Student Placement Learning Package
Community and Oral Health – Gannet House

Student Name: ___________________________________________
On behalf of the Community and Oral Health (COH), I extend to you a warm welcome to our services.

COH offers a variety of sub-acute and community services that support the care provided in the hospitals of Metro North Hospital and Health Service (MNHHS). The Metro North values of respect, teamwork, compassion, high performance and integrity should underpin all activities of our multi-disciplinary teams, including our students.

The nurses employed in COH need to be confident and competent in their area of practice, as they deliver high quality and compassionate care in our diverse health care settings, included bedded services, community health centres and home-based care.

The professional practice of Nurses and Midwives in MNHHS is supported by the Framework for Lifelong Learning, which provides:

- A structured approach to clinical, organisational and professional development opportunities
- Learning and development opportunities along a continuum of lifelong learning
- Direction, planning, implementation and evaluation strategies for workplace learning

Whilst on placement, please take the opportunity to learn as much as you can about our interesting and diverse range of services and consider whether you might consider joining our team following your graduation.

May you enjoy your student clinical placement in COH, as you interact with our teams and patients/residents/clients and strive to exceed your learning objectives.

Karen Lush
Nursing Director Education
Community & Oral Health Directorate
Metro North & Hospital Health Service
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Welcome

Overview of MNHHS and Community & Oral Health

Metro North Hospital and Health Service (MNHHS) is the public hospital and health service for the north side of Brisbane and is Australia’s largest Healthcare Provider.

This map shows the MNHHS official catchment and the location of key facilities.

The Hospitals are:

- The Royal Brisbane and Womens Hospital (RBWH)
- The Prince Charles Hospital (TPCH)
- Redcliffe Hospital (RDH)
- Caboolture Hospital (CAB)
- Kilcoy Hospital (KH)

The Hospitals are supported by the services of the Community & Oral Health Directorate (COH).

The services of Community and Oral Health Directorate include:

- Rehabilitation
- Transition Care Residential & Community
- Specialised Aged Care
- Acquired Brain Injury
- Interim Care
- Community Care
  - Hospital in the Home
  - Post-Acute Care
  - Community Palliative Care Specialists
  - Specialist wound clinics
  - Complex Chronic disease team
  - Diabetes team
  - Community Transition Care
- Indigenous Health Units
- Cerebral Palsy Specialist
- Oral Health Services

Image source: Queensland Health Electronic Publishing Service (QHEPS)
http://qheps.health.qld.gov.au
Overview of the Package

Community & Oral Health (COH) welcome students for practicum. This package is designed to assist with the onboarding of students on placement within COH. It is expected that by utilising this resource, students will be orientated to policies, standards, protocols, procedures and guidelines to support safe, competent and professional practice whilst practising within the clinical areas. The package also assists nursing students to adhere to their scope of practice as outlined by the MNHHS and education provider relevant to the student’s level of achievement.

Metro North Values in Action

What is Values in Action?

This unique program aims to integrate our five values into the way we do the following things including:

- Welcome, orient and ‘on-board’ new team members in Metro North
- Recruit externally and promote internally our vacant positions
- Provide performance support to our team members
- Recognise and reward the outstanding efforts of our team members
- Look after our people’s well-being
- Celebrate the work we do and improve our sense of belonging in the workplace
- Build a culture of safety and respect while promoting accountability for our behaviour
What are the Metro North Values?

1) Respect
2) Teamwork
3) Compassion
4) High Performance
5) Integrity

Why?

Values are the core beliefs that we use to guide our decision making and how we live our lives. They also very strongly govern our behaviour. This is extremely important for us as healthcare providers because our behaviour towards each other as members of a multi-disciplinary team and towards our patients has a significant impact on the overall patient experience.

We also know that in a healthcare setting, workplaces with a positive culture influence the quality of patient care with fewer incidences of surgical error, patient re-admission and infection. These are the primary reasons that Metro North is integrating our values into our systems and processes and using them to bring about a more positive workplace culture for all of us.

Purpose

The purpose of this Orientation Package is to assist nursing students to:

- Participate during the orientation process
- Consolidate pre-existing nursing knowledge
- Transition from theory to practice
- Introduce students to the requirements of the clinical practicum – legal, ethical, professional
- Promote safety for all personnel, as per the National Safety and Quality Health Service (NSQHS) Standards.

Activities

The activities contained in this Orientation Package will be completed as a group and facilitated by the Student Clinical Facilitator (SCF) throughout clinical placement orientation. Please use this Orientation Package as a reference source throughout your placement.
Placements in COH

Inpatient Bedded Services

**Zillmere Transitional Care (Saltwood and Ebbtide)**

Zillmere Transitional Care (BHC) is an inpatient bedded service operating 24hrs 7 days a week. The Transitional Care Program aims to support older people with a low intensive therapy program to help improve general function and overall independence and to make an informed choice about future accommodation needs. Transition Care supports the older person who may need more time to make appropriate decisions on their long term aged care options. Medical care is provided by General Practitioners.

**Interim Care (Level 1 Dolphin House)**

Interim Care is an inpatient service located in *Level 1 Dolphin House*. Interim care services support older people who have been discharged from hospital who require long term accommodation in a Residential Aged Care Facility and who are awaiting access to a facility. Interim Care supports patients and/or family and carers to make an informed choice about future accommodation needs. The area provides short term support and active management of older people at the interface of the acute / subacute and residential aged care sectors. Care provision in Interim Care is time limited and not expected to exceed a 4-week period.

**Rehabilitation (Level 2 Dolphin House)**

The Brighton Rehabilitation Unit is an inpatient service located in *Level 2 Dolphin house*. Rehabilitation services support adult patients who require intensive therapy programs to help improve or optimise function and ultimately reach an optimum level of ability. is a goal-directed, intensive therapy program aimed at optimising patient function and independence. This service aims to assist patients with planning a discharge to a destination suitable for their health and wellbeing.

**Specialized Aged Care (Gannet House)**

Gannet House is a State Government funded accredited Residential Aged Care Facility Residential Care Facility. The service has the capacity to accommodate 40 residents who may require a range of specialised cares within the purpose built residential facility.

**Cooinda House**

Cooinda House is also a State Government funded accredited Residential Aged Care Facility located in Kippa Ring. It houses 60 beds including 12 secure dementia beds and 24 psychogeriatric beds.

**Brighton Brain Injury Unit**

The Brighton Brain Injury Service (formerly Jacana Acquired Brain Injury) provides complex and comprehensive rehabilitation for clients with an acquired brain injury (ABI). Jacana accepts referral of clients with acquired brain injury from across Queensland acute hospitals. We work with the client and their families to establish realistic and achievable rehabilitation goals. The goal-setting process includes client and family education about the rehabilitation process and expectations of the program. As well as meals and accommodation, clients can also access the following services, dietetics, music therapy, nursing, occupational therapy, physiotherapy, rehabilitation medicine, social work, speech pathology., We also have visiting services, including, neurologist, pharmacy, podiatry, prosthetics and orthotics.
# Community Services

## Community Transition Care Program (CTCP)
CTCP provides short term care for older people after a hospital stay in their own home to complete their recovery process and improve their functioning and level of independence. The program is goal oriented and therapy focused and includes low intensity therapy such as physiotherapy, occupational therapy, speech pathology as well as social work, nursing care and dietetics.

**Services Provided:** Clients are provided with services based upon their immediate care needs and future planning which could include: Case Management – a designated health professional to coordinate care, establish support and services; Nursing care including showering assistance, wound and medication management; Domestic assistance including light housekeeping, laundry, shopping and transport to medical appointments; Additional therapeutic care including physiotherapy, occupational therapy, speech therapy, dietetics and social work; Medical management in collaboration with your general practitioner. Nursing services are available 7 days per week including public holidays; and Allied Health services (Monday to Friday excluding public holidays).

## Hospital in The Home (HITH)
HITH provides care in a patient’s permanent or temporary residence for conditions requiring clinical care that would otherwise require treatment in the traditional inpatient hospital bed. People requiring nursing care once or twice a day, rather than continuous 24hr care are often transferred to HITH for their continuing care. Common diagnoses of people cared for within HITH include osteomyelitis/discitis, cellulitis, infective endocarditis, COPD/Pneumonia/bronchiectasis, meningitis/encephalitis, septic arthritis, sepsis/bacteraemia, MVR/AVR/AF, heart failure/CCF and UTI/pyelonephritis/urosepsis. While in HITH, you may have the opportunity to perform the following skills: rapid assessment in a community setting, care planning, IV Infusions, IVAB administration, variety of community based IV infusion pumps, IV bolus injections, INR testing, SC/IM Injections, warfarin dosing, wound care – from simple to complex e.g. NPWT wound management, documentation, PICC, CVAD / PVAD management and care, day clinic and communication within the multidisciplinary team. You will be buddied with a CN/RN during your placement.

## Post-Acute Care Services (PACS)
PACS services provide a range of hospital avoidance/early discharge options for clients of the RBWH, The Prince Charles, Redcliffe and Caboolture Hospitals. These services are available to people over the age of five, who are, or have recently been, inpatients of any of the above named hospitals. Services are multidisciplinary and are provided by nurses, occupational therapists, physiotherapist, social workers, dietitians, speech pathologists, community health aides, pharmacists and doctors. Staff provide assessment and ongoing care for clients and refer to appropriate services as needed. These services may be provided in a Community Health Centre, or in the home of the client.

## Complex Chronic Disease Team
The CCDT provide clinic-based care in a multidisciplinary team for people living with complex chronic medical conditions, for example, asthma, cancer, heart disease, diabetes, arthritis and stroke who are at risk of admission or readmission to hospital or frequent presentation to Emergency Departments. CCDT provides assessment and intervention to support people in managing their complex care needs and chronic disease to minimise complications. Specialist outpatient clinics are held at North Lakes Health Precinct and Nundah Community Health Centre. Nurse practitioner clinic held at North Lakes and Nundah.
Community Palliative Care Service

The Community Palliative Care Service provides care for people who have a life limiting illness with little or no prospect of a cure, and for whom the primary treatment goal is quality of life by providing complex care to people in the community. The aim is to support care for people within home care settings. The service provides specialty care for people with limited life expectancy, complex symptoms associated with disease or its treatment, illness or treatment-related distress that requires specialist Palliative Care evaluation and/or support. People are referred to the service from a range of hospitals within Metro North Hospital and Health Services.

