KindCare Individual Support and Care Plan

Individual Support and Care Plan

Plan Approval

Prepared By:	Leah Wallace	**Position/Title:**	Support Worker	**Date:**	8 months ago
Approved by:	Michaela Scott	**Position/Title:**	SW Supervisor	**Date:**	8 months ago
Next review date:	In two weeks				

Client and Contact Details

Client Details			
Client Name:	Cheryl Wyatt	**Date of Birth:**	**21/05/1923**
Gender:	Female	**Doctors Name:**	Dr Kimberly West

Participants involved in care		
Name	**Relationship to Client**	**Area of Support**
Freya Jacobs	Daughter	Takes shopping, to doctors and church weekly
Matt Jacobs	Son-in-law	Assists with home maintenance
Dr Kimberly Smith	Doctor	Corticosteroid injections

Emergency Contacts		
Name	**Relationship to Client**	**Contact No.**
Freya Jacobs	Daughter	0400 006 006
Matt Jacobs	Son-in-law	0400 007 007

Care Alerts (e.g. Falls Risk, Allergies, Diabetic)
Fall risk – High

Medication

Current Medication			
Name	**Type (tablet, liquid)**	**Dosage**	**Frequency**
Naproxen	Tablet	2 Tablets	When in pain

Medication			
☒ **Prepacked**		☐ Measure	
☒ **Independent**	☐ Fully assist	☐ Supervise	☐ Prompt
Specialised Care Plans			

KindCare Individual Support and Care Plan

Please see Specialised Care Plans (if ticked) for:			
☒ **Pain Management**	☐ Wound Care	☐ Restraint	☐ Physiotherapy

Mobility

Movement		
☐ Able to walk unassisted	☐ Quad stick	☒ **Electric wheelchair**
☐ Walking stick	☒ **Walking frame**	☐ Manual wheelchair
Care needs:		
Needs walking frame set up in the mornings before getting out of bed. Only uses wheelchair for outings.		
Transfers		
☐ Independent weight bearing	☐ Hoist	☐ One staff assist
☒ **Non-independent weight bearing**	☐ Standing hoist	☐ Two staff assist
☐ Slide sheet	☐ Other _____	
Care needs:		
Needs assistance with transfers; prefers to move independently when pain allows.		

Vision and Hearing

Vision	
☐ Wears glasses full time	☐ Wears contact lenses (multiple days)
☐ Uses reading glasses only	☐ Wears contact lenses (daily)
☐ Vision impaired: Level of impairment _____	
☐ White walking cane	☐ Guide dog (Name: _____)
Care needs:	
Nil	
Care goals:	
Maintain current level of vision	
Hearing	
☐ Hearing aid (right ear)	☐ Hearing aid (left ear)
☐ Cochlear implant	☒ **No aids**

KindCare Individual Support and Care Plan

Care needs:
Nil
Care goals:
Maintain current level of hearing

Language and Speech

First Language Spoken	**English**
Second Language Spoken	Nil
Speech disorders (e.g. stuttering, slurring, etc.)	Nil

Toileting and Continence

Bladder Continence	
☒ **Continent**	☐ Total incontinence
☐ Partial/occasional incontinence	☐ Catheter
Bowel Continence	
☒ **Continent**	☐ Total incontinence
☐ Partial/occasional incontinence	☐ Colostomy bag
☐ Diarrhoea (Frequency _____)	☐ Constipation (Frequency: _when inactive_)
Bowel Management	
☐ High fibre diet	☐ Oral laxatives (Brand/dose _____)
☐ Other: _____	
Continence Aids	
☐ Commode	☐ Urodome
☒ **Over toilet frame**	☐ Bed pan
Toileting Needs	
☐ Independent	☐ Fully Assist
☒ **Supervise** assist when in pain	☐ Prompt
☐ Other: _____	
Care goals:	
Maintain current level of continence and independence	

