is indicated. Request Dr review if signs of oral thrush | **Early shift**  **Yes □ No □**  **Late Shift**  **Yes □ No □**  **Night Shift**  **Yes □ No □** | | | **Mouth care Performed by**  □ soft toothbrush □ Patient  □ pink sponges □ Nursing staff  □ oral gel □ Relatives / carers  □ Medication eg nystatin  Mouth care available: **Early** □ **Late** □ **Night** □  Teeth/dentures cleaned: **Morning** □ **Evening** □ | | |  |
| **Has the patient received fluids or nutrition to support their individual needs?** | | | | | | | |
| * Patients who are able to take oral fluids should be offered and assisted with drinks ideally at least hourly. Offer food as appropriate. * Patients unable to take oral fluids should have assessment daily to determine need for artificial hydration and nutrition. Please note this in the comments box. | **Early shift**  □ **Yes** □ **No**  **Late Shift**  □ **Yes** □ **No**  **Night Shift**  □ **Yes** □ **No** | | | **Fluids: Nutrition:**  □ Beaker □ Eating  □ Straw □ NG/PEG  □ Spoon □ TPN  □ Sponges □ Comfort  □ S/C □ NBM (state reason why)  □ IVI  …………………………………………. | | |  |
| **Has the patient passed urine this shift?** | | | | | | | |
| * Offer assistance to pass urine regularly. * Check conveen / catheters for patency * Urine retention should be ruled out in all patients with agitation | | **Early shift**  □ **Yes** □ **No**  **Late Shift**  □ **Yes** □ **No**  **Night Shift**  □ **Yes** □ **No** | | **Aids:** □ Toilet □ Conveen  □ Bottle □ Pads  □ Commode □ Catheter  □ Bed pan □ Other  **Action:** □ Bladder scan □ Washout | | |  |
| □ Other | | |
| **Has the patient opened their bowels today?** | | | | | | | |
| * Enema Stool chart should be maintained * Record action taken if no bowel movement for 3 days. | | **Early shift**  □ **Yes** □ **No**  **Late Shift**  □ **Yes** □ **No**  **Night Shift**  □ **Yes** □ **No** | | If yes, type: ………………… Quantity………………………  If no, date bowels last opened: \_\_\_/\_\_\_/\_\_\_  **Aids: Action taken:**  □ Toilet □ PR examination  □ Commode □ Suppositories  □ Pads □ Enema | |  | |
| **Have the patient’s personal hygiene needs been met?** | | | | | | | |
| * Pts / Relatives / carers should be supported to be involved as much as they wish * Patients should be supported to wear own nightwear/clothes if they or loved ones chose * Brush teeth at beginning of wash as many patients too tired after wash | | **Early shift**  □ **Yes** □ **No**  **Late Shift**  □ **Yes** □ **No**  **Night Shift**  □ **Yes** □ **No** | | **Today:**  **□** Bed bath □ Bath □ Shower  □ Hair wash □ Declined | | |  |
| **Has the patient’s skin integrity been maintained?** | | | | | | | |
| * Frequency of repositioning should be determined by individual patient assessment. * Use appropriate aids. | | **Early shift**  □ **Yes** □ **No**  **Late Shift**  □ **Yes** □ **No**  **Night Shift**  □ **Yes** □ **No** | | **Actions taken**  *(Tick all that apply)*  □ Skin bundle  □ Air mattress  □ Pressure sore Location & Grade……………………………..  □ Tissue viability.referral | | |  |
| **What cultural, spiritual, psychological, emotional, religious needs have been identified?:** | | | | | | | |
| **How have these needs been met today?** | | | | **Chaplaincy visited?** □ **Yes** □ **No**  **Time: ………………………….**  **Person/s supported:** Pt / Loved ones (please circle) | | |  |
| **How have you supported and communicated with the patient’s loved ones today?** | | | | | | | |
| **Has the patient had any visitors today?** □ yes □ no  **If yes, who? ……………………………………...................**  **Have they spoken with the medical team?** □ yes □ no | | | | **Any needs or concerns identified?** □ yes □ no  **Comments:** | | |  |
| **Summary of shift (to be completed by RN responsible for patient)** | | | | | | | |
| **Early:**  **Late:**  **Night:** | | | | | **RN:** Sign, Print, Band  **RN** Sign, Print, Band  **RN** Sign, Print, Band | |  |

**All care should be documented and initialled by the person carrying out the care. This includes but is not limited to HCSWs, RNs, CNSs and chaplains. All documentation should be countersigned by the registered nurse looking after patient at end of shift**