Aged Care Assessment Team

ACAT assess older people for eligibility for care and services. This lets them know what their options are and choose the help that best meets their needs. Our assessments look at the whole person – what they can do for themselves and what they need help with, as well as their health and social needs. Assessments are free.

A member of ACAT will make a time to assess the person in their home (or hospital if they are currently in hospital) and discuss how well the person is managing in their day to day life. A family member, friend or carer may be present during the assessment for support. The ACAT member will discuss the person’s medical history with their doctor prior to the ACAT assessment meeting occurring. After the ACAT assessment has been completed the ACAT member will document the assessment and also advise the elderly person of the outcome of the assessment.

Diabetes Service

The Diabetes Service aims to empower clients to make healthier decisions about managing their diabetes. The service utilises a multidisciplinary approach to provide clients with diabetes clinical knowledge and skills for self-management and prevention of diabetes related complications. Service is offered at Caboolture, Chermside and North Lakes in-reaching to The Prince Charles Hospital, Redcliffe Hospital and Caboolture Hospital. The Diabetes Service is clinic-based, and a home visiting service is not offered. The service offers consultation to adults and children with Diabetes and provides education and support for those with T1DM using insulin pumps and continuous glucose monitoring. The service also holds all Specialist Diabetes Outpatient clinics in its community facilities with Endocrinologists and Paediatricians.
Confidentiality

While on placement within COH, students have access to privileged information (i.e. names, patient diagnoses and conditions). Students are bound by confidentiality not to discuss this information with anyone outside of the work environment. Peoples’ right to privacy and confidentiality of information are supported with legislation, professional codes, Social Media Guidelines, Code of Conduct for the Queensland Public Service and Australian Charter of Healthcare Rights.

⚠️ Confidentiality and security of patient information must be maintained at all times:

- Patient healthcare records, x-rays, etc., being transported must not have patient details visible.
- Diagnostic statements and warning notices must not be displayed on the outside of the patient healthcare record.
- Unauthorized persons should not be permitted to examine patient healthcare records or to read patient information on visual display terminals, computer printouts, etc. Care should be exercised when providing information to persons who appear to have official status such as ambulance and police officers, or unauthorised hospital staff. Concern that an unauthorised person has accessed patient records should be brought to the attention of the line manager.
- Students should not discuss patients where the conversation is likely to be overheard by unauthorised persons, e.g. in lifts, cafe or on public transport. In instances where a discussion must take place and could potentially be heard by others, the information is to be de-identified.
- Do not photocopy or take photos of any patients or patient related data – de-identify and take hand written notes for assignments/case studies
- Do not take any photographs/videos in the clinical area – no phones/cameras at all in clinical area
- Do not provide any patient information over the phone – please refer phone call to ward staff
- Dispose of handover sheets daily in the confidential waste bins provided in the clinical areas
- Exercise caution when using social media sites
Social Media

Social media describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips and includes websites and applications used for social networking. Common sources of social media include:

- networking sites (e.g. Facebook, Twitter, LinkedIn, Bebo, Yammer)
- video and photo sharing websites (e.g. Flickr, Instagram, YouTube)
- blogs, including corporate blogs, personal blogs and blogs hosted by media outlets (e.g. comments or your say feature)
- wikis and online collaborations (e.g. Wikipedia);
- forums, discussion boards and groups (e.g. Google groups, Whirlpool)
- Video On Demand (VOD) and podcasting
- instant messaging (including SMS)
- any other websites that allow individual users or companies to use simple publishing tools to share information with a network of individuals.

Whether an online or social media post/activity is able to be viewed by the public or is limited to a specific group of people, students and health professionals need to maintain professional standards and be aware of the implications of social media engagement. Students and health professionals need to be aware that information circulated on social media may end up in the public domain, and remain there, irrespective of the intent at the time of posting.

**To support the confidentiality of patients, visitors and staff –**

*NO aspects of Clinical Placement should be communicated on Social Media.*

For more information refer to the MNHHS DOC75/15 GUI008: Social Media Guidelines for Staff procedure.
Welcome to Gannet House. Gannet House is a State Government funded accredited Residential Aged Care Facility Residential Care Facility. The service has the capacity to accommodate 40 residents who may require a range of specialised cares within the purpose-built residential facility. Clinical services are provided by a multidisciplinary team approach comprised of skilled nursing staff with the support of allied health, administrative and ancillary staff.

Gannet House aims to:

• Provide excellence in care in an interactive environment, involving all services and all levels of staff, which fosters a continual improvement culture in resident care and in accordance with the Residential Aged Care Standards and all legislative and regulatory requirements.

• Respect the integrity, spirituality, dignity and uniqueness of the residents, significant others and staff.

• To be equitable and committed to providing a peaceful and safe environment that values the well-being of others.

• Provide quality care with appropriate skilled and qualified staff and continue to promote professional development of staff

• Foster, develop and monitor professional and respectful relationships between staff, residents and family/representatives.

• Maintain the “SERVICE” Model of Care, incorporating the 7 Principles of Service, Education, Residents, Values, Involvement, Communication and Environment. —focusing on a resident first model.

• Foster education and training to improve health services and to enhance our skilled professional workforce

Social interaction, stimulation and recreation within the limits of the residents’ well-being is determined by identifying the resident’s interests, hobbies and activities and providing the residents with opportunities to express their individuality. Family activities and outings are encouraged and supported.

Volunteers are integral part of Gannet House and are supported to provide a number of services and programs that help both the staff and the residents with their cares.

• Access to the service is through high care ACAT approval with applications being submitted via the My Aged Care website.

• Each applicant must have assigned Residential Care Agreement incorporating resident’s rights and responsibilities.

• Upon a vacancy occurring in the unit submitted information is reviewed by Nurse Unit Manager or delegated senior staff member for suitability for admission to the unit. Consideration is given to applicants who are not able to utilise less supported community accommodation.

• Nurse Unit Manager or delegated senior staff member contacts the referring officer and unit to arrange a visit in order to review resident and ascertain suitability for the integration to the unit (suitability varies depending on current cohort of residents and skill-mix of staff.)

Individuals who are not suitable for admission to Gannet House include those:

• with exit seeking behavioural issues as the facility is not secure

• who are independently mobile, physically aggressive and can cause harm to other

• with mental health conditions that require complex care planning including access to regular specialist care is required to manage the behavioural and psychological symptoms

• who are unable to meet the ACAT criteria.
# Introduction

## Placement essential information

Please fill in relevant contact information in the table below.

<table>
<thead>
<tr>
<th>Student Clinical Facilitator (SCF) details</th>
<th>Name:</th>
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<tbody>
<tr>
<td></td>
<td>Ph:</td>
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<td></td>
<td>Email:</td>
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<table>
<thead>
<tr>
<th>Allocated Ward/Unit</th>
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<table>
<thead>
<tr>
<th>Base Site <em>(Please tick box)</em></th>
<th>Brighton Health Campus</th>
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<tbody>
<tr>
<td></td>
<td>Zillmere Transitional Care</td>
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<td></td>
<td>North Lakes Health Precinct</td>
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<td></td>
<td>Chermside Community Health</td>
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<td></td>
<td>Northwest Community Health</td>
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<td></td>
<td>Caboolture Community Health</td>
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<tr>
<td></td>
<td>Cooinda House</td>
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<table>
<thead>
<tr>
<th>Duration of placement (include dates)</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Shift Times</th>
<th>AM:</th>
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<td></td>
<td>PM:</td>
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</table>

<table>
<thead>
<tr>
<th>University/TAFE Unit Coordinator name</th>
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<table>
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<tr>
<th>Fellow Students Names</th>
<th></th>
</tr>
</thead>
</table>
Shift Essentials

Shift Timings

Gannett

AM shift  0700 – 1530
PM shift  1300 – 2130

Preparing for your shift

- Ensure you have adequate rest prior to your shift.
- Highly recommended items to bring into your shift
  - Lunch
  - Water bottle
  - Nursing watch
  - Extra black pens
  - Pocket notepad

- Aim to arrive 10 minutes prior to shift, obtain handover sheet and liaise with shift coordinator/team leader regarding allocation
Transport

It is the student’s responsibility to organize their own transportation to and from placement. Discuss with your SCF what the best transport options are in your allocated facility. Fill in details below

Bus:
Train station:
Parking:

During your shift

- Two 10 minutes tea breaks & lunch/dinner break 30 (breaks to be taken in consultation with your buddy RN/preceptor. Advise staff before leaving and when returning to the ward/unit.

After your shift

- Inform your preceptor/buddy nurse if you are finishing your shift.
- Ensure full shift is completed and you leave on time, attendance record to be signed by SCF (if required)

Absence

- All absences from placement must be reported to the SCF at the commencement of shift
- If absence is required for any reason during the shift, you must inform and notify your buddy RN and your SCF prior to leaving the worksite
- Documentation to support absence is required by your Education provider, e.g. Medical Certificates/Statutory Declaration

Security of personal items

- Do not bring valuables with you on placement
- Make use of lockers or allocated storage areas on wards for personal items, as identified by unit staff.
- Mobile phones must always be on silent or OFF during work times.
# Know Your Team

## Nursing
- Registered Nurse
- Enrolled Nurse
- Assistant in Nursing
- Nurse Unit Manager

## Medical
- Consultant
- General Practitioner (GP)
- Registrar
- Resident

## Allied Health
- Physiotherapist
- Occupational Therapist
- Social Worker
- Dietitian
- Speech Therapist
- Psychologist
- Neuropsychologist
- Pharmacist
- Allied Health Assistant

## Operational staff (PSO – Patient Support Officer)
- Kitchen
- Wardsmen (Wardie)
- Cleaner

## Administration staff
- Ward receptionist
Work Area Orientation

Complete the following questions.

