# Care plan

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| --- | --- |
| Name |  |
| Preferred name |  |
| Room number |  |
| Date of birth |  |
| Date of admission |  |
| Allergies |  |
| Photo |  |

## Emergency contacts

|  |  |
| --- | --- |
| *Name of contact* | |
| Relationship: Home phone:  Work phone: Mobile:  Email: Address: | |
| *Name of contact* | |
| Relationship: Home phone:  Work phone: Mobile:  Email: Address: | |
| *Name of contact* | |
| Relationship: Home phone:  Work phone: Mobile:  Email: Address: | |

## Daily record of care delivered Handover report

|  |  |  |
| --- | --- | --- |
| **Resident name** | *Add resident name* | |
| **Report by** | *Add report creator name* | |

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| --- | --- | --- | --- |
| **Date** | *Today’s date* | **Time** | *Time of handover* |

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| **Time** | **Observation** | |
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## Record of updates

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| --- | --- | --- | --- | --- | --- | --- |
| **Assessment** | **Date** | **Updated**  **by** | **Date** | **Updated**  **by** | **Date** | **Updated**  **by** |
| Level of understanding |  |  |  |  |  |  |
| Communication |  |  |  |  |  |  |
| Mobility |  |  |  |  |  |  |
| Personal care |  |  |  |  |  |  |
| Continence care |  |  |  |  |  |  |
| Oral care |  |  |  |  |  |  |
| Nutrition and hydration |  |  |  |  |  |  |
| Skin care |  |  |  |  |  |  |
| Social interests and activities |  |  |  |  |  |  |
| Night time support |  |  |  |  |  |  |
| Emotional support |  |  |  |  |  |  |
| Expressing sexuality |  |  |  |  |  |  |
| Spiritual and cultural wellbeing |  |  |  |  |  |  |
| Health care |  |  |  |  |  |  |
| Medication management |  |  |  |  |  |  |
| Mental health |  |  |  |  |  |  |
| End of life preferences |  |  |  |  |  |  |
| Breathing |  |  |  |  |  |  |

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| --- |
| **1. Level of understanding** |
| **My current care and support needs are** |
|  |
| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

|  |
| --- |
| **2. Communication** |
| **My current care and support needs are** |
|  |
| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **3. Mobility** |
| **My current care and support needs are** |
|  |
| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **4. Personal care** |
| **My current care and support needs are** |
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| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **5. Continence care** |
| **My current care and support needs are** |
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| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **6. Oral care** |
| **My current care and support needs are** |
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| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **7. Nutrition and hydration** |
| **My current care and support needs are** |
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| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **8. Skin care** |
| **My current care and support needs are** |
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| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **9 Social interests and activities** |
| **My current care and support needs are** |
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| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **10 Night time support** |
| **My current care and support needs are** |
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| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **11 Emotional support** |
| **My current care and support needs are** |
|  |
| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **12 Expressing sexuality** |
| **My current care and support needs are** |
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| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
|  |

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| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **13 Spiritual and cultural wellbeing** |
| **My current care and support needs are** |
|  |
| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **14 Health care** |
| **My current care and support needs are** |
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| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **15 Medication management** |
| **My current care and support needs are** |
|  |
| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **16 Mental health** |
| **My current care and support needs are** |
|  |
| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **17 End of life preferences** |
| **My current care and support needs are** |
|  |
| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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| **18 Breathing** |
| **My current care and support needs are** |
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| **My desired outcomes are** |
|  |
| **How should staff support me to achieve my desired outcomes?** |
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| --- | --- | --- | --- | --- |
| **Date started** | *Add date* | | **End date** | *Ongoing* |
| **Last modified date** | *Add date last modified* | | | |
| **Modified by** | *Add name of last person to modify* | | | |
| **Signature of resident** | *Add resident’s signature* | | | |

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