

## Intermediate Care Nursing Needs Assessment

Patient name \_\_\_\_\_

DOB \_\_\_\_\_

NHS No. \_\_\_\_\_

<p>1. <u>Mobility</u>                  Previous Mobility</p> <p>Present Mobility</p> <p>Equipment</p>	<p>2. <u>Maintaining a safe environment</u></p>
<p>3. <u>Breathing</u></p>	<p>4. <u>Nutritional Requirements</u>  <b>Risks regarding nutrition/hydration should be supported on a Care Plan.</b></p>
<p>5. <u>Communication</u>                  Speech</p> <p>Hearing</p> <p>Sight</p>	<p>6. <u>Elimination</u>                  Bladder</p> <p>Bowels</p> <p>Contenance</p>
<p>7. <u>Sleeping</u></p>	<p>8. <u>Hygiene and Dressing</u></p>

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<p>9. <u>Mental Health/Cognition/Behaviour</u></p>	<p>10. <u>Pain and Symptom Control</u></p>
<p>11. <u>Risk Assessment</u>  <b>i.e. Falls risk/ bed rails needed</b></p>	<p>12. <u>Skin Integrity</u>  <b>Wounds must have assessment chart/tissue viability care plan.</b></p> <p>Pressure Relieving Equipment</p>
<p>13. <u>Altered State of Consciousness</u></p>	<p>14. <u>Maintain Body Temperature in Environment</u></p>

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15. <u>Drug Therapies/Medication</u> Allergies (document in red)		
DRUG	DOSE	FREQUENCY

Some patients may have medically recognised abnormal variations in baseline observations affecting MEWS. Please document any variations on Care Plan.



16. <u>Base Line Observations</u>	Temperature	Pulse	Blood Pressure	Urinalysis	Blood Sugar	Respirations	MEWS score	SPo2

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**N.B. THIS ASSESSMENT TOOL MAY NOT IDENTIFY ALL PATIENTS AT RISK OF DETERIORATION AND IS NOT THE ONLY REASON TO CALL FOR HELP.**

**MODIFIED EARLY WARNING SCORE**

SCORE	3	2	1	0	1	2	3
<b>RESP RATE</b>	≤ 8			9-18	19-25	26-29	≥ 30
<b>HEART RATE</b>	≤ 40		41-50	51-100	101-110	111-129	≥ 130
<b>SYSTOLIC BP</b>	≤ 70	71 - 80	81 - 99	100 - 179		180 - 199	≥ 200
<b>TEMP</b>		≤35.0	35.1-35.9	36.0-37.9	38-38.9	≥ 39	
<b>NEURO RESPONSE</b>				<b>A</b> LERT Is alert	<b>V</b> OICE Responds to voice	<b>P</b> AIN Responds to pain	<b>U</b> NCON Is unconscious

- **Modified early warning score (MEWS) to be used in intermediate care and rapid response at point of first assessment on completion of the necessary observations.**
- **If the score is over 3 the patient should not be admitted to intermediate care/rapid response without the consultation of a senior clinician.**
- **After the initial assessment this tool is not for use in patients own homes.**

**In Intermediate Care beds**

- **MEWS to be repeated on admission to any intermediate care bed as soon as possible after admission.**
- **MEWS to be used if a patient’s condition is causing concern.**
- **If the MEWS score is rising medical opinion should be sought.**
- **If the MEWS score goes above three, senior medical opinion must be gained, community, acute or A&E.**
- **Observations and MEWS score to be continued as clinically indicated until patients condition assessed medically and resolved or patient transferred to a higher level of care.**
- **NB the MEWS score is the total of scores for each observation.**

Patient name \_\_\_\_\_  
No. \_\_\_\_\_

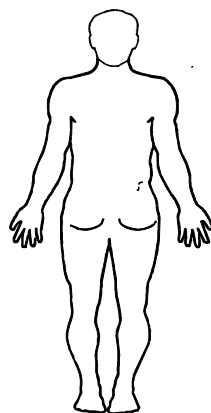
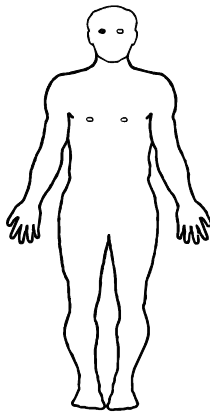
DOB \_\_\_\_\_

NHS

### Waterlow Assessment

FRONT

BACK



Indicate location of tissue damage.

WATERLOW PRESSURE ULCER PREVENTION / TREATMENT POLICY							
RING SCORES IN TABLE, ADD TOTAL, MORE THAN 1 SCORE/CATEGORY CAN BE USED							
BUILD/WEIGHT FOR HEIGHT	*	SKIN TYPE VISUAL RISK AREAS	*	SEX AGE	*	TISSUE MALNUTRITION	*
Average BMI = 20-24.9	0	Healthy	0	MALE	1	<b>Terminal Cachexia</b>	8
Above average BMI 25-29.9	1	Tissue Paper	1	FEMALE	2	<b>Multiple organ failure</b>	8
Obese BMI >30	2	Dry	1	14-49	1	<b>Single organ failure</b>	
Below average BMI <20	3	Oedematous	1	50-64	2	<b>resp, renal,cardiac</b>	5
BMI=Wt (kg) Ht (M <sup>2</sup> )		Clammy Pyrexia	1	65-74	3	Peripheral Vascular	
		Discoloured	2	75-80	4	Disease	5
		Grade 1	2	81+	5	Anaemia (hb<8)	2
		Broken/spots	3			Smoking	1
		Grade 2-4	3				
CONTINENCE	*	MOBILITY	*	APPETITE	*	NEUROLOGICAL DEFICIT	*
Complete/Catheterised	0	Fully	0	Average	0	Diabetes, MS, CVA,	4-6
Urine Incont	1	Restless/fidgety	1	Poor	1	Motor/sensory	4-6
Faecal Incont	2	Apathetic	2	NG Tube /		Paraplegia (Max of 6)	4.6
Urinary + Faecal		Restricted	3	fluids only	2		
Incontinence	3	Bedbound	4	NBM /			
		e.g. traction	4	Anorexic	3		
		Chairbound	5				
		e.g. wheelchair	5				
MEDICATION				MAJOR SURGERY OR TRAUMA		*	
Cytotoxics				Orthopaedic/Spinal		5	
Long term/high dose steroids				On table > 2 HR*		5	
Anti-inflammatory				On table > 6 HR*		8	
<b>MAX OF 4</b>							
TOTAL SCORE	<b>10+ AT RISK</b>		<b>15+ HIGH RISK</b>		<b>20+ VERY HIGH RISK</b>		

MALNUTRITION SCREENING	
<b>A – has patient lost weight recently:-</b> Yes – go to B No – go to C Unsure – go to C and score 2	<b>B – Weight loss score</b> 0.5 – 5kg = 1 5 – 10kg = 2 10 – 15kg = 3 > 15kg = 4 unsure = 2
<b>C – Patient eating poorly or lack of appetite</b> NO = 0 Yes = 1 Acute disease effect = 2	<b>Nutrition Score</b> If >2 refer for nutrition assessment/intervention Action:-

Signature \_\_\_\_\_  
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Designation \_\_\_\_\_



### Intermediate Care Identified Nursing Needs Care Plan

Patient name \_\_\_\_\_ DOB \_\_\_\_\_ NHS No. \_\_\_\_\_

Date	Care Need/Aim	Action	Signature	By who	Frequency	Review Date

Please ensure you have considered: medication management, pressure care, nutrition, mobility, and transfers, personal care, continence, and communication needs as a minimum.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

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