**Care Plan**

**Name: \*\*\*\* Date of Birth: \*/0\*/4\* Version: 1.2 Author: Martha Mhlanga**

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| **Communication** | **Please call me Mrs Brown.**I am able to verbally communicate. I like to hold conversations with people. I am very chatty. I am usually able to tell you what my needs and wishes are. I am not able to communicate my needs verbally if I have a vertigo attack or muscle spasm.Sometimes when I speak, I may pause to take a breath because I am in pain, please bear with me or assist me if required. I may become anti-social because I'm in a lot of pain. I suffer from tinnitus which causes vertigo; this affects my balance and can make me incoherent. In a severe attack my skin will appear pale and sticky, please place a chair behind me safely so I can sit and wait for this to pass. I will advise you if there is anything else you can do for me at this time. For clarity should I suffer from a vertigo attack please allow me time to stand still. If the episode continues for FOUR MINUTES or more place a dining chair behind me and assist me to sit. If this continues for a longer period of time I will need to lie down. If I am still lying down when you finish the call, please inform the SEDCARE office and ask them to send a text message to my daughter.There are occasions when my asthma can worsen. If this does happen my speech can become very low as my throat dries. My voice can sometimes sound very croaky when this happens.I wear glasses (sometimes contact lenses) because I'm short sighted and have a stigmatism of the left eye. My hearing is excellent I do not like loud noises, such as the hoover, next to me as this affects my tinnitus.I have a do not attempt cardiopulmonary resuscitation form which is kept in the Lions Pot in my fridge. Further I have an LSTD which will be found in the front pocket of the SEDCARE care folder. The actual documents are in the BLUE FOLDER. I also wear a medic alert bracelet round my neck. I also wear a Medic Alert disc attached to my bra strap or top on the same strap as my personal alarm. Should a clinician be called to my house (a doctor, nurse or ambulance crew) then I would like you to ensure that all of these documents are passed to the clinician should they be needed along with the NHS grab sheet.  |
| **Place of Care** | I live alone at the address below; this is where I’ll receive all my care;Will all carers who drive please park on the slabbed area at the front of my house (by the kitchen window). Please leave enough space for two other cars to park here as well.AddressAddressPostcodeTo enter my home, please use the key safe situated to the left of the blue door. The key opens the patio door to the left of the blue front door. Before entering my house will carers please ensure that they are wearing their face mask, and upon entering please wash their hands and dry them with paper towels as per Infection, Prevention and Control Training.Please open the door and announce your arrival.The key safe number is 0519.I have lived in Fleeet since 2001.  |
| **Medical History****This must be relevant** | * Tinnitus that often causes Vertigo
* Fracture to L3 lumber
* Previous Cellulitis, one of the side effects from penicillin can cause cramp like feelings in lower legs and feet
* Damage to Sacral Joints both sides and spasms to right buttock
* Spasms in both buttocks that affect all back, stomach and thighs
* *Please note that I cannot reach below my knees*
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| **Medication** | My medication is self-administered. My medication is kept in the kitchen.A list of the medication I take is held on my file in the June Home Care office. |
| **Mental Health History** | I do not have a history of any Mental Health problems. |
| **Allergies** | * Penicillin
* Asthma, which is triggered by dust mites, perfume, aerosols –
* Sticky plasters
* Please ask for my express permission to use any product or item that may trigger any allergic reaction such as an aerosol or spray
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| **Nutrition & Hydration** | I need assistance to prepare all of my meals. I am able to eat and drink without assistance, as long as my food is cut into small pieces.There is an instruction manual for the water filter and the hob and oven. These are kept at the rear of the Sedcare folder. The manuals will assist/clarify how to use, wash or reconnect any of these items.I only drink filtered or bottled water. My preference is volvic water. I have a water purifier in my kitchen next to the sink. I drink from two preferred glasses; these are situated in the cupboard above the bottled water. For breakfast I enjoy Quaker porridge oats, I buy these in the microwaveable sachets. I also enjoy chopped up fruit - melon, satsuma, banana and berries. I like everything chopped small as I have no back teeth.I am partial to Weetabix and granola. no specific brand. I have a variety of cereals in my kitchen cupboard and will eat any type that I enjoy with no specific favourite. I will sometimes ask for a poached egg. For my lunch I really enjoy a salad. The bottom of my fridge contains all salad ingredients and I will inform you daily of my choices. I enjoy radish, celery, spring onions, avocado, lettuce and grated carrots. I have all of these chopped and cubed small, about a centimetre or less. I like boiled eggs, Waitrose tinned salmon, Tesco corned beef and Red Leicester cheese. I will tell you daily what I would like.I either like salad cream or my homemade dressing of Dijon mustard, olive oil and white wine vinegar. The dressing ingredients are kept in the kitchen cupboard below the window and once the dressing is made it should be kept in the fridge. I would like you to assist me with my preparation for teatime meal on the lunch time call please. I have homemade meals frozen, so I may ask you to take one out of the freezer for me. I will usually ask you to prepare vegetables. I have several low-fat snacks in the cupboard over the cooker and treats are in the second draw below the cooker, I will ask you for these if I desire one.I like to eat my meals at either the kitchen table or on the small table in the lounge. I use the large plates above the cooker to eat from, and I would like a glass of water to accompany my meal. |
| **Continence** | Tiredness and immobility can affect my bladder, so I may be “caught short” on occasions if I cannot get to the toilet quick enough.  I have 2 toilets located in my bungalow.  I do not use any continence wears. I do have a female urine bottle that I use on occasion when I am unable to walk to the toilet. I sometimes require movicol to assist me with my bowel movements.   |
| **Personal Hygiene & Care** | **Shower Preparation**1. Turn heating on even in summer (at least 25 degrees)
2. Towels from cupboard- one green bath towel, one green hand towel for hair (if we are washing my hair) a flannel for my face and a towel for drying feet. Also, a beige bath towel to go on the laminate floor, between wet room floor and chair-
3. Please put this down after I go in wet room.
4. Move chair into hallway-make sure there is an “incontinence” sheet under
5. Under the towel- also have two ready in case they are needed on bed if I need to lie down before I have been completely dried.
6. Please prepare a face flannel to have for my eyes while hair washed.
7. Put out clean clothes (in bedroom) the clothes I choose will depend on time of year and weather, this is including underwear.
8. Please prepare cotton buds, cream for body and a different cream for feet and nail oil.
9. Once in the bathroom please place Lactacyd wash, hair shampoo, body wash and loofah on the side of the sink.
10. Please also prepare a brush for my feet.

