KindCare Individual Support and Care Plan

Individual Support and Care Plan

Plan Approval

Prepared By:	Jeremy Dyson	**Position/Title:**	Support Worker	**Date:**	1 year 4 months ago
Approved by:	Michaela Scott	**Position/Title:**	SW Supervisor	**Date:**	1 year 6 months ago
Next review date:	In two weeks				

Client and Contact Details

Client Details			
Client Name:	**Rodney Myers**	**Date of Birth:**	**17/8/1931**
Gender:	**Male**	**Doctors Name:**	
ID:	AG00379362		
Participants involved in care			
Name	**Relationship to Client**	**Area of Support**	
Christopher Myers	Son	Social outings (football etc.)	
Emergency Contacts			
Name	**Relationship to Client**	**Contact No.**	
Christopher Myers	Son	0400 003 003	
Robert Myers	Brother	0400 004 004	
Care Alerts (e.g. Falls Risk, Allergies, Diabetic)			
Early stages of dementia – see notes under behaviour **Mild speech impairment – see notes under language**			

Medication

Current Medication			
Name	**Type (tablet, liquid)**	**Dosage**	**Frequency**
Caltrate	Tablet	1 Tablet	1 daily (morning)
Osteo-eze	Tablet	1 Tablet	1 daily (evening)
Muralax	Tablet	1 Tablet	3 times per day
Medication			
☒ **Prepacked**		☐ Measure	

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☒ **Independent** _____	☐ Fully assist _____	☐ Supervise _____	☒ **Prompt** ___tablets___
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:		
Nil		
Transfers		
☒ **Independent weight bearing**	☐ Hoist	☐ One staff assist
☐ Non-independent weight bearing	☐ Standing hoist	☐ Two staff assist
☐ Slide sheet	☐ Other _____	
Care needs:		
Nil		

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 vision	
Hearing	

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

Language and Speech

First Language Spoken	Greek (as a child; no longer fluent)
Second Language Spoken	English (fluent)
Speech disorders (e.g. stuttering, slurring, etc.)	Slight distortion

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
☐ Other: _____	

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Care goals:
Maintain independence and continence

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 A**ssist**
☐ Supervise	☒ **Prompt**
☐ Podiatrist (Frequency _____)	

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Dressing and Undressing	
☒ **Independent**	☐ Fully Assist
☐ Supervise	☐ Prompt
Dressing Assistance	
☐ Clothing selection	☐ Underwear
☐ Bra	☐ Belt
☐ Buttons	☐ Zips
☐ Stockings	☐ Socks
☐ Make up	☒ **Jewellery** watch
☐ Shoes	☐ Other: _____
Care goals:	
Reduce assistance with hand/foot care and showering	

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** napkin
☐ Other: _____	
Drinking	

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☒ **Independent**	☐ Fully Assist
☐ Supervise	☐ Prompt
Drinking Aids	
☐ Modified cup	☐ Straw
☐ Clothing protector	☐ Other: _____

Domestic Needs

Cleaning	
☐ Independent	☒ **Fully Assist** goal to be more independent*
☐ Supervise	☐ Prompt
☐ **Other**: _____	
Meal Preparation and Cooking	
☐ Independent	☒ **Fully Assist** goal to be more independent*
☐ Supervise	☐ Prompt
☐ Other: _____	
Shopping	
☐ Independent	☐ Fully Assist
☒ Supervise	☐ Prompt
☐ **Other**: _____	
Laundry	
☐ Independent	☒ **Fully Assist** goal to be more independent*
☐ Supervise	☐ Prompt
☐ Other: _____	

Note: Break into small steps for him to follow

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
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
Cricket, music
Social or Community Groups
Local cricket club
Preferred Social Outings
Going to the cricket; listening to music; going to the movies
Preferred Activities
Enjoys going to the city and just wandering around and watching the buskers in the mall or street performers. Watches a lot of Netflix.

Behaviour

Main Concerns
Usually very happy and calm. Can be forgetful. Occasionally forgets locations, names and faces. Tendency to be a bit sedentary e.g. spending all day on the couch. Very keen to do things himself and can get frustrated when unable to do so.

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Rodney had one aggressive incident a year ago when he found out his sister had passed away. No repeated instances.
Care Needs
Check he has everything he needs before leaving the house. Allow him to make mistakes (independence)
Care Goals
Maintain and increase sense of self reliance.

Other

Other Relevant Information
Son lives interstate but phones every few days and visits monthly (usually takes him to the cricket). Brother drops in every few weeks. Rodney is very private, so be cautious about sharing personal information with his family.