



Stoke Mandeville Hospital

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Dear Keyworker/Named Nurse

1. PHYSICAL HEALTH CARE

1.1 Medical

NB: PLEASE ANSWER ALL QUESTIONS

	YE	NO	N.A	Co x -en-s
Do you have a diagnosis/prognosis provided to you and do you understand it?				
Do you know the name of the medication you are taking?				
Can you describe why you are taking these medications?				
Do you know the dose of your medication?				
Do you understand the side effects and precautions regarding your medication?				
Do you know how to take your medication properly?				
Do you have any pressing medication problems? If YES, please describe.				
Do you know how to respond in any emergency when given of any pressing medication problems?				

NB:

Key \ ~~co~~-p ~~e~~-e y dependen...er does / \ ~~x~~-o ~~d~~e y independen...s y does or ns-r c-s so~~x~~-eone -o-
 \ ~~x~~-os y dependen...r re y does / \ ~~co~~-p ~~e~~-e y independen... / ys does or ns-r c-s so~~x~~-eone -o-

3. SKIN AND POSTURE MANAGEMENT

3.1 Skin Checks

* IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT BY HIGHLIGHTING ACCORDINGLY

			/		N.A	Cox x -en-s
Can you (INSTRUCT OTHERS TO)* check yourself for error						

NB: ANSWER ALL QUESTIONS

			/		N.A	Cox x -en-s
Do you normally do for and here do so						
Do you (INSTRUCT OTHERS TO) check yourself						

3.3 Posture

* IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT BY HIGHLIGHTING ACCORDINGLY

NB: ANSWER ALL QUESTIONS			/		N.A	Cox-en-s
Are you aware of correct posture when standing and when sitting?						
Can you (DO YOU INSTRUCT OTHERS TO) posture on your feet and your posture when sitting and when standing?						
Can you (DO YOU INSTRUCT OTHERS TO) posture on your feet when sitting and when standing?						
Do you understand how to sit and stand correctly?						

Do you use any special equipment to help you sit and stand correctly?

YE

NO

3.4 Stretching

* IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PH

5. BOWEL MANAGEMENT

* IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT BY HIGHLIGHTING ACCORDINGLY

NB: ANSWER ALL QUESTIONS			/		N.A	Cox -en-s
Do yo no ho o o d cons p on thro gh x n g ng yo r d e						
Do yo no he dose nd type of per en-s yo se						
Do yo no he dose nd type of s ppos .or es yo se						
C n yo (INSTRUCT OTHERS TO)* nser. yo r s ppos .or es						
C n yo (INSTRUCT OTHERS TO)* perfor d g. rec. s. x / on						
C n yo (DO YOU INSTRUCT OTHERS TO)* do x n e c on of f eces						
C n yo (INSTRUCT OTHERS TO)						

6.2 Wheelchair Skills

Do you use

Manual wheelchair	
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Powered wheelchair	
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Are you dependent on
wheelchairs?

YES	
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NO	
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N.A	
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* IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT BY HIGHLIGHTING ACCORDINGLY

NB: ANSWER ALL QUESTIONS

					N.A	Co-dependents
Can you (INSTRUCT OTHERS TO) use the Centre						
Can you (INSTRUCT OTHERS TO) use the steps						

Key \ ~~co~~-p-e-e y dependen..ne er does ; \ ~~x~~-o-der .e y inde

7.5 Equipment on Discharge

*Please add any extra equipment needed in the blank boxes provided below**

**NB: TICK ONE BOX
FOR EACH ITEM**

<input type="checkbox"/> Not ordered	<input type="checkbox"/> Already ordered	<input type="checkbox"/> N.A or ready to use
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8. COMMUNITY PREPARATION

8.1 Community Skills

Have you been
born of the Centre

No. yes	<input type="checkbox"/>
---------	--------------------------

Once or twice	<input type="checkbox"/>
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or more	<input type="checkbox"/>
------------	--------------------------

or more times	<input type="checkbox"/>
------------------	--------------------------

Please tick all applicable boxes:

Have you been to

the local shop	<input type="checkbox"/>
----------------	--------------------------

the local centre	<input type="checkbox"/>
------------------	--------------------------

residence	<input type="checkbox"/>
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public house /	<input type="checkbox"/>
----------------	--------------------------

local M & S or other	<input type="checkbox"/>
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friends house	<input type="checkbox"/>
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Have you had information on the opportunity to participate
in shopping

YE	<input type="checkbox"/>
----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

N.A	<input type="checkbox"/>
-----	--------------------------

Accessing your own and handling money

YE	<input type="checkbox"/>
----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

N.A	<input type="checkbox"/>
-----	--------------------------

Accessing your local library

YE	<input type="checkbox"/>
----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

N.A	<input type="checkbox"/>
-----	--------------------------

Accessing doctors and primary

YE	<input type="checkbox"/>
----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

N.A	<input type="checkbox"/>
-----	--------------------------

Accessing public transport

YE	<input type="checkbox"/>
----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

N.A	<input type="checkbox"/>
-----	--------------------------

Comparing access to the internet

YE	<input type="checkbox"/>
----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

N.A	<input type="checkbox"/>
-----	--------------------------

Using shopping trolley

YE	<input type="checkbox"/>
----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

N.A	<input type="checkbox"/>
-----	--------------------------

Working

YE	<input type="checkbox"/>
----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

N.A	<input type="checkbox"/>
-----	--------------------------

OVER THE PAST WEEK

0 ng e gh, q es. ons

of, he, x-e		A / ys	

of, he, x-e		A / ys	

of the four boxes)

of, he, x-e		A / ys	
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of, he, x-e		A / ys	

MORNING AND HAVE DIFFICULTY

of, he, x-e		A / ys	
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boxes)

of, he, x-e		A / ys	
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10. DISCHARGE COORDINATION

10.1 Community Issues

NB: ANSWER ALL QUESTIONS

Yes No N.A ~~Cox~~-en.s

10.2 Accommodation

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do yo c rren y h e

10.3 Arrangements for Discharge Accommodation

NB: ANSWER ALL QUESTIONS	Yes	No		N.A	Cox-en-s
<p>Do you have a discharge plan?</p>					
<p>Have you discussed your discharge needs with the appropriate professionals?</p>					
<p>Do you understand your discharge needs?</p>					

10.4 Care Package

<p>Have you received a care package?</p>					
<p>Is the care package appropriate for your needs?</p>					
<p>Do you understand the care package?</p>					
<p>Have you received a copy of the care package?</p>					
<p>Do you understand the care package?</p>					
<p>Do you understand the care package?</p>					

11. NON-SPECIFIC GOALS

Persons who are responsible for the development of these goals are those who are responsible for the development of the program.

GOAL:	TARGET:

Amended August 2008