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| **ONGOING ASSESSMENT OF THE PLAN OF CARE** | | |
| **UNDERTAKE A MDT ASSESSEMENT & REVIEW THE CURRENT CARE PLAN IF:**  **Concerns expressed regarding management plan from patient, relative /carer or team member**  **Improved conscious level, vital signs, functional ability, oral intake, mobility, ability to perform self-care**  **It is 24 hours since last full MDT assessment**  **AND / OR**  **AND / OR** | | |
| PLANNED CARE SHOULD BE ASSESSED **AT LEAST 4 HOURLY** | | |
|  | **ASSESSMENT** | **COMMENT** | |
| **A** | The patient does not have pain | Verbalised by the patient if conscious, pain free on movement. Observe for non-verbal clues. Consider need for positional change. Use pain assessment tool if appropriate. Consider PRN analgesia for incident pain | |
| **B** | The patient is not agitated | Patient does not display any signs of restlessness or distress, exclude reversible causes e.g. retention of urine, opioid toxicity | |
| **C** | The patient does not have respiratory tract secretions | Consider positional change. Discuss symptoms and plan of care with relative / carer. Medication to be given as soon as symptom occurs | |
| **D** | The patient does not have nausea | Verbalised by the patient if conscious | |
| **E** | The patient is not vomiting |  | |
| **F** | The patient is receiving planned respiratory support | Monitor for signs of distress/ breathlessness. Amend the mode of basic or advanced respiratory support given as appropriate. Explain to the relative / carer. | |
| **G** | The patient does not have urinary problems | If catheterised is it patent and draining | |
| **H** | The patient does not have bowel problems | Monitor constipation / diarrhoea. Monitor skin integrity. | |
| **I** | Medication is administered safely | Monitoring sheet for infusions. The patient is only receiving medication that is beneficial at this time. | |
| **J** | The patient is receiving fluids as planned | The patient is supported to take oral fluids / thickened fluids for as long as tolerated. Monitor for signs of aspiration / distress. Consider IV therapy if in the patients best interest – if in place monitor and review rate / volume. Discuss with relative / carer | |
| **K** | The patients mouth is moist and clean | Adhere to mouth care policy. Relative / carer involved in care giving as appropriate. | |
| **L** | The patient skin integrity is maintained | Assessment, cleansing, positioning, use of special aids (mattress / bed). Frequency of repositioning according to patients individual needs | |
| **M** | The patients personal hygiene needs are met | Skin care, eye care, change of clothing according to individual needs. Relative / carer involved in care giving as appropriate. | |
| **N** | Appropriate physical environment | Side ward if available. Well-fitting curtains, sufficient space at the bed side, silence / music, light / dark, nurse call bell available | |
| **O** | Psychological well-being maintained | Staff just being at the bed side can be seen as a sign of support. Respectful, verbal and non-verbal communication, use of listening skills, information and explanation of care given. Use of communication log. Spiritual / religious / cultural needs – consider use of the chaplaincy team. | |
| **P** | Relative / Carer well-being maintained | Just being at the bedside can be seen as a sign of support and caring. Consider spiritual / religious / cultural needs, expressions may be unfamiliar to the healthcare professional but normal for the relative / carer. Listen and respond to worries / fears. Consider physical | |

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