

NURSING TRANSFER SUMMARY

TRANSFER WARD:

SITE:

TELEPHONE:

<div style="border: 1px solid black; padding: 10px; transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">ADDRESSOGRAPH LABEL:</div> <p>DIAGNOSIS: <u>Right TACS</u></p> <p>ALLERGIES: <u>None known</u></p> <p>INFECTION ISSUES: <u>None</u></p>	<p>IMMEDIATE NEXT OF KIN: <u>Barbara Graham</u> RELATIONSHIP: <u>Wife</u> ADDRESS: <u>26 West Street</u> <u>Edinburgh</u></p> <p>TELEPHONE/MOBILE NUMBER: DAY:</p> <p>WORK:</p>
<p>FAMILY AWARE OF TRANSFER: <input checked="" type="radio"/> YES <input type="radio"/> NO</p>	<p>DNAR FORM IN PLACE: YES <input type="radio"/> NO <input checked="" type="radio"/></p>
<p>PATIENT ASSESSED FOR TRANSFER: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>AUTHORISED ASSESSOR: DOCTOR <input type="checkbox"/> NURSE <input checked="" type="checkbox"/></p> <p>PRINT: <u>STAFF NURSE JAMES SIGN sin James</u></p> <p>TPR B/P AND O2 SATS <u>T-37.6 P-68 R-18</u> <u>B/P 128/82 O2 Sats - 98%</u></p>	<p>7 DAY MEDICINE SUPPLY: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>7 DAY WOUND DRESSINGS: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>OTHER:</p> <p>MEDICAL TRANSFER LETTER: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>CASH/VALUABLES RETURNED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>RELIGION: <u>CHRISTIAN</u></p>

ACTIVITIES OF DAILY LIVING: PLEASE TICK BOX AND ADD COMMENTS IN FREE TEXT:

BREATHING/VITAL SIGNS: ROOM AIR ON OXYGEN MASK

All within normal range + limits

PERSONAL HYGIENE: INDEPENDENT ASSISTANCE FULL SUPPORT

Requires assistance with all personal hygiene tasks. Currently being seen by OT for top half dressing practice

See OT Notes

SAFETY AND COMFORT: TWICE DAILY DAILY

Patient is fully aware of safety limitations, uses buzzer system appropriately

PAIN: PAINFREE ANALGESIA AS CHARTED S/C PAIN CONTROL

Only requires occasional pain relief. Charted PRN

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FAMILY COMMUNICATION:

Very Supportive + close family. Family have been given general information on condition and daily updates. They are fully aware of transfer to your unit.
x 2 teenage children require support

COMMUNICATION: ENGLISH LANGUAGE MENTALLY ALERT CONFUSED AT TIMES

Able to communicate needs effectively

ELIMINATION: CONTINENT INCONTINENT INCO PRODUCTS CATHETER

Patient continues to be incontinent - reflex incontinence
This is already improving and is managed by incontinence products
Patient needs assistance with this

FOOD/FLUID/NUTRITION: INDEPENDENT NIL BY MOUTH ASSISTANCE WITH FEEDING

M.U.S.T.

M.U.S.T Score = 0 Weekly review continues

MOBILITY: INDEPENDENT BED REST AMBULANT WITH HELP

Requires hoist for transfers with assistance of x 2 nursing staff.
Improvements + carry over noted within physio sessions
See - physio notes.

PRESSURE AREAS: HEALTHY 3 HOURLY TURN RED AREA BROKEN AREA

WATERLOW.

Waterlow Score on transfer - 10
All pressure areas intact and healthy.

SLEEP: CURRENT SLEEP PATTERN RECEIVES NIGHT SEDATION NIGHT CONFUSION

Appears to sleep well overnight - no complaints

SPECIALIST AREAS/ADDITIONAL COMMENTS:

Trevor appears to be progressing well within all therapies and is keen to improve functionally. As this gentleman is self employed he has some concerns over his future.
He at times can be prone to unpredictable tearful episodes, this often settles quickly.
Family are very supportive and are eager to see improvements.
If you require any further information please do not hesitate to contact the ward.

SIGNATURE: SIN James

DATE: 5/4/10