KindCare Individual Support and Care Plan

Individual Support and Care Plan - Zhi (Helen) Chou

Plan Approval

Prepared By:	Leah Wallace	**Position/Title:**	Support Worker	**Date:**	1 year ago
Approved by:	Michaela Scott	**Position/Title:**	SW Supervisor	**Date:**	1 year ago
Next review date:	2 weeks from now				

Client and Contact Details

Client Details			
Client Name:	**Zhi (Helen) Chou***	**Date of Birth:**	**11/3/1987**
Gender:	**Female**	**Doctors Name:**	**Dr Gabor Machala**

Participants involved in care		
Name	**Relationship to Client**	**Area of Support**
Charlie Zhen	Brother	Takes her to family events and does home maintenance
Tilly Zhen	Sister	Takes her to social activities (dances) and shopping (weekly)

Emergency Contacts		
Name	**Relationship to Client**	**Contact No.**
Walter Chou	Brother	0400 005 005
Cherry Chou	Sister	0400 006 006

Care Alerts (e.g. Falls Risk, Allergies, Diabetic)
Risk of falls – high **Has Cerebral Palsy**

Notes: Goes by Helen

Medication

Current Medication			
Name	**Type (tablet, liquid)**	**Dosage**	**Frequency**
Diazepam	Tablet	1 Tablet	Twice daily (morning and evening)

Medication	
☒ **Prepacked**	☐ Measure

KindCare Individual Support and Care Plan

☐ 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:		
Need walking stick set out before getting out of bed		
Transfers		
☒ **Independent weight bearing**	☐ Hoist	☐ One staff assist
☐ Non-independent weight bearing	☐ Standing hoist	☐ Two staff assist
☐ Slide sheet	☐ Other _____	
Care needs:		
May need assistance with transfers occasionally		

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 for her daily	
Care goals:	
To maintain current level of vision	
Hearing	

KindCare Individual Support and Care Plan

☐ Hearing aid (right ear)	☐ Hearing aid (left ear)
☐ Cochlear implant	☒ **No aids**
Care needs:	
Nil	
Care goals:	
To maintain current level of hearing	

Language and Speech

First Language Spoken	Mandarin
Second Language Spoken	English (fluent; occasionally unsure of colloquialisms)
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** may require assistance at times	☐ Prompt
☐ Other: _____	

KindCare Individual Support and Care Plan

Care goals:
To maintain current levels of continence and independence

Showering and Grooming

Showering	
☐ Independent	☐ Fully Assist
☒ **Supervise** run water, may require assistance entering shower at times	☐ 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** goal to be independent may require some assistance at times	☐ Prompt
☐ Wet shave	☐ Electric shave
Teeth	
☒ **Own teeth**	☐ Dentures
☐ Partial denture	☐ None
Own Teeth/Denture acre	
☒ **Independent** goal to be independent may require some assistance at times	☐ Fully Assist
☐ Supervise	☐ Prompt
Hand and Fingernail Care	
☐ Independent	☒ Fully Assist
☐ Supervise	☐ Prompt
Foot and Toenail Care	
☐ Independent	☒ **Fully Assist**

KindCare Individual Support and Care Plan

☐ 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:	
To maintain currently level of assistance	

Eating and Drinking

Meal Preparation	
☐ Independent	☒ Fully Assist
☐ Supervise	☐ Prompt
Type of Diet	
☒ Normal	☐ Soft
☐ Minced	☐ Pureed
Eating	
☐ Independent	☐ Fully Assist
☒ **Supervise** goal to be independent but will generally require some assistance	☐ 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** napkin

☐ Other: _____	
Drinking	
☐ Independent	☐ Fully Assist
☒ **Supervise** goal to be independent but will generally require some assistance	☐ 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**: _____sister takes her shopping weekly_____	
Laundry	
☐ Independent	☒ **Fully Assist** weekly
☐ Supervise	☐ Prompt
☐ Other: _____	

Social and Emotional Needs

Religion/Spirituality	
Religion/Beliefs:	Taoist
Place of Worship:	Nil
Day, time, to attend:	Nil

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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
Walks, old movies, and book club
Social or Community Groups
Book club
Preferred Social Outings
Book club (Tuesdays and Thursdays) Black and white films; drive-in movies
Preferred Activities
Reading; watching old films; walks in the garden (requires assistance)

Behaviour

Main Concerns
Typically calm, positive and upbeat
Care Needs

Ask for updates on her latest readings or movie watching.
Care Goals
Maintain current mood and behaviour

Other

Other Relevant Information
Helen has difficulty with standing for long periods, walking and fine motor skills. She tries to be as independent as possible and appreciates the opportunity to try things by herself before assistance is provided. Helen's sister calls regularly, takes her to book club and shopping. Her brother picks her up for family events (usually every month or so) where she sees other family.

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