**Shower** 1. When everything is ready, I need help to get undressed.
2. Put hand soap on the brush and shower soap on the loofah. Rest these on the sink.
3. Run water through the hose until hot, pass this to me so I can wash myself.
4. Put a small amount of Lactacyd wash on my right hand, I will wash and rinse myself.
5. After I have dried my hands, I will hold onto the grab rails so you can wash each foot in turn starting with the right. Do the top, nails and bottom of the feet, ensure all soap is rinsed off before I put my foot down.
6. Next turn off the hose and let me step to the sink so that you can turn on the overhead shower, once it is hot, I will stand under the water holding the grab rails
7. Wash my hair gently with shampoo making sure I have a flannel to cover my eyes.
8. Next use the loofah on my back, neck down to the ankles, including back of arms, and under arms. Wait while I turn sideways, if I can I will wash my chest and stomach but will ask for assistance if I cannot.
9. Then wash my legs being careful of my shins as they are still sore after cellulitis.
10. Turn off shower.
11. Small towel to wrap around hair/head and a large towel to start drying me from the neck down.
12. I will let you know if at any stage I need to rest or stop completely.
13. When you dry me please ensure you dry me thoroughly, including using ear buds and a hairdryer on my feet and toes.
14. Dry my hair with the hairdryer
15. At this stage I will sit on the chair in the hallway this gives the carer time to dry the wet room floor with a dry mop.
16. Cream the whole of my body including my feet and put nail oil on my toes.
17. Underwear and skirt/trousers are put on halfway up my legs before I stand
18. I often wear slippers as my ankles tend to swell.
19. The personal alarm and medic alert bracelet are to be put on my clean bra straps before I put in on. Even in summer I need a warm top and scarf.
20. I will now need to lie down and rest my muscles.
21. On a really bad day I cannot always complete a full shower or even a half shower.
22. If I cannot complete the shower I at the very least want to be rinsed off whilst holding onto the grab rails.
23. All used towels are either spread out on towel rail to dry or are washed immediately. The washing machine programme for towels and other items is No 12 or no 6 please ask. Washing liquid goes into “cap” which is placed INSIDE the washing machine last. Please ask about amount of liquid as it varies depending on amount of washing

