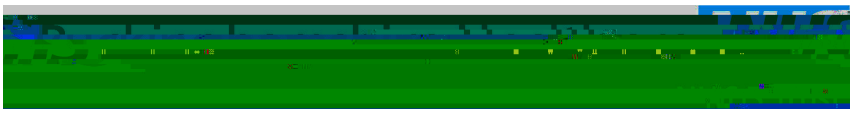

Stoke Mandeville Hospital

!

T P P K N S I C , S M H .
P NSIC. I MUST NOT NSIC .

Dear Keyworker/Named Nurse

1. PHYSICAL HEALTH CARE

1.1 Medical

NB: PLEASE ANSWER ALL QUESTIONS	YE	NO	N, A	Cox–x–en-s
(e yo h d yo r d gnos s, prognos s e p / ned -o yo \ nd do yo nders- nd -				
Do yo no -he n x–e of -he x–ed c - ons -h - yo - e				
C n yo descr –¶e hy yo - e -hese x–ed c - ons				
Do yo no -he dose of yo r x–ed c - ons				
Do yo nders- nd -he s de effec-s nd prec - ons reg rd ng yo r x–ed c - ons				
Do yo no h - yo r ne norx– /–¶od press re s				
Do yo h e ny pre e s- ng x–ed c pro–¶ex–sYe g d –¶es F, YE Z/ h -				
Do yo no ho yo r sp n cord n ry x–p c-s on -he x– n gex–en- of ny pre e s- ng x–ed c pro–¶ex–s				

NB:

Key \ cox–p e y **de**penden , ne er does , \ x–oder e y **inde**penden , s y does or ns r c s sox–eone o
\ x–os y **de**penden , r re y does \ cox–p e y **inde**penden , ys does or ns r c s sox–eone o

3. SKIN AND POSTURE MANAGEMENT

3.1 Skin Checks

*** IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT BY HIGHLIGHTING ACCORDINGLY**

	,	N,A	Cox–x–en s

N S I C ,S M H

5. BOWEL MANAGEMENT

*** IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT BY HIGHLIGHTING ACCORDINGLY**

NB: ANSWER ALL QUESTIONS			,		N,A	Cox–x–en-s
Do yo no ho -o o d cons- p - on -hro gh x– n g ng yo r d e-						
Do yo no -he dose nd -ype of per en-s yo se						
Do yo no -he dose nd -ype of s ppos -or es yo se						
C n yo *(INSTRUCT OTHERS TO)** nser- yo r s ppos -or es						
C n yo *(INSTRUCT OTHERS TO)** perfor–d g - rec- s- x– /- on						
C n yo *(DO YOU INSTRUCT OTHERS TO)** do x– n e c - on of f eces						
C n yo *(INSTRUCT OTHERS TO)*						

6.2 Wheelchair Skills

Do yo se	M n / hee ah r		Po ered hee ah r	

(e yo ¶qeen- gh- hee ah r s s	YE		NO		N,A	

*** IT IS IMPORTANT TO NOTE WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT BY HIGHLIGHTING ACCORDINGLY**

NB: ANSWER ALL QUESTIONS			♪		N,A	Cox x en- s
C n yo *(INSTRUCT OTHERS TO)* x o e ro nd- he Cen- re						

C n yo *(INSTRUCT OTHERS TO)*
x o e p,do n s apes

Key \ cox–p e-e y **de**penden-, ne er does ♪ \ x–oder -e y **inde**

7.5 Equipment on Discharge

*Please add any extra equipment needed in the blank boxes provided below**

NB: TICK ONE BOX FOR EACH ITEM	_ o –e ordered	A re dy ordered	N,A or re dy n p rce

8. COMMUNITY PREPARATION

8.1 Community Skills

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Please tick all applicable boxes:

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	p ¶ho e	o e M nde d x	fr end s ho se

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hopp ng			
Access ng yo r ¶n nd h nd ng x oney			
Access ng yo r oc /¶ ry			
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Access ng p ¶c r nspor			
Cox p er s s, ccess ng he n erne			
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[redacted]

OVER THE PAST WEEK

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of the four boxes)			
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ORNING AND HAVE DIFFICULTY

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xes)			
of he xe		A ys	

10. DISCHARGE COORDINATION

10.1 Community Issues

NB: ANSWER ALL QUESTIONS	Yes	No	N/A	Comments

10.2 Accommodation

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do yo c rren y h e

10.3 Arrangements for Discharge Accommodation

NB: ANSWER ALL QUESTIONS	Yes	No		N/A	Comments
Have your home care needs been discussed with you prior to discharge?					
Have options been discussed with respect to identifying suitable accommodation?					
Does ongoing residential nursing home placement need arranging?					

10.4 Care Package

[redacted]

Have care arrangements for overnight home care been discussed?					
Have you completed the Independent Living Skills Programme?					
Has an assessment of your needs been undertaken by the community team?					
Have you received a Referral and Approval copy of your social worker care management care plan?					
Have the funding options for your care been explained and agreed?					
Have you completed the Where I Live Funding					

[redacted]

11. NON-SPECIFIC GOALS

Please specify any areas not included in the questionnaire which you feel you could benefit from receiving training during the next year.

GOAL:	TARGET:

Amended August 2008