The Nurse Unit Manager’s (NUM) name is: ____________________________________________

⚠ Phone number for the ward/work area ____________________________________________

Locate:
- ☐ Staff dining room
- ☐ Where to leave your bag / store your food
- ☐ Staff toilets

Search and Find

Information technology and communication

Patient Journey Board/Patient Flow Manager

Locate:
- ☐ Bed number
- ☐ Patients name
- ☐ Treating medical officer
- ☐ Patients of concern

Computer/s

Locate:
- ☐ QHEPS
- ☐ MIMS
- ☐ CKN
- ☐ Clinical policies and procedures

What is the user name for the computer? ____________________________________________

What is the password? _____________________________________________________________

Name a policy you located and researched? __________________________________________
**Equipment and resources**

**Emergency Equipment**

Locate:
- ☐ Emergency trolley
- ☐ ECG Machine
- ☐ Suction Equipment
- ☐ Pat Slide
- ☐ Duress Alarm
- ☐ Fire Extinguisher/s
- ☐ Fire Exits

**Linen**

Locate:
- ☐ Clean linen
- ☐ Dirty linen trolley
- ☐ Linen Skips

Do not put hoist slings in the linen skip, please return to Central Equipment Loan Services (CELS).

**Dirty Utility room**

Locate:
- ☐ Pan Hopper
- ☐ Dishwasher
- ☐ Pans/urinals

**Equipment Store room**

Locate:
- ☐ Mechanical Lifting Devices (e.g. hoists, sara steady, hover matts)
- ☐ Wheelchairs
- ☐ Shower chairs
- ☐ Infusions pumps
- ☐ IV trolleys

Where can you obtain extra equipment? ____________________________________________

**Clean utility room / store room**

Locate:
- ☐ Medications including: Oral ☐ Parental ☐ Topical ☐ Nebulizers ☐
- ☐ IVT equipment including: fluids ☐ giving sets ☐ burettes ☐ labels ☐
Schedule 8 cupboard
Drug Fridge
Dressing supplies
Dressing trolley
PPE
Cytotoxic Spill Kit
Suction Tubing
Oxygen masks and tubing
Vomit bags
Continence pads
Enteral feeding equipment
Blood glucose machine (BGL)
Observation machines

**Patient meals**
Where is the patient diet recorded? _______________________________________________________

What are the patient meal times? Breakfast: _______ Lunch: _______ Dinner: _______

**Patient Bedside and Surroundings**
Locate:
- Patient buzzer light
- Staff assist button
- Emergency call button
- Bedside emergency equipment
- Patient toilet/ bathroom
- Bed control remote Can you operate? ___________________________________________________
- Patient medications Are they locked? ___________________________________________________
- Check the oxygen (wall / cylinders) & suction (wall / portable) for function

How often are you required to check oxygen and suction? ______________________________

Where would you document once checked? _____________________________________________

Is medical air available? ____________________________________________________________

When would medical air be used? _____________________________________________________
**Handover and allocation**

How do you find out who you are working with each shift? ________________________________

What type of handover takes place on this ward? ________________________________

Where does handover take place? _____________________________________________

Locate:

- ☐ Handover sheet

Where do you dispose of handover sheet at the end of each shift? ____________________

**Documentation**

**Patient Bedside Chart**

Locate:

- ☐ Medication Chart
- ☐ Observation chart (QADS) with escalation criteria
- ☐ Long Stay Care Plan
- ☐ Insulin Subcutaneous Order and Blood Glucose Record Adult

What other documents are found in the Bedside Chart?

______________________________________________________________________________

______________________________________________________________________________
# Clinical Placement/Assessment Requirements

## Clinical Placement Essential Documents

Please provide information regarding the requirements below.

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Date Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>QLD Health Student Orientation Checklist</td>
<td>Complete on orientation day</td>
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<tr>
<td></td>
<td>Valid for 12 months</td>
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<tr>
<td>Please see on the next page</td>
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<tr>
<td>Education Providers Assessment Tool</td>
<td>Interim (midway) assessment:</td>
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<tr>
<td></td>
<td>Summative (final) assessment:</td>
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<tr>
<td>Learning Objectives / Goals</td>
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<tr>
<td>Elder abuse staff training record</td>
<td>Complete on orientation day</td>
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<td>General/First response evacuation instructions record</td>
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<tr>
<td>Other requirements:</td>
<td></td>
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</table>
Role Descriptions

Activity 1: SCF and Student roles

Complete the following questions.

1. Explain the role of the SCF

2. Explain the role of the student
Scope of Practice

Activity 2: Definitions

Complete the following questions.

a) Define scope of practice

b) Describe direct/indirect supervision

For more information on scope of practice, refer to the MNHHS PROC/166: Scope of Practice for Registered Nurses/Midwives/Enrolled Nurses procedure.

💡 The Australian Charter of Healthcare Rights (See Appendix 3)
Describes the rights of patients and other people using the Australian health system.
At each point that the consumer (patients, carers, families) engages with the Hospital and Health Service their understanding of The Charter needs to be ascertained by staff, by explaining the brochure to them.
Activity 3: Occupational Violence Prevention

Complete the following questions.

a) What is your understanding of occupational violence?

b) What strategies can you employ in verbal de-escalation?

For more information refer to the Occupational Violence Risk Assessment (OVRA) procedure.

Other useful information

Policy on Home Visits and Community Safety POL04683

Procedure on Domestic and Family Violence Training Requirements for all CISS Staff CISSPROC072
### Activity 4: Patient Handling & Falls

Complete the following questions.

<table>
<thead>
<tr>
<th><strong>a)</strong> Identify three pieces of equipment you may use when transferring a patient (May be different in each area)</th>
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<tr>
<th><strong>b)</strong> What strategies should be implemented to maximise patient, staff and student safety throughout the patient handling episode?</th>
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<table>
<thead>
<tr>
<th><strong>c)</strong> Falls are quite common in many clinical environments. List 5 strategies to prevent patient falls?</th>
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For more information refer to the Manual Tasks PROC003441 and Preventing Consumer Falls and Harm from Falls CISSPROC0064
Activity 5: Cytotoxic Precautions (See Appendix 4)

Complete the following questions.

a) What colour is associated with cytotoxic precautions?

b) Other than cancer, what conditions may be treated with cytotoxic drugs?

c) What role can student nurses perform in the event of a cytotoxic spill?

For more information refer to the Cleaning, Disinfection and Sterilisation, Waste Management and Linen Management 003514 and Medication: High Risk Medicines PROC004513 procedure.
Activity 6: Infection Control

Complete the following questions.

a) Explain why Standard Precautions are used

b) What are the 5 moments for hand hygiene? (See appendix 4)

<table>
<thead>
<tr>
<th>Moment 1</th>
<th>Moment 2</th>
<th>Moment 3</th>
<th>Moment 4</th>
<th>Moment 5</th>
</tr>
</thead>
</table>

⚠️ Bare Below Elbows: If you are not bare below the elbows, you have not performed hand hygiene effectively

c) List items of PPE

d) Identify 3 conditions the following precautions would apply to

1. Contact
2. Droplet
3. Airborne

e) Describe the process employed after a body fluid exposure or needle stick injury

For more information please refer to

Procedures: Hand Hygiene (CISSPROC0005), Standard Precautions, Transmission Based Precautions (CISSPROC0012)
Activity 7: Medications

Complete the following questions.

a) List the six rights of safe medication administration (See appendix 5)

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<tr>
<td>3.</td>
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<td>5.</td>
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</table>

b) Complete the following medication calculation formulas

<table>
<thead>
<tr>
<th>Tablets</th>
<th>Solution</th>
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<tbody>
<tr>
<td>IV Infusions</td>
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<tr>
<td>Drops per minute</td>
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</table>

c) What does APINCHA stand for? (See Appendix 6)

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⚠️ Students must only administer medications under DIRECT SUPERVISION of a Registered Nurse.

For more information refer to the MNHHS PROC/174: Medications Management procedure.
Activity 8: CVADs

Complete the following questions.

a) What are CVADs?

b) What criteria must be fulfilled prior to nursing students administering medications via a CVAD?

For more information refer to the RBWH 05600/Proc: Central Venous Access Devices (CVADs); Management - Adult procedure.
Complete the following question.

When do you perform ‘Clinical Handover’?

The standard process for handing over clinical information should include:

- Clearly identify the patient, yourself and your role.
- State the immediate clinical situation of the patient.
- List the most important and recent observations.
- Provide relevant background/history to the patient’s clinical situation.
- Identify assessments and actions that need to occur.
- Identify timeframes and requirements for transition of care.
- Promote the use of the patient record to cross-check information.
- Ensure documentation of all important findings or changes of condition.
- Ensure comprehension, acknowledgement and acceptance of responsibility for the patient by the clinician receiving handover.

Patient identification is crucial in providing safe care to all patients.

‘Patient Identifiers’ (First Name, Surname etc) are used in multiple situations such as clinical handover, documentation and procedure matching. List down 3 other patient identifiers that may be used in your work area.
Activity 10: Blood and Blood Products

Complete the following questions

a) To what extent can student nurses assist in the administration of blood products?

b) Explain best practice for monitoring a patient before, during and after a transfusion.

For more information refer to the MNHHS PROC103: Blood and Blood Products, Management of procedure.
Pressure Injury Prevention

Activity 11: Pressure Injury Prevention

Complete the following questions

a) List 3 common risks for developing pressure injuries?

•
•
•

b) What are some strategies you can implement to prevent the development of pressure injuries?

For more information refer to the Pressure Injury Prevention (CISSPROC0003) protocol
Emergency Response

Recognition and Responses to the Deteriorating Patient

Activity 12: Recognition and Responses to the Deteriorating Patient

Complete the following questions.

a) Complete the following acronym:

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<tr>
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</table>

What is a Code Blue?

b) What is the phone number you ring for emergency help from QAS?

⚠️ The documentation used for monitoring vital signs in Community and Oral Health Services is a modified version of the Queensland Adult Deterioration Detection System (QADDS) (See appendix 8)
Appendix 13 Interprofessional Development

Activity 13: Interprofessional Development

Nurses do not work in isolation when it comes to patient care. Patients in hospital or at home, in the care of one of our community services, have a multi-disciplinary team who work together to provide the best possible outcomes for them. This activity is designed to provide you with the opportunity to learn about and with other health care team members.

