KindCare Individual Support and Care Plan

Individual Support and Care Plan

Plan Approval

Prepared By:	Jeremy Dyson	**Position/Title:**	Support Worker	**Date:**	4 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:	**Jason Peterson**	**Date of Birth:**	**03/12/1986**
Gender:	**Male**	**Doctors Name:**	**Dr Dave Tolbert**
Participants involved in care			
Name	**Relationship to Client**	**Area of Support**	
Marisa Peterson	Wife	Company (24/7). Non-physical tasks	
Emergency Contacts			
Name	**Relationship to Client**	**Contact No.**	
Marisa Peterson	Wife	0400 001 001	
Care Alerts (e.g. Falls Risk, Allergies, Diabetic)			
Falls Risk: Moderate **Mild acquired brain injury – see notes under behaviour** **Diabetic**			

Medication

Current Medication			
Name	**Type (tablet, liquid)**	**Dosage**	**Frequency**
ibuprofen	Table	2 Tablets	When experiencing phantom pain
Morphine	Table	1 Tablet	When experiencing phantom pain
Insulin	Injection	10mls	3 times per day before eating
Medication			
☒ **Prepacked**		☐ Measure	

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☒ **Independent** ____ibuprohen____	☒ **Fully assist** ___Morphone___	☒ Supervise ____Insulin____	☐**Prompt**
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 stick 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/stick 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: _____)
Care needs:	
Clean glasses daily Check fit	
Care goals:	
Maintain vision	

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Hearing	
☐ Hearing aid (right ear)	☐ Hearing aid (left ear)
☐ Cochlear implant	☒ **No aids**
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 taking morphine_)
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	☐ Prompt
☐ Other: _____	

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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 _____)	
☐ 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** clip nails weekly
☐ Supervise	☐ Prompt
☐ Podiatrist (Frequency _____)	

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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
☒ **Supervise** Does little cooking; can have difficulty standing for long periods	☐ 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: _____	

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Drinking	
☒ **Independent**	☐ Fully Assist
☐ Supervise	☐ Prompt
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** Does little cooking; can have difficulty standing for long periods	☐ Prompt
☒ **Other**: _____wife cooks_____	
Shopping	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
☒ **Other**: _____wife does shopping_____	
Laundry	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
☒ **Other**: _____wife does laundry_____	

Social and Emotional Needs

Religion/Spirituality	
Religion/Beliefs:	Nil
Place of Worship:	Nil
Day, time, to attend:	Nil
Pastoral Care Requirements	

Nil	
Pets	
Pet Type and Name	
Cat; Bobbie	
Pet Care Needs	
☒ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
Employment Details	
Company:	IT Solutions
Manager/Supervisor Name:	Kira Maher
Address:	23 High Street
Contact No:	0400 002 002
Work days and hours:	Monday – Friday; 10am-2pm
Transport to/from work:	Nil; works from home
Hobbies and Social Activities	
Hobbies/Interests/Sports/Sporting Teams	
Watches motorcross Used to play football; watches football	
Social or Community Groups	
Harley Davison Restoration Club Happland Football Club	
Preferred Social Outings	
Harley Davison Restoration Club (monthly) Football (watches old team play)	
Preferred Activities	
Watching motorcross/football Car and Bike shows/events	

Behaviour

Main Concerns
Mild Acquired Brain Injury

Can experience confusion and disorientation some days. Generally, copes well, but can become frustrated/agitated.
Care Needs
Speak calmly and respect his personal space. Tends to vent then calm.
Care Goals
Support and calm

Other

Other Relevant Information
Acquired brain injury and lost lower left leg in a motorcycle accident. Long time motorcycle enthusiast; predominantly interested in Harley Davison's and other road bikes. Wife works 6am to 3pm week days and assists Jason after work.