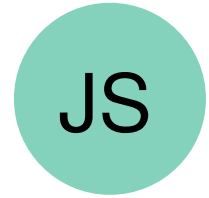


Case Jane Smith
Case ID CASE-XXX
Date of Birth 01/JAN/53
Printed By Zoe Kelly
Printed Date 14/Dec/22




Active Care Plans

AM Visit


ID: 1234

Care

 11/Apr/2020 - 31/Dec/9999

 07:00 - 08:00

 Mon Tue Wed Thu Fri Sat Sun

 Every Week

Greeting

Please let yourself in using the key from the keysafe and come through and introduce yourself to me or greet me before logging in.

The GoodOaks folder is on the chair at the left end of the dining table in the lounge.

Hand Washing and PPE

Please wash your hands before each task and wear appropriate PPE at all times.

Catheter Care

I have a suprapubic catheter and will need assistance to detach the night bag, empty as required and ensure this is stored appropriately.

Catheter care

Please check my catheter site. If it appears to be wet or gungy, please inform me, then remove the dressing and clean the site. There is a packet of gauze to use to clean the catheter site. Wet a piece of gauze with the sterile water and clean the site, pat dry with another piece of gauze. Cut a slit in another piece of gauze and use to cover the site.

Personal Care

Fill both bowls that you can find in the shower (white is for my face and body, and red is for personal areas). Assist to give me a full strip wash on the bed.

I wash my face and hands independently. Please place a towel on my tummy and hand me one of the white flannels. Wash my legs, feet and thighs, dry, put pressure stockings on, then wash my upper body and back.

I can roll on my side independently but please help me to bend my knee as that makes me feel more stable.

After drying, please offer to apply my lotion and apply deodorant.

Once these are finished, put my skirt and shoes on.

 Exercises

Please spend any time remaining assisting me to do my stretching exercises

 Flexitol

Apply twice daily to heels of my feet.

 Transfers

ENSURE THE VALVE IS CLOSED ON THE WHEELCHAIR CUSHION.
The valve is to be closed once I am sat comfortably in my wheelchair.

I will need to be rolled side to side to place the sling underneath me so I can be hoisted into her wheelchair.

Once the sling is in the correct position, please transfer me to the wheelchair with the OVERHEAD HOIST ONLY.

This model doesn't have a removable battery to charge. The hand control has a unit to sit in which charges the device, so this MUST be returned to the unit after each use.

The in-situ sling must be in my chair before transferring.

Black hoops for legs,

White hoops for shoulders.

Custom Schedule

Start Date: N/A**End Date:** onwards**Days:** Mon Hair wash

On Monday, please wash my hair.

You can complete it once you have transferred me into my wheelchair.

Push my side table in the front of me and place a bowl onto the table so I can lean forward, and hang my head over the bowl.

Fill both jugs from the shower and use the strawberry shampoo to wash my hair.

Towel dry my hair and assist me to put on my pink turban towel that is usually hanging on the door handle of the airing cupboard.

 Meal Preparation

I usually like to have fruit loaf with butter and 2-3 tablespoons of yogurt with granola (from the glass jar), but ask me before you start preparing. Ensure to leave a glass of water on my bedroom table to brush my teeth. Ensure, kettle, water filter, and milk jug are within my reach on the table.

 Household Activities

Make my bed.

Ensure the kitchen and bathroom are left clean and tidy.

Take all rubbish out to the outside bins

On Friday please change bedding.

Ensure to leave 3x urine bottles, clock, medication, cream and tooth brushing items with a glass of water, and a bottle of water on the bed side table.

Please check what I would like left for lunch and ensure it is within reach. I may ask for a meal to be removed from the freezer.

Please ensure any lids are loosened/removed.

 Prompt Medication

Please prompt my medication. I will need you to pass me the medication boxes.

 Completion of Visit

Please ensure I am wearing my lifeline and have everything I need to hand. PLEASE ENSURE ALL LIGHTS ARE TURNED OFF BEFORE YOU LEAVE and ENSURE BOWEL CHARTS ARE COMPLETED

Please ensure the hoist battery is charging, AND THE RED BUTTON IS NOT PUSHED IN

ENSURE THE KEY AND DOOR FOBS ARE RETURNED TO THE KEY SAFE AT THE END OF EACH VISIT 1953