Learning objectives

- Describe own role, responsibilities, values and scope of practice effectively to another health professional
- Articulate the roles and scopes of practice of other members of the interprofessional collaborative team
- Identify areas of uniqueness and responsibility overlap in roles of health team members

Suggested time for this activity is 30 minutes with a health care team member from a discipline other than nursing. When deciding on which team member to interview, consider what discipline you know the least about. This activity can be done on your own or as a team if working with other. Please ensure you have verbal permission to interview the team member and consider confidentiality with the information disclosed to you.

Some suggested questions

➢ What is the role of the discipline e.g. physiotherapist?
➢ How does the person contribute to patient care?
➢ How does the person in their professional role usually interact with nursing team members?
➢ How much does the person know about the role of nurses in patient care?

This activity will allow you the opportunity to expand your knowledge of another discipline and to demonstrate engagement under Standard 2 Engages in therapeutic and professional relationships of the ANSAT assessment.

At the end of the interview sit down and complete the following questions

Q1 What did you learn about the role of the discipline regarding patient care that you did not previously know.

Q2 What are the similarities and differences between the roles (including yours)?

Q3 What else do you want to learn about the team and its members? Have you identified any learning goals or objectives?

Q4 How will this activity influence your role as a health professional and being a member of a multi-disciplinary team?
A Final Note

Thank you for attending clinical placement in Community and Oral Health, we wish you all the best in your journey into the health profession.

Cecélia

Cecelia Boyd Orford
Clinical Placement Coordinator
Community & Oral Health Directorate
Accreditation Standards

See Appendix 1, Appendix 2

All clinical areas of Community and Oral Health are evaluated on an ongoing basis through various accrediting bodies. The accreditation standards that apply to COH are:

1) Aged Care Standards (Cooinda House & Gannet House)

Four standards:

- Standard 1: Management systems, staffing and organisational development
- Standard 2: Health and personal care
- Standard 3: Care recipient lifestyle
- Standard 4: Physical environment and safe systems

2) Human Services Standards (Halwyn Centre)

- Standard 1: Governance and management
- Standard 2: Service access
- Standard 3: Responding to individual need
- Standard 4: Safety, wellbeing and rights
- Standard 5: Feedback, complaints and appeals
- Standard 6: Human services

3) National Safety & Quality Health Service (NSQHS) Standards (all other COH services)

The Australian Council on Healthcare Standards (ACHS) is the external accreditation body under which the NSQHS standards are evaluated.
Appendices

Appendix 1: NSQHS Standards 2nd edition

The NSQHS Standards

Safe and high-quality care requires the vigilance and cooperation of the whole healthcare workforce. It is based on a risk mitigation approach that focuses on implementing the NSQHS Standards as routine practice and identifies healthcare staff responsible for specific actions.

The second edition of the NSQHS Standards comprises eight standards.

Clinical Governance and Partnering with Consumers Standards combine to form the clinical governance framework for all health service organisations. They support and integrate with all the clinical standards, which cover specific areas of patient care. The eight are:

1. Clinical Governance, which aims to ensure that there are systems in place within health service organisations to maintain and improve the reliability, safety and quality of health care.

2. Partnering with Consumers, which aims to ensure that consumers are partners in the design, delivery and evaluation of healthcare systems and services, and that patients are given the opportunity to be partners in their own care.

3. Preventing and Controlling Healthcare-Associated Infection, which aims to reduce the risk of patients getting preventable healthcare-associated infections, manage infections effectively if they occur, and limit the development of antimicrobial resistance through the appropriate prescribing and use of antimicrobials.

4. Medication Safety, which aims to ensure that clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use. It also aims to ensure that consumers are informed about medicines, and understand their own medicine needs and risks.

5. Comprehensive Care, which aims to ensure that patients receive comprehensive health care that meets their individual needs, and that considers the impact of their health issues on their life and wellbeing. It also aims to ensure that risks to patients during health care are prevented and managed through targeted strategies.

6. Communicating for Safety, which aims to ensure that there is effective communication between patients, carers and families, multidisciplinary teams and clinicians, and across the health service organisation, to support continuous, coordinated and safe care for patients.

7. Blood Management, which aims to ensure that patients’ own blood is safely and appropriately managed, and that any blood and blood products that patients receive are safe and appropriate.

8. Recognising and Responding to Acute Deterioration, which aims to ensure that acute deterioration in a patient’s physical, mental or cognitive condition is recognised promptly and appropriate action is taken.

Further information

A full copy of the NSQHS Standards (second edition) is available on the Commission’s website at www.safetyandquality.gov.au.

The Advice Centre provides support on implementing the NSQHS Standards for health service organisations, surveyors and accrediting agencies.

EMAIL accreditation@safetyandquality.gov.au
PHONE 1800 304 056

Image Source: https://nationalstandards.safetyandquality.gov.au/resources
## Appendix 2 - Aged Care Standards

### Standard 1
Management systems, staffing and organisational development

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates. Intention of standard: This standard is intended to enhance the quality of performance under all Accreditation Standards, and should not be regarded as an end in itself. It provides opportunities for improvement in all aspects of service delivery and is pivotal to the achievement of overall quality.

1.1 Continuous improvement
The organisation actively pursues continuous improvement.

1.2 Regulatory compliance
The organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

1.3 Education and staff development
Management and staff have appropriate knowledge and skills to perform their roles effectively.

1.4 Comments and complaints
Each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms.

### Standard 2
Health and personal care

**Principle:** Care recipients’ physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement
The organisation actively pursues continuous improvement.

2.2 Regulatory compliance
The organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about health and personal care.

2.3 Education and staff development
Management and staff have appropriate knowledge and skills to perform their roles effectively.

2.4 Clinical care
Care recipients receive appropriate clinical care.

2.5 Specialised nursing care needs
Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff.

2.6 Other health and related services
Care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences.

2.7 Medication management
Care recipients’ medication is managed safely and correctly.

2.8 Pain management
All care recipients are as free from pain as possible.

2.9 Palliative care
The comfort and dignity of terminally ill care recipients is maintained.

2.10 Nutrition and hydration
Care recipients receive adequate nourishment and hydration.

2.11 Skin care
Care recipients’ skin integrity is consistent with their general health.

2.12 Continence management
Care recipients’ continence is managed effectively.

2.13 Behavioural management
The needs of care recipients with challenging behaviours are managed effectively.

2.14 Mobility, dexterity and rehabilitation
Optimum levels of mobility and dexterity are achieved for all care recipients.

2.15 Oral and dental care
Care recipients’ oral and dental health is maintained.

2.16 Sensory loss
Care recipients’ sensory losses are identified and managed effectively.

2.17 Sleep
Care recipients are able to achieve natural sleep patterns.

### Standard 3
Care recipient lifestyle

**Principle:** Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

3.1 Continuous improvement
The organisation actively pursues continuous improvement.

3.2 Regulatory compliance
The organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about care recipient lifestyle.

3.3 Education and staff development
Management and staff have appropriate knowledge and skills to perform their roles effectively.

3.4 Emotional support
Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis.

3.5 Independence
Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.

3.6 Privacy and dignity
Each care recipient’s right to privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities
Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them.

3.8 Cultural and spiritual life
Individual interests, customs, beliefs and cultural and ethical backgrounds are valued and fostered.

3.9 Choice and decision-making
Each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of others.

3.10 Care recipient security of tenure and responsibilities
Care recipients have secure tenure within the residential care service, and understand their rights and responsibilities.
Appendix 3: The Australian Charter of Healthcare Rights

My healthcare rights

This is the second edition of the Australian Charter of Healthcare Rights.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

Access
- Healthcare services and treatment that meets my needs

Safety
- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect
- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership
- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information
- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy
- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback
- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services

For more information ask a member of staff or visit safetyandquality.gov.au/your-rights
Appendix 4: Cytotoxic Fact Sheet

CYTOTOXIC FACT SHEET

Cytotoxic drugs and related waste are hazardous substances

If control measures are not used, workers may be at risk of adverse health outcomes.

What are Cytotoxic Drugs?
- Substances that kill cells
- Used to treat:
  - Cancer
  - Rheumatoid Arthritis
  - Multiple sclerosis
  - Psoriasis
  - Systemic Lupus Erythematosus (SLE)
  - Ophthalmology Conditions
- Cytotoxic drugs are:
  - Carcinogenic
  - Mutagenic
  - Teratogenic

How might I be exposed?
- Inhalation
- Ingestion
- Dermal absorption
- Mucosal absorption
- Percutaneous injury

How do I recognise Cytotoxics at my facility?
- Containers are:
  - Purple in colour
  - White label with a symbol of a cell in telophase
  - Labelled as ‘Cytotoxic’
  - Purple stickers in medical record, on contaminated IV Lines, drainage bags and pathology specimens

What is Cytotoxic Waste?
Cytotoxic contaminated body waste:
- Urine
- Bowel Movements
- Vomit
- Bile
- Fluids drained from body cavities

Requires staff to wear PPE for 7 days after cytotoxic administration when handling body waste

Cytotoxic waste includes:
- Incontinence aids, ostomy bags & disposable nappies/pads
- Linen or clothing that is contaminated with cytotoxic drugs or body waste
- Bedding that is contaminated and is unable to be cleaned
- Materials/equipment used in preparation, transport, administration, & disposal of cytotoxic drugs eg. Disposable medicine cups, IV lines
- Pathology specimens that contain cytotoxic contaminated body waste

PPE to be worn when handling cytotoxic waste and cytotoxic drugs regardless of dose or route
- Impermeable gown with closed front, long sleeves and elastic cuffs
- 1 x pair of purpose manufactured gloves or 2 x pairs of powder-free latex gloves pulled over gown cuffs
- Class P2 (N95) Respiratory Protective Equipment
- Protective Eyewear (Goggles or safety spectacles with side shields as a minimum)

How do I decrease my risk of exposure?
- Eliminate dangerous work practices e.g. all cytotoxic drugs must be prepared in pharmacy
- Substitute hazardous work processes e.g. use needleless access systems
- Use barriers & technology to prevent exposure e.g. use a Cytotoxic Drug Safety Cabinet for drug preparation
- Use hospital policies, Standard Operating Procedures, training, signs and labels
- Use Personal Protective Equipment (PPE)

What do I do if I am personally exposed?
- Clean contaminated skin with soap and copious amounts of water for at least 15 minutes (shower if necessary)
- Irrigate contaminated eye, mouth, and/or nose with normal saline for at least 15 minutes
- Manage contaminated clothing as per hospital policy
- Report to - Manager, Workplace Health & Safety
- Complete a Workplace Incident Report Form
- Follow hospital policy and procedure for management and follow up

What do I do to manage a cytotoxic spill?
- Stay with the spill and get help
- Access a Hazardous Drugs Spill Kit
- If trained, decontaminate the spill by following the hospital policy
- Complete PRIME

Once you have read this FACT sheet, complete the Staff Training Form

Appendix 5: Moments of hand hygiene

5 Moments for HAND HYGIENE

1. BEFORE TOUCHING A PATIENT
   - When: Clean your hands before touching a patient and their immediate surroundings.
   - Why: To protect the patient against acquiring harmful germs from the hands of the HCW.