KindCare Individual Support and Care Plan

Showering and Grooming

Showering	
☐ Independent	☒ **Fully Assist**
☐ Supervise	☐ Prompt
☐ Shower	☐ Bath
☒ **Wash hair in shower** (Frequency ___every second day_____)	
☐ Bed sponge bath (Frequency _____)	
Showering Aids	
☒ **Shower Chair**	☐ Other _____)
Toiletries	
☒ **Regular soap**	☐ Aqueous cream
☒ **Deodorant/antiperspirant**	☐ Moisturiser ☐ AM ☐ PM
Grooming	
☒ **Independent**	☐ Fully Assist
☐ Supervise	☐ Prompt
☐ Wet shave	☐ Electric shave
Teeth	
☒ **Own teeth**	☐ Dentures
☐ Partial denture	☐ None
Own Teeth/Denture acre	
☒ **Independent**	☐ Fully Assist
☐ Supervise	☐ Prompt
Hand and Fingernail Care	
☒ **Independent**	☐ Fully Assist
☐ Supervise	☐ Prompt
Foot and Toenail Care	
☐ Independent	☒ **Fully Assist**
☐ Supervise	☐ Prompt
☐ Podiatrist (Frequency _____)	
Dressing and Undressing	

☐ Independent	☒ **Fully Assist**
☐ Supervise	☐ Prompt
Dressing Assistance	
☐ Clothing selection	☐ Underwear
☐ Bra	☐ Belt
☐ Buttons	☐ Zips
☒ **Stockings**	☒ **Socks**
☐ Make up	☐ Jewellery
☒ **Shoes**	☐ Other: _____
Care goals:	
Maintain current level of independence	

Eating and Drinking

Meal Preparation	
☐ Independent	☒ **Fully Assist** likes to assist when not in pain
☐ Supervise	☐ Prompt
Type of Diet	
☒ **Normal**	☐ Soft
☐ Minced	☐ Pureed
Eating	
☒ **Independent**	☐ Fully Assist
☐ Supervise	☐ Prompt
☐ Right handed	☐ Left handed
Preferred place to eat	
☒ **Kitchen or dining table**	☐ Lounge room
☐ Tray table	☐ Other: _____
Eating Aids	
☐ Modified cutlery	☐ Modified crockery
☐ Bowl	☐ Clothing protector
☐ Other: _____	
Drinking	
☒ **Independent**	☐ Fully Assist

KindCare Individual Support and Care Plan

☐ Supervise	☐ Prompt
Drinking Aids	
☐ Modified cup	☐ Straw
☐ Clothing protector	☐ Other: _____

Domestic Needs

Cleaning	
☐ Independent	☒ **Fully Assist**
☐ Supervise	☐ Prompt
☐ **Other**: _____	
Meal Preparation and Cooking	
☐ Independent	☒ **Fully Assist** likes to assist when not in pain
☒ **Supervise** plans own meals	☐ Prompt
☐ Other: _____	
Shopping	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
☒ **Other**: _____daughter takes her shopping_____	
Laundry	
☐ Independent	☒ **Fully Assist**
☐ Supervise	☐ Prompt
☐ Other: _____	

Social and Emotional Needs

Religion/Spirituality	
Religion/Beliefs:	Catholic
Place of Worship:	St John's
Day, time, to attend:	Sunday 8am
Pastoral Care Requirements	
Nil	
Pets	

KindCare Individual Support and Care Plan

Pet Type and Name	
Nil	
Pet Care Needs	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
Employment Details	
Company:	Nil
Manager/Supervisor Name:	Nil
Address:	Nil
Contact No:	Nil
Work days and hours:	Nil
Transport to/from work:	Nil
Hobbies and Social Activities	
Hobbies/Interests/Sports/Sporting Teams	
Reading, movies, church, and painting.	
Social or Community Groups	
Arts group (Wednesdays), St Johns Church	
Preferred Social Outings	
Church events, Movies, Art galleries (when able)	
Preferred Activities	
Reading (does not like to be read to), movies, painting	

Behaviour

Main Concerns
Very positive and relaxed. Gets tired due to pain (quiet and prefers to rest).
Care Needs
Assist her to get to bed and arrange a book or movie when she is in pain.
Care Goals
To maintain current mood (and pain management).

KindCare Individual Support and Care Plan

Other

Other Relevant Information
Cheryl is fairly quiet and prefers minimal conversation most days. Freya (daughter) helps Cheryl prepare a shopping list, shop and put away groceries. Also picks up for monthly doctor's appointments. Freya and Matt (son-in-law) pick up Cheryl and take her to church and lunch on Sundays.