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| **Mobility** | I am mobile but my ability to mobilise varies day to day depending on pain and tiredness. To this end please do not assume I can walk every time you support me.I cannot transfer into or out of bed or into or out of a chair without some support from a carer.I move slowly but steadily. I use a walking stick outdoors and on occasion around the home, this is generally when I am feeling stiff. I have grab rails on my bed and adaptations around the home which include shower grab rails, a raised toilet seat, and I use a grab stick to pick up things I have dropped.I cannot verbalise if I am suffering with this, please bring a chair behind me so I can sit until it passes. For clarity should I suffer from a vertigo attack please allow me time to stand still. If the episode continues for FOUR MINUTES or more place a dining chair behind me and assist me to sit. If this continues for a longer period of time I will need to lie down. If I am still lying down when you finish the call, please inform the SEDCARE office and ask them to send a text message to my daughter. |
| **Mental Health & Capacity** | I have no history or current mental health concerns. I have full capacity to make full decisions. I make my own choices of what to wear, what to eat and when I do things. I am fully competent to instruct the carers daily of what I need them to do for me.  |
| **Current Situation** | I live in an adaptive bungalow to suit my needs.**Before entering my house will carers please ensure that they are wearing their face mask, and upon entering please wash their hands and dry them with paper towels as per Infection, Prevention and Control Training.****AM Routine*** First open curtains and blind rather than putting light on (which shines in my eyes) or in winter put inner hallway light on. I may need assistance to get out of bed and, under new bullet point, help me put on a cardigan or short dressing gown (red, hangs inside cupboard in inner hallway)
* I get out of bed when I feel well enough to do so, and then I use the toilet
* If I am feeling sore or having a slow morning, I may need to use a female urinal in place of the toilet
* I take my tablet with a glass of water
* I dress in my daytime clothes if possible, but this may have to be after second medication
* I dress for comfort not for fashion, I prefer dresses, skirts and loose t-shirts.
* I have my hair short and often like it coloured in pinks and purples
* I may need assistance to take inhalers, need water from dispenser - 200 ml at 55 degrees and 100ml cold
* I then have my breakfast, which you will often leave with me and will then take my second set of tablets
* I can only have breakfast a minimum of 30 minutes after first tablet. So, it cannot be made until then. I usually have a fruit tea made in a teapot with fresh cold water from the dispenser boiled in the kettle.
* I often have to stand to eat and drink.
* Only after food can I take pain medication.
* Open blinds in kitchen and lounge
* Repeat checklist tasks before leaving

**Afternoon/Lunchtime call****This call may include some privately paid for cleaning, the amount of time may vary as to day of week and other tasks.*** I require 1 carer for 2 hours starting at 12noon till 14:00 pm
* I have a salad which my carer makes for me between 13:00 and 13:30
* every lunch I will have a handwritten list of jobs for you to complete
* I usually require you to prepare my vegetables and other preparation for my teatime meal for me

**I have a checklist if jobs which I require to be completed after every visit this is as follows-*** Top up the water filter from colt tap (not hot)
* Ensure I have plenty of bottled water to hand, and at least 2 glasses of water poured ready for me
* Wash up any dishes with grey/silver bowl from BOTTOM shelf under the sink, washing up liquid from dispenser, HOT water (tap may need to be on for a minute or so before water runs hot). Use ‘squidgy’ blue circle of plastic hanging on side of water dispenser.If pans are being washed and do not clean properly ask me for a pan scourer, dry and put them away
* Clean sink using one piece of kitchen towel and CIF, in cupboard next to sink where bins are located. Use pink J cloth that is hanging over the CIF to rinse the sink. Then leave J cloth to dry hung over CIF at end of work top in the corner
* The ‘plastic/rubber’ drainer is rinsed under running water and hung over taps to dry - do not use paper towel or any other cloth to clean. If it needs cleaning this is done with the nail brush on work top using water only and then rinsed and hung over the taps to dry. If you think it is still dirty ask me.
* The granite work top is cleaned with the “black” antibacterial cloth and WATER - nothing else Dry with ‘salmon pink’ antibacterial cloth. These are only used on the Granite worktop and nowhere else.
* Empty bins (replacement liners are either carrier bags in black bowl under sink or bin liners in top draw under hob. The bins are situated at the front of my property
* Make sure all doors opened are locked and the keys returned to the correct hook.That all windows are either closed completely or pulled to within 2 centimetres of closing.
* Turn off kitchen and wet room fans if no longer needed and turn off lights.
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| **Sleeping** | I sleep on alternative sides but never on my back. I sleep with a fan in my bedroom if I'm too hot.* I sleep for 1-2 hours at a time. I have to urinate 3-4 times minimum in the night.
* I have 1 pillow underneath my head, 1 pillow between my knees and 1 pillow and a cushion behind my back
* I sleep with 1 duvet and cover over me
* I often go back to bed during the day to rest