2. BEFORE A PROCEDURE
   - When: Clean your hands immediately before a procedure.
   - Why: To protect the patient from harmful germs (including their own) from entering their body during a procedure.

3. AFTER A PROCEDURE OR BODY FLUID EXPOSURE RISK
   - When: Clean your hands immediately after a procedure or body fluid exposure risk.
   - Why: To protect the HCW and the healthcare surroundings from harmful patient germs.

4. AFTER TOUCHING A PATIENT
   - When: Clean your hands after touching a patient and their immediate surroundings.
   - Why: To protect the HCW and the healthcare surroundings from harmful patient germs.

5. AFTER TOUCHING A PATIENT'S SURROUNDINGS
   - When: Clean your hands after touching any objects in a patient's surroundings when the patient has not been touched.
   - Why: To protect the HCW and the healthcare surroundings from harmful patient germs.


Adapted from World Health Organization
Appendix 6: The 6 Rights of safe medication administration

Appendix 7: PINCHA

Medication safety

As a prescriber, nurse or pharmacist what do I need to know and do about High Risk Medicines?

- P – Potassium
- I – Insulin
- N – Narcotics
- C – Cytotoxics
- H – Heparin and other anticoagulants
- A – Antimicrobials and ADRs

Time to focus on PINCHA

<table>
<thead>
<tr>
<th>Acute Pain Assessment</th>
<th>Q-ADDS</th>
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<tr>
<td><strong>Acute Pain Assessment</strong></td>
<td><strong>Q-ADDS</strong></td>
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<td>Date</td>
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<td>Time</td>
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<td><strong>Pain Score of Heat</strong></td>
<td><strong>Severity</strong></td>
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<td><strong>B</strong></td>
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| **Functional Activity Scale (FAS) Score** | **A**
| **A** | **B** |
| **Activity Limited Due to Pain** | **A** |
| **Activity Limited Due to Pain** | **A** |

### Additional Observations

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### Other Charts

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### Notes

- **Q-ADDS** is a tool used for assessing and managing pain in patients. It includes a pain score, activity limitation score, and functional activity scale.
- The pain score ranges from 10 to 0, with 10 being the most severe pain.
- Activity limitation is assessed on a scale from 0 to 3, with 0 indicating no limitation.
- The functional activity scale (FAS) assesses the patient's ability to perform daily activities.

---

**Appendix 8: Q-ADDS pages 1 and 4**

- This page provides instructions and guidelines for using the Q-ADDS tool in various clinical settings.
- It contains detailed sections for pain assessment, additional observations, and other charts.
- The tool is designed to help healthcare providers manage pain effectively and monitor its impact on the patient's quality of life.
Appendix 9: APIRA Form Pages 1 and 4
## Appendix 9: APIRA Form Pages 2 and 3

### Adult Pressure Injury Risk Assessment

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### Total Score

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### Medical History Risk Factors

- **Cardiovascular Disease (CVD)**
  - Presence of hypertension, diabetes, or history of cerebrovascular disease
  - Presence of cardiovascular disease
  - Presence of renal disease

- **Cancer**
  - Presence of cancer
  - History of cancer

- **Chronic Infections**
  - Presence of chronic infections
  - History of chronic infections

- **Immunosuppression**
  - Presence of immunosuppression
  - History of immunosuppression

### Nutritional Risk

- **Current Weight**
  - Low weight
  - Normal weight
  - Overweight
  - Obese

- **Recent Weight Change**
  - Weight loss
  - Weight gain
  - Weight stable

- **Diabetes Mellitus**
  - Presence of diabetes mellitus
  - History of diabetes mellitus

- **Platellysis**
  - Presence of platellysis
  - History of platellysis

### Chronic Infections

- **Cancer**
  - Presence of cancer
  - History of cancer

- **Chronic Infections**
  - Presence of chronic infections
  - History of chronic infections

### Immunocompromised Hosts

- **Immunosuppression**
  - Presence of immunosuppression
  - History of immunosuppression

- **Current or Previous Treatment**
  - Presence of current or previous treatment
  - History of current or previous treatment

- **Cancer**
  - Presence of cancer
  - History of cancer

- **Diabetes Mellitus**
  - Presence of diabetes mellitus
  - History of diabetes mellitus

### Nutritional Risk

- **Current Weight**
  - Low weight
  - Normal weight
  - Overweight
  - Obese

- **Recent Weight Change**
  - Weight loss
  - Weight gain
  - Weight stable

- **Diabetes Mellitus**
  - Presence of diabetes mellitus
  - History of diabetes mellitus

- **Platellysis**
  - Presence of platellysis
  - History of platellysis

### Conclusion

- **Risk Assessment**
  - Low risk
  - Medium risk
  - High risk
  - Very high risk

- **Interventions**
  - Prevention implementation plan
  - Management plan

- **Next Steps**
  - Follow-up assessment
  - Referral to specialist

---

*DO NOT WRITE IN THIS BINDING MARGIN*
Appendix 10: Communication data Assessment

| Communication | 1. Does the Consumer have problems understanding what is said? | □ Yes □ No |
|              | 2. Does the Consumer have problems listening? | □ Yes □ No |
|              | 3. Does the Consumer have problems comprehending? | □ Yes □ No |

| Speech       | 1. Does the Consumer have a speech impairment? | □ Yes □ No |
|             | 2. Is the Consumer: |
|             | • Having problems forming sentences? | □ Yes □ No |
|             | • Having problems using words? | □ Yes □ No |
|             | • Slurring speech? | □ Yes □ No |
|             | • Speaking rapidly? | □ Yes □ No |
|             | • Speaking softly? | □ Yes □ No |

| Other means of communication | 1. Is an assistive device used? (Please describe in “comments” below) | □ Yes □ No |
|                             | 2. Does the Consumer have a first language other than English? | □ Yes □ No |

| Cognitive Impairment | Does the Consumer have a neurological disorder / disease? |
|                      | (e.g. Parkinson’s disease, dementia, motor neurone disease, MS) | □ Yes □ No |

If a problem is identified above, how do staff assist the Consumer to enhance communication?

Comments:

Is Speech Pathologist referral required? | □ Yes □ No |

Referral completed? | □ Yes □ No |

Completed with: □ Consumer □ Representative □ Other (specify) 

Signature: .................................................. Print Name: ..................................................

Designation: .................................................. Date: ..................................................
## Appendix 11: Continence Record

### Residential Aged Care

#### Continence Record

<table>
<thead>
<tr>
<th>Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>URN:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Given name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ M</td>
</tr>
<tr>
<td>☐ F</td>
</tr>
<tr>
<td>☐ I</td>
</tr>
</tbody>
</table>

### ACFI Appraiser Identification Details

<table>
<thead>
<tr>
<th>Appraiser name:</th>
<th>Appraiser profession:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Code | Description
---|------------------
1 | Incontinent of urine
2 | Pad change for incontinence of urine
3 | Pad has increased wetness
4 | Passed urine during scheduled toileting
5 | Incontinent of faeces
6 | Pad change for incontinence of faeces
7 | Bowel open during scheduled toileting

### Urinary Record

<table>
<thead>
<tr>
<th>Hour Starting @</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000</td>
<td></td>
</tr>
<tr>
<td>0100</td>
<td></td>
</tr>
<tr>
<td>0200</td>
<td></td>
</tr>
<tr>
<td>0300</td>
<td></td>
</tr>
<tr>
<td>0400</td>
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<td>0500</td>
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<tr>
<td>0600</td>
<td></td>
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<tr>
<td>0700</td>
<td></td>
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<tr>
<td>0800</td>
<td></td>
</tr>
<tr>
<td>0900</td>
<td></td>
</tr>
<tr>
<td>1000</td>
<td></td>
</tr>
<tr>
<td>1100</td>
<td></td>
</tr>
<tr>
<td>1200</td>
<td></td>
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<td>1300</td>
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<td>1400</td>
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<td>1500</td>
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<td>1600</td>
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<td>1700</td>
<td></td>
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<tr>
<td>1800</td>
<td></td>
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<tr>
<td>1900</td>
<td></td>
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<tr>
<td>2000</td>
<td></td>
</tr>
<tr>
<td>2100</td>
<td></td>
</tr>
<tr>
<td>2200</td>
<td></td>
</tr>
<tr>
<td>2300</td>
<td></td>
</tr>
<tr>
<td># of episodes</td>
<td></td>
</tr>
</tbody>
</table>

### Bowel Record

<table>
<thead>
<tr>
<th>Hour Starting @</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000</td>
<td></td>
</tr>
<tr>
<td>0100</td>
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</tr>
<tr>
<td>0200</td>
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<td>2200</td>
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</tr>
<tr>
<td>2300</td>
<td></td>
</tr>
<tr>
<td># of episodes</td>
<td></td>
</tr>
</tbody>
</table>
# Bowel Management Chart

## Residential Aged Care

### Appendix 1: Bowel Management Chart

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>KEY:</th>
<th>L = Loose</th>
<th>N = Normal</th>
<th>C = Constipated</th>
<th>Y = Yes</th>
<th>O = No</th>
<th>S = Small</th>
<th>M = Medium</th>
<th>B = Big</th>
<th>I = Incont.</th>
<th>T = Bo. in Toilet</th>
<th>P = Bo. in Pad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pm</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Nocte</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aperent given (tick ✓)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enema / Suppository (tick ✓)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Strategies

1. **Give Pear / Prune Juice (specify frequency):**
   - □ No □ Yes
2. **Give Prunes or Vitaminised Prunes at breakfast:**
   - □ No □ Yes
3. **Increase fibre eg. fruit, bran flakes etc.:**
   - □ No □ Yes
4. **Encourage fluid intake to ________ mL per day:**
   - □ No □ Yes
5. **Give aperients as ordered by MP:**
   - □ No □ Yes
6. **Give suppository / enema, per MP order ________ day if bowels not opened:**
   - □ No □ Yes
7. **One staff to remain with consumer for safety:**
   - □ No □ Yes
8. **One staff to remain with consumer to provide verbal assistance:**
   - □ No □ Yes
9. **One staff to remain with consumer to provide physical assistance:**
   - □ No □ Yes
10. **Encourage bowel elimination at ________ am / pm:**
    - □ No □ Yes

### Name (print name):

### Designation:

### Date:
## Appendix 12: Bowel Management Chart Page 2

<table>
<thead>
<tr>
<th>Month:</th>
<th>Day</th>
<th>am</th>
<th>pm</th>
<th>Nocte</th>
<th>Enema / Suppository (tick ✓)</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KEY:**
- L = Loose
- N = Normal
- C = Constipated
- Y = Yes
- N = No
- S = Small
- M = Medium
- B = Big
- I = Incontinent
- T = Toileted
- Bo = Bowel in Pud

**Notes:**
- Family name:
- Gender:
- Date of birth:
- Duration of condition:
- Time of day:
- Days:
- Weeks:
- Months:
- Years:
- Total days:

---

Page 2 of 2
### Appendix 13: Hygiene, dressing and Grooming data page 1

<table>
<thead>
<tr>
<th>Selection of Personal Clothing:</th>
<th>If yes, please specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does the Consumer...</strong></td>
<td></td>
</tr>
<tr>
<td>Require any assistance to select the appropriate clothing for the day?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Have any physical problem removing clothing from the cupboard?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**Undressing:**

<table>
<thead>
<tr>
<th><strong>Is / Does the Consumer...</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsure of what he / she is doing?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Have any difficulty with undressing?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Know where to put the clothes he / she has taken off?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**Shower / Sponge / Bath:**

<table>
<thead>
<tr>
<th><strong>(No. of Staff Required............)</strong></th>
<th><strong>Preferred Time of Shower / Sponge / Bath: ........... hrs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does the Consumer...</strong></td>
<td></td>
</tr>
<tr>
<td>Require staff to attend all aspects of washing and drying?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Have any problems turning taps on / off?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Have any difficulties adjusting the water temperature?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Have any unsteadiness in the shower?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Need to sit down whilst showering?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Need to hold onto a rail in the shower?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Readily soap his / her body?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Wash in a methodical way? (e.g. face before bottom)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Miss or overlook any part of the body?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Is resident able to reach all parts of the body?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Safely wash lower legs / feet / toes?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Dry all areas of the body?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
### Appendix 13: Hygiene, dressing and Grooming data page 2

**Residential Aged Care**

**Hygiene, Dressing and Grooming Data**

- **Facility:**
- **URN:**
- **Family name:**
- **Given name(s):**
- **Address:**
- **Date of birth:**
- **Sex:**
- **(Affix identification label here)**

#### Dressing:

<table>
<thead>
<tr>
<th>Does the Consumer...</th>
<th>If yes, please specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Require staff to attend all aspects of dressing?</td>
<td>Yes No</td>
</tr>
<tr>
<td>Have difficulty dressing? (e.g. taking clothes over the head, putting on underwear / socks / stockings, putting arm in sleeve or leg in pants)</td>
<td>Yes No</td>
</tr>
<tr>
<td>Require staff to fit and remove hip protectors, slings, cuffs, splints, medical braces and / or prostheses? (circle applicable device)</td>
<td>Yes No Refer to OT / Physio</td>
</tr>
<tr>
<td>Have difficulty with buttons, zippers, lacing shoes, getting heels into slip-on shoes, getting feet into shoes?</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

#### Grooming:

<table>
<thead>
<tr>
<th>Does the Consumer need assistance...</th>
</tr>
</thead>
<tbody>
<tr>
<td>To clean teeth / dentures, comb hair, etc?</td>
</tr>
<tr>
<td>To apply make-up / shave?</td>
</tr>
<tr>
<td>With cutting / cleaning fingernails / toenails?</td>
</tr>
<tr>
<td>To clean / fit own glasses / hearing aids?</td>
</tr>
</tbody>
</table>

**Further comments:**

---

Completed with: Consumer Representative Other (specify)

Signature: ____________________________  Print Name: ____________________________  Designation: ____________________________  Date: ____________________________
## Appendix 14: Medication Assessment

### Medication Assessment

<table>
<thead>
<tr>
<th>Assistance Needed</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies?</td>
<td>☐ Yes □ No&lt;br&gt; <em>If Yes, list medication and reaction:</em></td>
</tr>
<tr>
<td>Can the Consumer self manage medication? (i.e. take from own labelled bottle/Webster pack/sachets at prescribed times without prompting and totally self manage)</td>
<td>☐ Yes □ No</td>
</tr>
<tr>
<td>Does the Consumer require verbal/physical assistance to take medications?</td>
<td>☐ Yes □ No</td>
</tr>
<tr>
<td>If Consumer has medications placed in their hand and is given fluid to assist swallowing, can he/she manage without further assistance?</td>
<td>☐ Yes □ No</td>
</tr>
<tr>
<td>Are staff required to guide the medications to the Consumer’s mouth? <em>(note reason why in plan: e.g. shaky hands, or poor eyesight)</em></td>
<td>☐ Yes □ No</td>
</tr>
<tr>
<td>Do staff need to place correct medication in the Consumer’s mouth and then assist with ingestion? <em>(i.e. give water, custard, jelly, thickened fluids etc. to ensure medication is taken)</em></td>
<td>☐ Yes □ No</td>
</tr>
<tr>
<td>Does the Consumer resist taking medication or have swallowing deficits that require extra time to encourage ingestion?</td>
<td>☐ Yes □ No</td>
</tr>
<tr>
<td>Do staff need to crush medications?</td>
<td>☐ Yes □ No</td>
</tr>
<tr>
<td>Does the Consumer take controlled drugs?</td>
<td>☐ Yes □ No</td>
</tr>
<tr>
<td>Does the Consumer take eye/ear/nose drops, nebulisers, PR/PV or atopic medications?</td>
<td>☐ Yes □ No</td>
</tr>
<tr>
<td>Does the Consumer have subcut, IMI or IV medications?</td>
<td>☐ Yes □ No</td>
</tr>
<tr>
<td>Are there special requirements for correct administration and/or for monitoring the effects of the medication? <em>(e.g. sliding scale or PRN, psychotropic/neuroleptic medications, heparin, insulin with ‘brittle diabetes’)</em></td>
<td>☐ Yes □ No</td>
</tr>
<tr>
<td>Are other interventions required?</td>
<td>☐ Yes □ No</td>
</tr>
</tbody>
</table>

**Please file with medication chart in medication folder**

Completed with: ☐ Consumer ☐ Representative ☐ Other: *(specify)*

Signature: ___________________________ Print Name: ___________________________

Designation: ___________________________ Date: ___________________________
### Residential Aged Care Nutrition & Hydration Data

**Physical: Does the consumer...**

- Have: PEG, other device?
- Have any special diet requirements?
- Independently position self for eating or drinking?
- Require special cutlery or crockery?
- Require staff to place utensils in the consumer's hands?
- Require pour and manage drinks (hot/cool) safety / independently?
- Require staff to cut up / prepare food?
- Independently place food into mouth from spoon / fork?
- Independently manage finger food?
- Require a clothing protector?
- Cough, gag or choke whilst eating / drinking?
- Have difficulty chewing?

**Comments - If Yes, please specify**

- Has consumer been referred to the Speech Pathologist?
- If Yes: Date of referral?

---

**Weight on admission:** [ ] Normal

**Consumers diet:** [ ] Diabetic

**Texture:**
- Unmodified
- Texture A - Soft
- Texture B - Mincing and Modifying
- Texture C - Smooth Purred
- Other - [ ]

**Fluids:** [ ] Free

**Other:** [ ]

**Family name:**

**Given names:**

**Address:**

---

**Nutrition and Hydration data Page 1**
<table>
<thead>
<tr>
<th>Physical: Does the consumer...</th>
<th>Comments – if 'Yes', please specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have difficulty swallowing?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Dribble?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Have food left in his / her mouth?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Become breathless or tired during eating or drinking?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognitive: Does the consumer...</th>
<th>Comments – if 'Yes', please specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to be directed to the meal table?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Leave the table during the meal?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Require encouragement or other assistance to start or continue the meal?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Recognise food?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Spit food out?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Interfere with other people’s meals?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Become easily distracted during eating or drinking?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Talk constantly?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Refuse food or drink?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Have any other special needs due to cognitive impairment or psychological issues?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Have any other requirements or individual needs to ensure that adequate meals and drinks are received?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Has the consumer been referred to or reviewed by a Therapist?</td>
<td>☐ Yes ☐ No - Speech Therapist ☐ Yes ☐ No - Occupational Therapist ☐ Yes ☐ No - Dietitian ☐ Yes ☐ No - Other</td>
</tr>
</tbody>
</table>

Completed with: ☐ Consumer ☐ Representative ☐ Other.

