KindCare Individual Support and Care Plan

Individual Support and Care Plan

Plan Approval

Prepared By:		**Position/Title:**		**Date:**	
Approved by:		**Position/Title:**		**Date:**	
Next review date:					

Client and Contact Details

Client Details			
Client Name:		**Date of Birth:**	
Gender:		**Doctors Name:**	
Participants involved in care			
Name	**Relationship to Client**	**Area of Support**	
Emergency Contacts			
Name	**Relationship to Client**	**Contact No.**	
Care Alerts (e.g. Falls Risk, Allergies, Diabetic)			

Medication

Current Medication			
Name	**Type (tablet, liquid)**	**Dosage**	**Frequency**
Medication			

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☐ Prepacked		☐ Measure	
☐ Independent _____	☐ Fully assist _____	☐ Supervise _____	☐ 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:		
Transfers		
☐ Independent weight bearing	☐ Hoist	☐ One staff assist
☐ Non-independent weight bearing	☐ Standing hoist	☐ Two staff assist
☐ Slide sheet	☐ Other _____	
Care needs:		

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:	
Care goals:	

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Hearing	
☐ Hearing aid (right ear)	☐ Hearing aid (left ear)
☐ Cochlear implant	☐ No aids
Care needs:	
Care goals:	

Language and Speech

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

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	☐ Prompt

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☐ Other: _____
Care goals:

Showering and Grooming

Showering	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
☐ Shower	☐ 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**
☐ 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:	

Eating and Drinking

Meal Preparation	
☐ Independent	☐ Fully Assist
☐ 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: _____	

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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**: _____	
Meal Preparation and Cooking	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
☐ Other: _____	
Shopping	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
☐ **Other**: _____	
Laundry	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
☐ Other: _____	

Social and Emotional Needs

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

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Pets	
Pet Type and Name	
Pet Care Needs	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
Employment Details	
Company:	
Manager/Supervisor Name:	
Address:	
Contact No:	
Work days and hours:	
Transport to/from work:	
Hobbies and Social Activities	
Hobbies/Interests/Sports/Sporting Teams	
Social or Community Groups	
Preferred Social Outings	
Preferred Activities	

Behaviour

Main Concerns
Care Needs

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Care Goals

Other

Other Relevant Information