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| **Work Activities** | * I retired from work in July 2007 due to ill health.
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| **Hobbies & Interests** | I have many interests and hobbies and may choose to discuss these with you should the right time arise.  |
| **Family & Relationships** | I am in close contact with my family. |
| **Daily Routine** | **IDEALLY THE PLAN BELOW IS FOLLWED ON THE DAYS STATED. HOWEVER DUE TO THE NATURE OF AGNES CONDITION THIS MAY NOT ALWAYS BE THE CASE. AGNES WILL PROVIDE A DAILY TASK LIST FOR EVERY CALL. PLEASE DEFER TO THIS.***Before entering my house will carers please ensure that they are wearing their face mask, and upon entering please wash their hands and dry them with paper towels as per Infection, Prevention and Control Training.***Morning Calls AM*** On arrival please assist me to rise from the bed, be patient as mornings are not my best times.
* Help me to put my dressing gown on.
* Assist me to the toilet, I often am not able to sit so I will need my urine bottle.
* Open blinds, in the bedroom, living room and kitchen.
* I may want you to put my trousers/skirt on now stand next to me in the kitchen whilst I take my inhalers with water
* Then make breakfast of my choosing followed by a pot of tea, which I may have to have standing up if I cannot sit yet
* Ensure dishes are washed and my water filter has enough water in
* Leave me with a couple of glasses of drinking water to hand.

**Monday PM*** I would like you to assist me with my laundry.
* My dirty clothes will be in the washing machine in the utility room, please put these items on programme number 6.
* My washing liquid is bold, and the washing machine setting is 12 for my bedding.
* Towels should be washed on programme 11 please.
* If the weather is fine, please hang my washing out to dry if not please use the airier in the utility room
* I would like my bed making I would have already stripped my bed sheets of and placed you a new set out
* I require every inch of my mattress hoovering, then the duvets then the pillows. I am allergic to dust so please be thorough
* Now place my bottom sheet on my mattress, I like envelope corners on my mattress
* I like a smaller pillow and one of the larger ones lay on the left side of the bed
* Now concertina the duvet at left of the bed, so when I get in, I can pull this over myself
* Now hoover my room with my Dyson hoover which is in my utility room
* Now I require a salad making for lunch whilst I’m eating this, I may ask you to prep for my evening meal
* Please complete daily checklist

**Tuesday PM*** My Sainsbury shopping is delivered today, they leave it at my glass door, and I would like you to bring it in and place it on the kitchen table
* I will sit and tell you where they go
* After this I would like a salad making for lunch
* Whilst I’m eating this, I may ask for you to prep for my evening meal
* Please complete daily checklist

**Wednesday PM*** I like to cook a couple of meals with your assistance in bulk, to freeze for other days
* I will choose the recipes and read the instructions as you cook
* I would like you to make me a salad for lunch
* Please complete daily checklist

**Thursday PM*** I may ask you to assist me with a shower today, if you are showering me please follow the shower procedure as listed in the care plan
* I would like you to make me a salad of my choice and prep for my evening meal
* please complete daily checklist

**Friday PM*** I would like you to make me a salad of my choice
* Whilst I eat my salad please prepare for my evening meal
* Please complete daily checklist.