Signature: .................................................. Print name: .................................................. Designation: .................................................. Date: ........ / ........ / ........
# Oral Health Assessment Tool

<table>
<thead>
<tr>
<th>Resident:</th>
<th>Completed by:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Healthy**  | **Changes**  | **Unhealthy**  | **Dental Referral**  |

## Lips
- Smooth, pink, moist
- Dry, chapped or red at corners
- Swelling or lump, red/white/ulcerated bleeding/ulcerated at corners *

## Tongue
- Normal moist, roughness, pink
- Patchy, fissured, red, coated
- Patch that is red and/or white/ulcerated, swollen *

## Gums and Oral Tissue
- Moist, pink, smooth, no bleeding
- Dry, shiny, rough, red, swollen, sore, one ulcer/sore spot, sore under dentures
- Swellings, bleeding, ulcers, white:red patches, generalized redness under dentures *

## Oral Cleanliness
- Clean and no food particles or tartar in mouth or on dentures
- Food, tartar, plaque 1-2 areas of mouth, or on small area of dentures

## Saliva
- Moist tissues watery and free flowing
- Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth
- Tissues parched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth *

## Natural Teeth
- No decayed or broken teeth or roots
- 1-3 decayed or broken teeth/roots, or teeth very worn down
- 4 or more decayed or broken teeth/roots or fewer than 4 teeth, or very worn down teeth *

## Dentures
- No broken areas or teeth, worn regularly, and named
- 1 broken area or tooth, or worn 1-2 hours per day only or not named
- 1 or more broken areas or teeth, denture missing/not worn, need adhesive, or not named *

## Dental Pain
- No behavioural, verbal or physical signs of pain
- Verbal &/or behavioural signs of pain such as pulling at face, chewing, lips, not eating, changed behaviour
- Physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal &/or behavioural signs (pulling at face, not eating, changed behaviour) *

---

*Unhealthy signs usually indicate referral to a dentist is necessary*

### Assessor Comments

---
# Oral Health Care Plan

## Oral Health Assessment (OHA) Date: ___________________ (OHA) Review Date: ___________________

### Oral Health Care Considerations

#### Problems:
- ☐ difficulty swallowing
- ☐ difficulty moving head
- ☐ difficulty opening mouth
- ☐ fear of being touched

#### Interventions:
- ☐ bridging
- ☐ claiming
- ☐ hand over hand
- ☐ distraction (activity/board/toy)
- ☐ rescue
- ☐ other:

### Daily Activities of Oral Hygiene

#### Natural Teeth

<table>
<thead>
<tr>
<th>Morning</th>
<th>After Lunch</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ clean teeth, gums, tongue</td>
</tr>
<tr>
<td>Cleaned by:</td>
<td></td>
<td>☐ rinse mouth with water</td>
</tr>
<tr>
<td>☐ Self</td>
<td>☐ Supervise</td>
<td>☐ antibacterial product (teeth &amp; gums)</td>
</tr>
<tr>
<td>☐ Assist</td>
<td></td>
<td>☐ clean teeth, gums, tongue</td>
</tr>
</tbody>
</table>

#### Replace toothbrush (1 monthly)

Date: ___________________

#### Denture

<table>
<thead>
<tr>
<th>Morning</th>
<th>After Lunch</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Full</td>
<td>☐ Partial</td>
<td>☐ clean teeth, gums, tongue</td>
</tr>
<tr>
<td>☐ Upper</td>
<td>☐ Lower</td>
<td>☐ rinse mouth with water</td>
</tr>
<tr>
<td>Brush denture</td>
<td></td>
<td>☐ rinse denture</td>
</tr>
<tr>
<td>☐ other</td>
<td></td>
<td>☐ antibacterial product (gums)</td>
</tr>
<tr>
<td>Cleaned by:</td>
<td></td>
<td>☐ clean teeth, gums, tongue</td>
</tr>
<tr>
<td>☐ Self</td>
<td>☐ Staff</td>
<td></td>
</tr>
<tr>
<td>☐ Assist</td>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

#### Oral Hygiene Aids

- ☐ soft toothbrush
- ☐ modified toothbrush
- ☐ toothbrush grip
- ☐ denture brush
- ☐ spray bottle (labelled)

#### Oral Health Care Products

- ☐ mild soap (denture)
- ☐ antibacterial product
- ☐ saliva substitute
- ☐ lip moisturiser
- ☐ high fluoride (5000 ppm) toothpaste

#### Additional Oral Care Instruction

- ☐ antifungal gel
- ☐ denture adhesive
- ☐ interproximal brush
- ☐ tongue scraper
- ☐ normal saline mouth toilet

### Comments

Check daily, document and report to RN if:

- ☐ bad breath
- ☐ bleeding gums
- ☐ lip blisters/sores/cracks
- ☐ tongue for any coating/change in colour
- ☐ sore mouth or gums
- ☐ mouth ulcer
- ☐ swelling of face/mouth
- ☐ broken / lost denture
- ☐ difficulty eating
- ☐ refusal of oral care
- ☐ denture not named
- ☐ excessive food left in mouth

Signed RN: ___________________ Date: ___________________
# Pain Assessment

For use in Residential Aged Care and Multipurpose Health Service

---

### Pain Location

1. **Highlight X pain site**
   - [ ] R
   - [ ] L

### Quality: (what words describe the pain)

- [ ] Dull
- [ ] Aching
- [ ] Throbbing
- [ ] Burning
- [ ] Tingling
- [ ] Numbness
- [ ] Sharp
- [ ] Shooting
- [ ] Stabbing
- [ ] Other (specify)

---

### Effects of pain:

- [ ] Change of appetite
- [ ] Nausea
- [ ] Vomiting
- [ ] Activities
- [ ] Fatigue
- [ ] Sleep / Rest
- [ ] Constipation
- [ ] Relationships
- [ ] Concentration
- [ ] Movement
- [ ] Other (specify)

---

### Intensity

2. **Analogue**

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal Pain = 0 - 3</td>
<td>Moderate Pain = 3 - 6</td>
<td>Severe Pain = 6 - 10</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

   - [ ] Visual: 1 Mild
   - [ ] 2 Moderate
   - [ ] 3 Severe
   - [ ] 4 Very Severe
   - [ ] 5 Overwhelming

---

3. **Intensity Consumer rates the pain (see pain scale)**

   - Pain at present time?
   - Worst pain gets (in own words)?
   - Best pain gets (in own words)?
   - Does the pain come and go, spread or move?

---

4. **Onset?**

---

5. **Duration?**

---

6. **What relieves the pain?**

---

7. **What causes or increases the pain?**

---

8. **Pain medication on admission?**

---

9. **Predisposing?**

---

---
Appendix 17: Pain Assessment Page 2

Pain Assessment
For use in Residential Aged Care and Multipurpose Health Service

URN: 
Family name: 
Given name(s): 
Address: 

Date of birth: 
Sex: [M] [F] [I] 

10. Does the Consumer have a history of a painful condition (e.g. arthritis, osteoporosis, osteoarthritis)? [Yes] [No]
Describe: 

11. Does the Consumer's behaviour or body language indicate that they are in pain? [Yes] [No]
If "YES" please tick (√) any of the following that apply and comment as necessary:
- Limping
- Moaning
- Calling out
- Aggression
- Irritability
- Rubbing self
- Withdrawing
- Hugging self
- Rocking
- Verbalisation
- Noisy
- Facial expression
- Agitated
- Restless
- Pale
- Foetal position
-Flushed
- Other...

Other comments: 

12. Pain Management
What helps to relieve the pain?
- Analgesic
- Massage
- Change of Position
- Rest / Sleep
- TENS
- Other...

What makes the pain worse?
- Heat
- Tiredness
- Movement
- Immobility
- Irregular Analgesia
- Other...

13. Consumer preferences re: pain management (e.g. analgesic, complementary therapies, heat therapy, aromatherapy, music); Include culturally appropriate therapies.

14. Referral to Physiotherapist [Yes] [No]
15. Referral to Medical Practitioner [Yes] [No]

16. Action Taken: 

17. Interventions (transcribed to Care Plan by RN): 

NB: RN – Have you reviewed the PRN Frequency Chart?
Completed with: [Consumer] [Representative] [Other]
Signature: 
Assessment Date: 
Printed Name & Designation: 
Review Date: 

Page 2 of 2
## Restraint Observation Form

**URN:**

**Family Name:**

**Given Names:**

**Address:**

**Date of Birth:**

**Sex:** □ M  □ F  □ I

### When is restraint required:

- □ Day
- □ Night

### Type of restraint required:

- □ Bed rails (BR)
- □ Fall out chair (FOC)
- □ Lap belt (LB)
- □ Seat belt (SB)
- □ Tray table (TT)
- □ Water Chair (WC)

### Expiry date of completed restraint order:

- [ ]

### Actions to be taken:

**Legend:**

- Hourly visual = V
- Release = R
- Pressure area care = PAC
- No restraint = N

**Staff requirement:**

Place type of restraint used in the first check box and identify actions to be taken in the second check box.

### Month:

<table>
<thead>
<tr>
<th>Time</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
<th>9th</th>
<th>10th</th>
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<th>12th</th>
<th>13th</th>
<th>14th</th>
<th>15th</th>
<th>Initial</th>
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</tbody>
</table>

### Signature log:

Every person documenting on this form MUST supply a sample of their initials and signature below.

<table>
<thead>
<tr>
<th>Initial</th>
<th>Signature</th>
<th>Print name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

*Page 1 of 4*
## Appendix 18: Restraint Observation Form Page 2

### RESTRAINT OBSERVATION FORM

**URN:**

**Family Name:**

**Given Names:**

**Address:**

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Sex:</th>
<th>M</th>
<th>F</th>
<th>I</th>
</tr>
</thead>
</table>

### When is restraint required:

- **Day**
- **Night**

### Type of restraint required:

- Bed rails (BR)
- Fall out chair (FOC)
- Lap belt (LB)
- Seat belt (SB)
- Tray table (TT)
- Water Chair (WC)

### Expiry date of completed restraint order:

### Actions to be taken:

- **Legend:** Hourly visual = V
- Pressure area care = PAC
- Release = R
- No restraint = N

### Staff requirement:

Place type of restraint used in the first check box and identify actions to be taken in the second check box.

