

Hospital admission

- information to help nursing staff understand the person you care for and improve their experience whilst in hospital



Information for Hospital Admission

During your relative's stay with us in hospital, it is important for us to know a bit about his/her routine so that we can make their stay as comfortable as possible. To help us with this, here are some questions that will increase our understanding and improve the experience of the person you care for.

When you have completed this form please hand it to a member of the nursing staff.

Name:..... Date of birth:.....

Carer name:..... Relationship:.....

Carer contact number:.....

How would the person you care for like to be addressed by staff?

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Does he/she understand this admission to hospital? Yes No

Behaviours

Is there anything about being in hospital that you think may particularly cause upset/anxiety to the person you care for?

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Have you any suggestions to help us reassure and calm them if they become upset?

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Is there any behaviour that may cause a problem or misunderstanding that you feel we should be aware of? Have you any tips for coping that you can give us?

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Is the person you care for likely to wander/try to leave the ward?

Yes No

Is the person you care for likely to try to remove dressings, pull out tubes/catheters etc?

Yes No

Are there any ways in which we can reassure them if they do these things?

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Are there any ways in which the person you care for likes to occupy their time? eg. reading, puzzle books, knitting etc.

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Communication

Is there any problem with hearing?

Yes No

Is a hearing aid worn?

Yes No

In which ear(s) is the hearing aid worn?

Right Left

Is help needed to use a hearing aid?

Yes No N/A

Is there any problem with sight?

Yes No

Are spectacles worn?

Yes No

Is help needed to use spectacles?

Yes No N/A

Can he/she express their needs?

Yes No

Does writing things down help?

Yes No N/A



Can the person you care for read and understand what they have read? Yes No

Will he/she be able to use the 'call' bell to call for assistance?

Yes No

Will the person you care for need assistance with filling out the menu sheet? Yes No

If there are communication problems, have you any tips for effective communication?

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Are there any behaviours/signs that indicate when help is needed?

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Mobility

Is assistance needed to get out of bed? Yes No

Is assistance needed to raise from a chair? Yes No

Is assistance needed with walking? Yes No

Are any mobility aids used? Yes No

If yes to any of the above questions, please give details.

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Is there a risk of falling? Yes No

If yes, do you have any suggestions for minimising this risk?

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Food and drink

Is assistance needed at mealtimes? Yes No

Does fluid intake need to be encouraged? Yes No

Is assistance needed with drinking? Yes No

Are dentures used when eating? Yes No

If there are any problems with eating/drinking, what is the best way to help the person with these?

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Is protective clothing needed when eating or drinking? Yes No
If yes, please give details:

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Any favourite food/drink or any food/drink dislikes?

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Any special dietary requirements or allergies? eg. diabetic, gluten free, vegetarian, vegan, soft diet etc.

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Any problems with medication, or swallowing of tablets or food?

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Sleep

What hours does he/she sleep during the night?

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Are there any routines before going to bed that work well to ensure a settled night? