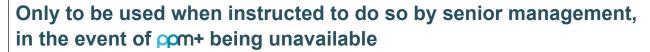
## PM+ Back-up Care Record





		NILIC Nivershour		Date:
Date of Birth:		NHS Number:		Time:
OBSERVATIONS:		RISK FACTORS: pl  Falls Pressure Ulcer Nutrition / Hydra Infection New Confusion Incontinence Safeguarding Other	ease tick all that apply	
Please document h	nere a summary of care undertaken:			
	Summary:			Sign and Print Name:
MID	Ref: 20200707_003/IH Publ	ication Date: January 2021	Version 2	ITH2797

## PM+ Back-up Care Record



Only to be used when instructed to do so by senior management, in the event of ppm+ being unavailable

			NHS Number:		Date: Time:			
OBSERVATIONS:			RISK FACTORS: pla  Falls  Pressure Ulcer  Nutrition / Hydra  Infection  New Confusion  Incontinence  Safeguarding  Other	ease tick all that apply				
Please document here a summary of care undertaken:								
Please document i	lere a summary of care undertaken.							
Date and Time:	Summary:				Sign and Print Name:			
MID Ref: 20200707_003/IH Pub		ication Date: January 2021	Version 2	LTH2797				