### Month:

<p>| Time | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th | 11th | 12th | 13th | 14th | 15th | 16th | Initial |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|-------|
| 1300 |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |       |
| 1400 |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |       |
| 1500 |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |       |
| 1600 |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |       |
| 1700 |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |       |
| 1800 |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |       |
| 1900 |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |       |
| 2000 |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |       |
| 2100 |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |       |
| 2200 |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |       |
| 2300 |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |       |
| 2400 |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |       |</p>
<table>
<thead>
<tr>
<th>Time awake</th>
<th>Signature</th>
<th>Time asleep</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Document all waking periods during the night. All interventions used to assist sleep & their effectiveness (e.g. hot drinks, light, music, medication, change of position, reassurance, open windows etc.)

Residential Aged Care

Sleep Chart

Queensland Government

Page 1 of 2

Appendix 19: Sleep Chart page 1
<table>
<thead>
<tr>
<th>Hour</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700-0700</td>
<td>0700-0700</td>
<td>0700-0700</td>
<td>0700-0700</td>
</tr>
<tr>
<td>0700-1500</td>
<td>0700-1500</td>
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<td>0700-1500</td>
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<tr>
<td>1500-2300</td>
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</tr>
<tr>
<td>2300-0700</td>
<td>2300-0700</td>
<td>2300-0700</td>
<td>2300-0700</td>
</tr>
</tbody>
</table>

**INSTRUCTIONS:**
- Complete this form in conjunction with the Sleep Charting form to record the relevant boxes on this page with a pen when the resident is asleep.
- Each square = 1 hour
- Each triangle = 15 minutes
- Block out that part of the hour that was spent sleeping.

**Appendix 19: Sleep Chart page 2**
### Appendix 20: Toileting Data

**Residential Aged Care**

**Toileting Data**

<table>
<thead>
<tr>
<th>Physical: Can the consumer...</th>
<th>If yes, please specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use the toilet unassisted?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Request to go to the toilet?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Locate the toilet?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Adjust own clothing?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Position or support self on toilet / commode?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Position urinal or pan in place?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Wipe self with toilet paper?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Wash hands after toileting?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Need assistance setting up / emptying stoma or catheter bag?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Need assistance with adjusting or replacing continence aid?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**Cognitive: Does the consumer...**

| Recognise the need to void? | □ Yes □ No |
| Recognise the need to defaecate? | □ Yes □ No |
| Need to be reminded to void? | □ Yes □ No |
| Need to be reminded to defaecate? | □ Yes □ No |
| Need encouragement to adjust clothes? | □ Yes □ No |
| Need encouragement to stay on toilet? | □ Yes □ No |
| Need encouragement to wipe self with toilet paper? | □ Yes □ No |
| Need encouragement to flush & leave toilet tidy? | □ Yes □ No |
| Need encouragement to wash hands? | □ Yes □ No |

**Further Comments:**

---

Completed with:  □ Consumer  □ Representative  □ Other.
Signature: ____________________________  Print Name: ____________________________  Date: ____________________________
## Appendix 21: Visions, hearing and Sensory data page 1

### Hearing

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Year of Onset</th>
<th>Yes - by whom</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there any obvious impairment / loss?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has hearing been formally tested?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree of impairment / loss?</td>
<td></td>
<td></td>
<td>Mild</td>
<td>Moderate</td>
<td>Profound</td>
</tr>
<tr>
<td>Any diagnosed disorder? (e.g. tinnitus, infections, noise / age related, impaired since birth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of hearing aid?</td>
<td></td>
<td></td>
<td>Body Aid</td>
<td>In Ear</td>
<td>Behind Ear</td>
</tr>
<tr>
<td>Are staff required to clean and fit aid on a daily basis?</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Date last serviced: Battery, type, life and storage?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing aid service agent?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Vision

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there any obvious impairment / loss?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has vision been formally tested?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any diagnosed disorder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the consumer legally blind?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Comments

- [Blank]
## Appendix 21: Visions, hearing and Sensory data page 2

### Residential Aged Care

**Vision, Hearing and Sensory Data**

<table>
<thead>
<tr>
<th>Facility:</th>
<th></th>
</tr>
</thead>
</table>

**Degree of deficit?**

- ☐ No useful vision
- ☐ Can identify large objects (chair, table)
- ☐ Can identify small objects (button, pin)

**Are visual aids usually used / worn?**

- ☐ Yes
- ☐ No

**Are visual aids usually used / worn?**

- ☐ None
- ☐ Prosthesis
- ☐ Reading
- ☐ Bifocal
- ☐ Magnifying Glass
- ☐ Spectacles
- ☐ Distance
- ☐ Graduated Lens

**Are staff required to clean and position glasses / prosthesis daily?**

- ☐ Yes
- ☐ No

**Optometrists?**

- ☐ Yes
- ☐ No

**Comments:**

---

### Other Senses: (touch, feel, smell, taste)

<table>
<thead>
<tr>
<th>Does the consumer...</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Know the difference between hot and cold? | ☐ Yes  
☐ No  |
| Feel the difference between rough and smooth? | ☐ Yes  
☐ No  |
| Determine the smell of items offered? | ☐ Yes  
☐ No  |
| (Please list aroma offered, e.g. coffee, rose) | ☐ Yes  
☐ No  |
| Differentiate between the tastes? | ☐ Yes  
☐ No  |
| (Please list tastes offered, e.g. salt, sugar) | ☐ Yes  
☐ No  |

**Comments:**

---

Completed with: ☐ Consumer ☐ Representative ☐ Other

Signature: ___________________________  Print Name: ___________________________  Date: ___________________________
# Writing progress notes in BHC Rehabilitation and Transition Care units

## Tips
- Write in chronological order. (From the start till the end of your shift)
- Use your daily shift planner to your advantage. (E.g. writing down in your planner when someone has had a fall)
- Make sure your progress notes reflect what is in the “Long Stay Care Plan”
- Document and changes in the care plan in both progress notes and the “Long Stay Care Plan”
- Only write what is relevant for your shift. Make it clear and concise.

## Domains of care to consider when writing progress notes

<table>
<thead>
<tr>
<th>Communication</th>
<th>Does the patient require any assistance with; Vision (Blindness, glasses) Hearing (deafness, use of hearing aids) Speech (language barriers, aphasia)</th>
</tr>
</thead>
</table>
| Mobility      | Does the patients use mobility aids? (e.g. 4ww, ESF, sling hoist, sara steady)  
Did the patient have any difficulties with transfers or mobilizing? (e.g. pain when walking)  
Any restrictions? (Bed rest, medical issues etc.)  
Bed mobility? (Can they roll over themselves or requiring assistance?)  
Aids used (e.g. shower chair, shower trolley) |
| Hygiene or personal cares | Shower or sponge  
What level of assistance was required? (Minimal, Moderate, Maximum)  
*Note: Also mention what the patient can and cant do (e.g. needs assistance with washing back and lower legs)  
Dressing (same as above)  
Grooming — Teeth, hair, shaving etc. |
| Elimination   | Frequency of elimination (both with urine and bowels)  
Continence aids (bed pan, urinal bottle, IDC)  
Assistance required (hygiene, changing incontinence pads) |
<table>
<thead>
<tr>
<th>Skin integrity</th>
<th>Existing skin tears and pressure injuries (Dressings or treatment required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any changes to skin integrity (Bruising, dryness, swelling etc.)</td>
</tr>
<tr>
<td></td>
<td>Acquired skin impairment (Pressure injuries, skin tears from a fall etc.)</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Assistance required (set up, supervision, independent, full assist)</td>
</tr>
<tr>
<td></td>
<td>Any missed meals?</td>
</tr>
<tr>
<td></td>
<td>Special requirements? (Supplements, nasogastric feeds etc.)</td>
</tr>
<tr>
<td>Cognition/behaviours</td>
<td>Alertness &amp; orientation (level of consciousness, response and orientation to time and place)</td>
</tr>
<tr>
<td></td>
<td>New or existing behaviours (level of confusion, aggression, delirium, wandering, agitation etc)</td>
</tr>
<tr>
<td></td>
<td>Changes in mood (Flat, elated, labile etc)</td>
</tr>
<tr>
<td>Observations</td>
<td>Vital signs (QADS scores, frequency of obs)</td>
</tr>
<tr>
<td></td>
<td>Special observations (neurological obs, ½ visual obs, 1-to-1 nurse observations)</td>
</tr>
<tr>
<td>Investigations</td>
<td>Xrays, blood tests etc.</td>
</tr>
<tr>
<td>Changes to care plan</td>
<td>Changes in medications, dressing regimes</td>
</tr>
<tr>
<td>Incidents</td>
<td>Missed medications, falls, deterioration etc.</td>
</tr>
</tbody>
</table>
Appendix 23: Elder Abuse Quiz

Elder Abuse Awareness Quiz
Community and Oral Health

1. What is the name of the legislated Act for Elder Abuse?
   A. Elder Abuse Act 1997 (amended 2007)
   B. Aged Care Act
   C. Qld health Aged Care policy

2. What is the process for reporting Elder Abuse with Community and Oral Health?
   A. No need to report, someone else will take care of it!
   B. Report to your line manager and/or Duty Nurse Manager!
   C. Report to a colleague and let the receptionist know!

3. Answer True or False to the following statement:
   Is there a requirement for?
   Compulsory reporting of Elder Abuse in Residential Aged Care Facilities if there is suspicion of unlawful sexual contact (sexual abuse) or unreasonable use of force (physical abuse)
   A. True
   B. False

4. Answer True or False to the following statement:
   Very strict timelines exist for reporting abuse or suspected abuse, so it is important to report your concerns ASAP.
   A. True
   B. False

5. What is the time frame for reporting Elder Abuse?
   A. 72 Hours
   B. 12 Hours
   C. 24 Hours

6. Correctly identify the five types of elder abuse
   A. Financial
   B. Communal
   C. Physical
   D. Social
   E. Neglect
   F. Familial
   G. Sexual
   H. Psychological/Emotional

7. Select True or False for the following statement
   "Elder Abuse Prevention Unit data suggests Elder Abuse occurs predominantly with families."
   A. True
   B. False

8. Do you understand your obligations as a student doing placement in Community and Oral Health in relation to reporting of suspected/actual abuse?
   A. Yes
   B. No