

## CARE ASSISTANT CARE AND HANDOVER RECORD.

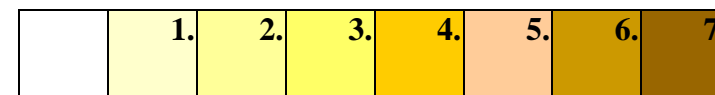
		DATE:	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
Personal Care.	Insert as appropriate. <b>Asst (Assisted)</b> <b>Sup (Supervised).</b> <b>Self (Self caring).</b>	SHIFT:	am	pm	N	am	pm	N	am	pm	N	am	pm	N	am	pm	N	am	pm	N	
		Wash																			
		Shower																			
		Bath																			
		Bedbath																			
		Haircare																			
		Mouthcare																			
		Dressing.																			
		<b>Change in ability noted</b>																			
Nutrition.	Insert as appropriate. <b>GI (75-100% taken).</b> <b>FI (50-75% taken)</b> <b>PI (25-50% taken)</b> <b>Rf. (refused).</b>	Breakfast																			
		Lunch																			
		Tea																			
		Snacks.																			
		Fluids.																			
Elimination.	Tick as appropriate Tick as appropriate Nurse to circle if required.	Bowels opened.																			
		Bowels not opened.																			
		<b>Bristol Stool score</b>																			
		<b>Urine colour code</b>																			
		Asst; Sup or Self.																			
		Toiletting.																			
Mood	Tick if catheter in situ. Tick as appropriate	Catheter																			
		<b>Changes in pattern or ability noted</b>																			
		Mood and engagement score.																			
		Low Mood																			
		Anxious																			
		Calm																			
Skin condition	Tick as appropriate.	<b>Change in mood noted</b>																			
		Skin and pressure areas intact.																			
		<b>Change in condition of skin</b>																			
		<b>Change in condition pressure areas</b>																			
		Pressure sore noted																			
		Skin tear noted																			
		Existing pressure sore /wound/skin tear																			
Behaviour.	Tick as appropriate.	Bruising noted																			
		Wandering																			
		Agitated																			
		Verbally aggressive.																			
		Distressed.																			
		Physically aggressive.																			
		<b>Change in behaviour noted</b>																			

First Name:	Middle Initial:	Surname:	Date of Birth:	GMS Number.	General Practitioner:	Room No.:
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		DATE:	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
		SHIFT:	am	pm	N	am	pm	N	am	pm	N	am	pm	N	am	pm	N	am	pm	N		
<b>Cognitive Ability.</b>	<i>Tick as appropriate.</i>	Knows people																				
		Knows where he/she is																				
		Knows day of the week																				
		Confused about people, place and time																				
		Sleepy / drowsy																				
		Forgetful																				
		<b>Change in cognitive ability noted</b>																				
<b>Pain</b>	<i>Tick as appropriate.</i>	No pain																				
		<b>Complained of pain</b>																				
<b>Mobility</b>	<i>Insert as appropriate.</i>	<b>Walking</b>																				
		<b>Transfers</b>																				
		<b>Change in mobility noted</b>																				
<b>Communication</b>	<i>Tick as appropriate</i>	Speech clear.																				
		Incoherent speech																				
		Difficulty understanding																				
		Hearing aids in situ																				
		Wearing Glasses																				
		<b>Changes in communication noted</b>																				
<b>Sleep and Rest.</b>	<i>Tick as appropriate for each shift.</i>	<b>Had a nap</b>																				
		<b>Falling asleep during the day</b>																				
		<b>Sleeping at each check during the night</b>																				
		<b>Awake for short periods at night</b>																				
		<b>Difficulty sleeping at night</b>																				
		<b>Awake most of the night.</b>																				
<b>Nurse been informed of changes prior to handover? (Y-Yes N-No).</b>																						
		<b>Initials of Care Assistant</b>																				
		<b>Initials of Registered Nurse</b>																				

MOOD	ME VALUE	ENGAGEMENT
Very happy, cheerful. Very high positive mood.	+5	Very absorbed, deeply engrossed/engaged.
Content, happy, relaxed. Considerable positive mood.	+3	Concentrating but distractible. Considerable engagement.
Neutral. Absence of overt signs of positive or negative mood.	+1	Alert and focussed on surroundings. Brief or intermittent engagement.
Small signs of negative mood.	-1	Withdrawn and out of contact.
Considerable signs of negative mood.	-3	
Very distressed. Very great signs of negative mood.	-5	



**Urine Colour Chart.**

*If the colour of the urine is 5 or greater for more than two days commence Fluid Monitor Chart*

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