**Shower Preparation**1. Turn heating on even in summer
2. Towels from cupboard- one green bath towel, one green hand towel for hair (if we are washing my hair) a flannel for my face and a towel for drying feet. Also, a beige bath towel to go on the laminate floor, between wet room floor and chair-
3. Please put this down after I go in wet room.
4. Move chair into hallway-make sure there is an “incontinence” sheet under
5. Under the towel- also have two ready in case they are needed on bed if I need to lie down before I have been completely dried.
6. Please prepare a face flannel to have for my eyes while hair washed.
7. Put out clean clothes (in bedroom) the clothes I choose will depend on time of year and weather, this is including underwear.
8. Please prepare cotton buds, cream for body and a different cream for feet and nail oil.
9. Once in the bathroom please place Lactacyd wash, hair shampoo, body wash and loofah on the side of the sink.
10. Please also prepare a brush for my feet.

**Shower** 1. When everything is ready, I need help to get undressed.
2. Put hand soap on the brush and shower soap on the loofah. Rest these on the sink.
3. Run water through the hose until hot, pass this to me so I can wash myself.
4. Put a small amount of Lactacyd wash on my right hand, I will wash and rinse myself.
5. After I have dried my hands, I will hold onto the grab rails so you can wash each foot in turn starting with the right. Do the top, nails and bottom of the feet, ensure all soap is rinsed off before I put my foot down.
6. Next turn off the hose and let me step to the sink so that you can turn on the overhead shower, once it is hot, I will stand under the water holding the grab rails
7. Wash my hair gently with shampoo making sure I have a flannel to cover my eyes.
8. Next use the loofah on my back, neck down to the ankles, including back of arms, and under arms. Wait while I turn sideways, if I can I will wash my chest and stomach but will ask for assistance if I cannot.
9. Then wash my legs being careful of my shins as they are still sore after cellulitis.
10. Turn off shower.
11. Small towel to wrap around hair/head and a large towel to start drying me from the neck down.
12. I will let you know if at any stage I need to rest or stop completely.
13. When you dry me please ensure you dry me thoroughly, including using ear buds and a hairdryer on my feet and toes.
14. Dry my hair with the hairdryer
15. At this stage I will sit on the chair in the hallway this gives the carer time to dry the wet room floor with a dry mop.
16. Cream the whole of my body including my feet and put nail oil on my toes.
17. Underwear and skirt/trousers are put on halfway up my legs before I stand
18. I often wear slippers as my ankles tend to swell.
19. The personal alarm and medic alert bracelet are to be put on my clean bra straps before I put in on. Even in summer I need a warm top and scarf.
20. I will now need to lie down and rest my muscles.
21. On a really bad day I cannot always complete a full shower or even a half shower.
22. If I cannot complete the shower I at the very least want to be rinsed off whilst holding onto the grab rails.
23. Do not put on my dressing gown as it is uncomfortable to lie in and prevents easy movement on the bed.
24. If I am very bad, I will need to lie down which is why I have incontinence sheets for the bed,
25. Dry me as much as possible while I am lying down.
26. If this proves too much for me then put a microfibre throw on me.
27. If I am still cold, then make me a hot water bottle this goes at my feet.
28. All used towels are either spread out on towel rail to dry or are washed immediately. The washing machine programme for towels and other items is No 12 or no 6 please ask. Washing liquid goes into “cap” which is placed INSIDE the washing machine last. Please ask about amount of liquid as it varies depending on amount of washing
29. The fan and light should be left on to assist drying the floor.The floor will also need drying/mopping with the BLUE mop which is then rinsed in hot water using the mop bucket (yellow and kept under washing machine). In fine weather this is put outside and laid across garden seating so mop hang over paving. In wet weather it hangs on a hook (on side of coat cupboard) in the utility room so that the tray below catches the drips
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| **Any other Relevant Information** | * I wear a medical alert bracelet round my neck.
* My do not attempt cardiopulmonary resuscitation form is kept in the Lions Pot in the fridge.
* My LPA, LSTD and specific Covid19 letter are kept in the blue folder in the SEDCARE carers draw in the kitchen.
* Instruction manuals for the water filter, both vacuum cleaners, hob, oven and washing machine are kept in a yellow folder in the kitchen, specifically in the SEDCARE carers draw.
* There is also a comprehensive list of hygiene materials to use, where they are kept and how to use them which is also kept in the SEDCARE carers draw.
* Please note that carers are not supporting me to clean my home. Carers will however need to ensure that any mess created during the tasks they complete for me or tidied away to ensure safety and maintain the high levels of hygiene within my home.
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 Nam**e of Client/Advocate/Relative:**

**Signature:**

**Body Map**



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**Body Integrity**

