

# A Patient Centred Culture of Safety

# Rehabilitation Handover sheet

DR	DIAGNOSIS	WEEKLY GOALS	INTERVENTIONS	OBS	MOBILITY	O & W	Framp	Air Mat	FBC FOOD	DIET	EDD
SG	Sepsis, Deconditioned, APO Hx CCF,CVA, IDDM, COPD, HTN depression, hypothyroidism,	Time toilet	Incontinent urine.	TDS BGL QID & 2a.m.	FASFX1 mod	O=14 W=21	Y	Y		Cardiac	13/9
KILBY	?Infected right knee wound			Q4H	FASFI	O= W=				Full Thin	
SG	L NOF 22/8 Hx HTN, NIDDM, OA, deaf, depression, cataracts	Time toilet	Vision and hearing impaired, WBAT. From Uralba Low Care . L leg swollen and painful. Loose bowels. Bilat hearing -aides. Chronic lower back pain. TEDS. Wound R/V 2/52. Incontinent of both Full set up with meals	TDS BGL QID	FASF x2	O=30 W=22	Y	Y		Diab Thin	13/9
SG	# LT NOF, black stools? GIT bleed, Low HB		Pressure area care mouth care Malaena, Dressing right arm, skin tears septic work up, BLOOD TRANSFUSION X4 Hb 68 29/8 now Hb 108 31/ U/A tve MSU sent 31/8 random daily BSL - prednisone	4 <sup>TH</sup> HRLY R Daily BSL	FASFX1 -2	O=15 W=19	Y	Y		FULL DIET THIN	6/9
SG	Fall, # L Tib+Fib repaired 2/6, HX Type 2 DM, Depression,		Stress incontinence. Postural BP's in Dr Hrs. Poor bed mobility, Reposition 3/24. Pls assist patient to fill in menu., FBC, FOOD CHART, MSU, CLINICAL RV ON 4/9	TDS  TDS BSL	FASF X2 Pelican belt	O = 30 W =29	Y	Y		Diab thin	8/9
SG	Fall at home, # L NOF and L wrist. Hx: Hypothyroidism, HTN, hypotension		Cast wrist- off 2/9. # clinic 1030hrs 2/9 <b>Please ensure patient attempts lower body dressing himself post shower</b>	TDS	W/S x sb	O=6 W=12				Full Thin	6/9
SG	Fall at home, # L NOF gamma nail 25/8 Hx falls Asthma GORD OA OP polymyalgia rheumatic C1 # Cerebellar haemorrhage		Random Daily BSL - prednisone	TDS R Daily BSL	4WW Sv	O= 6 W= 10		Y		Full Thin	8/9
SG	UTI, inclusion body myositis H/O Bladder cancer. Ileal conduit(10yrs)IHD NSTEMI DM OP		os, stat Genta on 26/8 RR IVC 29/8, IVF on 29/8, Ileal conduit bag insitu-change bag daily, loose stools Uses built up cutlery (red foam)	TDS TDS BGL	4W/W S/B	O=13 W=9	Y	Y	Y	Soft Diabet ic	14/9
SG	CVA /Delirium HX Colon CA, pacemaker		Daily weigh. Aim Forbes Hospital 1 week	TDS	4WW X1	O=16 W=15	Y			FULL THIN	8/9
SG	Ataxia, Slurred Speech, R sided weakness		<b>Requires prius air cushion for chair Right shoe orthotic</b>	TDS	Pelican Belt x2 quadsti	O=30 W=24	Y	Y		Full Thin	27/9
SG	Left MCA stroke, Hx Gout,		HIGH FALLS RISK. My Stroke Journey journal E-Stim prm. New Diabetic. Shower 0930hrs - complex allied health schedule.  <b>Please ensure patient attempts lower body dressing himself post shower</b>	TDS BD BSLs	walkX1- pelican belt	O=10 W=15	Y	Y		Cutup Diab Thin	6/10

# Rehabilitation Shift Plan

IN CHARGE: 3984	NURSE 2:3981															Date: shift	Please Assist Nursing Staff and Indicate when Pt is to attend Therapy
MOBILITY	High Falls Risk	Pressure Risk	Warfarin	QRS	Food Chart	FBC	IVC	BSL	PVR IDC	ECG	U/A	WT	SHOWER TIMES	NOTES	OTHER	Speech, Physio, OT, Allied Health	
Indep				TDS		Y	Y								PICC line, IV AB'S		
Slingx2				TDS			Y	TDS	IDC	ECG	U/A	WT					
4W/W 1A		Y	Y	TDS											Colostomy		
FASF belt 2A	*			TDS													
I																	
FASFX2	*			TDS													
FASF 1A belt	*	Y		TDS				TDS	Peri								
FASF 2A				TDS				QID 0200	PVR								
Standing lifter	*	Y		TDS	Y			QID									
FASF 2A				4 <sup>th</sup> hourly		Y	Y								IVC R arm		
Standing lifter x 2	*			TDS	Y	Y		TDS							Postural BP's		
FASF x1A	*	Y		TDS													
FASF x 1				TDS				Daily									
PIVOT T/F ,FASF X 2				TDS		Y	Y	TDS							Ileal conduit		
4ww x 1A + pelican belt	*			TDS							UA	Wt			1.5F/R		
2A belt no aid	*	Y		TDS													
2 assist, pelican belt,	*	Y		TDS				BD.					0930				

1<sup>st</sup> Break 0920, 1200

2<sup>nd</sup> Break, 0940, 1230

# Reduction of falls

## **April to July**

- 2014- 9 falls
- 2015 -14 falls
- 2016 – 4 falls

# Staff attending to the Shift Plan

