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| **Risk of falls- score** | **At risk of getting up unaided or attempting to leave the ward- score** | **An episode of increasing confusion/****delirium/****dementia-score** | **Other clinical risks- score** | **Overall score** | **Level of observation** | **Document plan of care listing interventions from Menu of possible interventions on assessment tool** | **Date and sign** | **Review date** | **Reason why** |
| ***Example*****3** | **1** | **1** | **3** | **8** | **Within eyesight** | **-Patient located in high visibility bay****-constant bay nursing implemented to aid visibility****-Family aware, and will increase visiting****-Medications to be reviewed****-Patient activities commenced** | **17/11/15** | **18/11/15** | **-To reassess daily, or on any change of condition** |
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**Patient Name: Pt. Number: Ward:**

**Therapeutic Enhanced Supervision Scoring Tool**