KindCare Individual Support and Care Plan

Individual Support and Care Plan – Jack Elliott

Plan Approval

Prepared By:	Jeremy Dyson	**Position/Title:**	Support Worker	**Date:**	6 months ago
Approved by:	Michaela Scott	**Position/Title:**	SW Supervisor	**Date:**	6 months ago
Next review date:	In two weeks				

Client and Contact Details

Client Details			
Client Name:	**Jack Elliott**	**Date of Birth:**	**23/09/1927**
Gender:	**Male**	**Doctors Name:**	**Dr Gregory Hayes**
ID:	AG00373974		

Participants involved in care		
Name	**Relationship to Client**	**Area of Support**
Dora Elliott	Wife	Company (24/7). Non-physical tasks
Kathryn Thompson	Daughter	Takes to appointments
Marg Roberts	Daughter	Takes shopping
John Elliott	Son	Helps with home maintenance
Happland City Council	N/A	Meals on Wheels
Happland City Council	N/A	Cleaning (weekly)

Emergency Contacts		
Name	**Relationship to Client**	**Contact No.**
Kathryn Thompson	Daughter	0400 001 001
Marg Roberts	Daughter	0400 002 002

Care Alerts (e.g. Falls Risk, Allergies, Diabetic)
Falls Risk: Moderate **Mild dementia – see notes under behaviour** **Diabetic**

Medication

Current Medication

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Name	Type (tablet, liquid)	Dosage	Frequency
Warfarin	Table	1 Tablet	Once a day
Insulin	Injection	10mls	3 times per day before eating

Medication			
☒ **Prepacked**		☐ Measure	
☐ Independent _____	☒ **Fully assist** Do injections	☐ Supervise _____	☒ **Prompt** Warfarin Tablet
Specialised Care Plans			
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:		
Maintain both. Set up frame each morning for use around the house. Only uses wheelchair on outings.		
Transfers		
☒ **Independent weight bearing**	☐ Hoist	☐ One staff assist
☐ Non-independent weight bearing	☐ Standing hoist	☐ Two staff assist
☐ Slide sheet	☐ Other _____	
Care needs:		
Position chair/walker for ease of transfer		

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: _____)

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Care needs:
Clean glasses daily Check fit
Care goals:
Maintain vision
Hearing
☒ **Hearing aid (right ear)** ☒ **Hearing aid (left ear)**
☐ Cochlear implant ☐ No aids
Care needs:
Help to put in after shower Check settings
Care goals:
Maintain hearing level

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: _____	

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Continence Aids	
☐ Commode	☐ Urodome
☒ **Over toilet frame**	☐ Bed pan
Toileting Needs	
☐ Independent	☐ Fully Assist
☐ Supervise	☒ **Prompt**
☐ Other: _____	
Care goals:	
Maintain continence and reduce episodes of constipation	

Showering and Grooming

Showering	
☐ Independent	☐ Fully Assist
☒ **Supervise** Preheat bathroom	☐ Prompt
☒ **Shower** When unsteady	☐ Bath
☒ **Wash hair in shower** (Frequency __twice per week___)	
☐ 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** Overnight soak in Polident

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Hand and Fingernail Care	
☐ Independent	☒ **Fully Assist** clip nails weekly
☐ Supervise	☐ Prompt
Foot and Toenail Care	
☐ Independent	☒ **Fully Assist** clip nails weekly
☐ Supervise	☐ Prompt
☐ Podiatrist (Frequency _____)	
Dressing and Undressing	
☐ Independent	☐ Fully Assist
☒ **Supervise** sometimes requires assistance with shoes	☐ 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** Does not cook but gets Meals on Wheels (dinner)
☐ Supervise	☐ Prompt
Type of Diet	
☒ **Normal**	☐ Soft
☐ Minced	☐ Pureed
Eating	
☒ **Independent**	☐ Fully Assist
☒ **Supervise** may need help to cut food	☐ Prompt
☒ **Right handed**	☐ Left handed

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Preferred place to eat	
☒ **Kitchen or dining table**	☐ Lounge room
☐ Tray table	☐ Other: _____
Eating Aids	
☐ Modified cutlery	☐ Modified crockery
☐ Bowl	☒ **Clothing protector** napkin
☐ Other: _____	
Drinking	
☒ **Independent**	☐ Fully Assist
☐ Supervise	☒ **Prompt** Forgets to drink water
Drinking Aids	
☐ Modified cup	☐ Straw
☐ Clothing protector	☐ Other: _____

Domestic Needs

Cleaning	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
☒ **Other**: _____has weekly cleaner_____	
Meal Preparation and Cooking	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
☒ **Other**: _____has Meals on Wheels and wife cooks_____	
Shopping	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
☒ **Other**: _____daughter takes shopping (Saturdays, 9am) _____	
Laundry	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
☒ **Other**: _____wife does laundry_____	

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Social and Emotional Needs

Religion/Spirituality	
Religion/Beliefs:	Roman Catholic
Place of Worship:	St Marys – 12 Ripon Street Happland
Day, time, to attend:	Sundays, 10am, and any holidays (e.g. Good Friday)
Pastoral Care Requirements	
Nil	
Pets	
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	
Gardening	
Social or Community Groups	
RSL (meets friends for lunch Wednesdays, 12pm) Senior Citizens Club (Tuesdays, 4pm)	
Preferred Social Outings	
Bingo	
Preferred Activities	
Gardening, movies, DVDs	

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Behaviour

Main Concerns
Mild Dementia Can be very forgetful some days and this causes him stress, frustration and confusion. When this happens he has difficulty finding his words and can be quite teary. Jack can occasionally become agitated.
Care Needs
Provide prompts gently; change the subject until he calms. Allow his privacy. Reassure him.
Care Goals
Support and calm

Other

Other Relevant Information
Army veteran – loves to share his stories Loves his garden – was a farmer Occasional smoker Occasional drinker Occasionally likes to pray on his knees and requires assistance with movement.