

What's New in

Cardiac Rehabilitation Form

Applies to: All Users

We have introduced a new *Cardiac Rehabilitation* form to capture the patient's cardiac assessment so that a consistent single record can be available for care delivery, improved communication and audit.

Cardiac Rehabilitation

TEST, Beryl (Ms)

Born 17-Nov-1981 (35y)

Gender Female

NHS No. 999 042 8514

Address Leeds General Infirm Great George Street Leeds LS1 3EX

Phone 01133100367

PAS No. 3928487

✓ Assessment Type

✎ Recovery Advice

🔔 Healthy Living Advice

🔔 Smoking Status

🔔 Recovery Information

🔔 Community Referral

10 Minute Rule

No Yes

Comments

Any comments here.

Symptoms Management

No Yes

Comments

Any comments here.

Chest Pain Management

No Yes

Comments

Any comments here.

Flying / Holiday Advice

No Yes N/A

Comments

Any comments here.

Return to Driving

No Yes N/A

Comments

Any comments here.

Return to Work

No Yes

Comments

Any comments here.

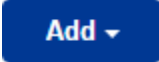

Occupation

Occupation.

Cancel

Unsaved changes

Close

Remember, you can add clinical documents to a patient's record through the  button in the Single Patient View or the  in the *Action* column on the Ward Patient List.

Falls Risk Assessment

Applies to: All Users

We have introduced a new *Falls Risk Assessment* form to enable clinicians to improve patient safety outcome and patient experience by prompting clinicians to effectively manage patients' falls risk.

Falls Risk Assessment

STRAWBERRY, Nicole (Mrs)

Born 15-Dec-1926 (90y)Gender FemaleNHS No. 972 363 5828

Address 100 Some Street Sometown XY2 7BJPAS No. 103429207

Author

Author
robinsst

Date
09/03/2017
09-Mar-2017

Time
12:07:00
Format HH:mm:ss

Screening

* Two or more falls in the last 12 months?

No

Yes

* Difficulty with walking or balance?

No

Yes

* Patient is confused or disorientated?

No

Yes

* Presents with acute fall (on admission / or fell on ward?)

No

Yes

* Patient has a fear of falling?

No

Yes

* Are you concerned that this patient may fall?

No

Yes

Assessment Decision

Patient at Risk of Fall

Commence Daily Falls Prevention Care Plan from tomorrow

Initial Interventions First 24 Hours

* If the patient is confused or disorientated, ask the medical team to complete AMTS.

No

Yes

N/A

* Reason for Variance and Action Taken
Reason for Variance and Action Taken

Cancel

Unsaved changes

Submit

NB: updating the *Falls Risk Assessment* form will not update the *Falls* column on the eWhiteboard.

Remember, you can add clinical documents to a patient's record through the

Add

 button in the Single Patient View or the in the *Action* column on the Ward Patient List.

For further information and support, please see the PPM+ Help Site:
<http://www.ppmsupport.leedsth.nhs.uk/>

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Last updated: 29/03/2017

Holistic Needs Assessment

Applies to: All Users

We have introduced a new *Holistic Needs Assessment* form to enable Specialists to capture the clinically relevant information electronically and improve communication.

Holistic Needs Assessment

STRAWBERRY, Nicole (Mrs) Born **15-Dec-1926 (90y)** Gender **Female** NHS No. **972 363 5828**

Address **100 Some Street Sometown XY2 7BJ** PAS No. **103429207**

☒ Background
Symptoms
☒ Information Needs
☒ Care Plan

Physical

*What have been the patient's main problems or concerns

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Airway Management | <input type="checkbox"/> Fertility Issues | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Gastrostomy/RIG | <input type="checkbox"/> Radiotherapy side effects |
| <input type="checkbox"/> Aspiration | <input checked="" type="checkbox"/> Growth and Development Issue | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Body Image | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Skin |
| <input checked="" type="checkbox"/> Breathlessness | <input type="checkbox"/> Headache | <input type="checkbox"/> Sore Mouth |
| <input type="checkbox"/> Cognitive Issues | <input type="checkbox"/> Infection | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Itching | <input checked="" type="checkbox"/> Visual Changes |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Mobility | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Nausea | <input type="checkbox"/> Ward Issues |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nutrition Concerns | <input type="checkbox"/> Weakness |

Performance Status

*Performance Status

0 1 2 3 4

Emotional / Psychosocial Needs

*Emotional/Psychosocial Needs

☐ Not Assessed

☒ **Unable to assess - Patient does not wish to discuss**


☐ Unable to assess - Patient in distress

☐ Unable to assess - Patient lacks mental capacity

☐ No concerns

☐ Concerns been addressed

Unsaved changes

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For further information and support, please see the PPM+ Help Site:
<http://www.ppmsupport.leedsth.nhs.uk/>

Pharmaceutical Care Record

Applies to: All Users

We have introduced a new *Pharmaceutical Care Record* form to the patient's record so that all staff involved with the patient's care can access the information added and updated by the Pharmacist.

Pharmaceutical Care Record

STRAWBERRY, Nicole (Mrs)

Born 15-Dec-1926 (90y)

Gender Female

NHS No. 972 363 5828

Address 100 Some Street Sometown XY2 7BJ

PAS No. 103429207

Follow Up

Issue to follow up / Rationale for medication changes

Issue to follow up / Rationale for medication changes #2

* Date

02/03/2017

02-Mar-2017

* Initials

SR

Issue to follow up / Rationale for medication changes

Issue to follow up / Rationale for medication changes #1

* Date

01/03/2017

01-Mar-2017

* Initials

SR

+ Add

Pharmacy Review

* Level

Level 1

Risk

High

Consultation

Brief

* Date

02/03/2017

02-Mar-2017

* Initials

SR

+ Add

Medication History

Medication history confirmed?

No

Yes

* Date

dd/mm/yyyy

Format dd/mm/yyyy

* Initials

* Medication history

Cancel

Unsaved changes

Submit

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Add

 button in the Single Patient View or the in the *Action* column on the Ward Patient List.

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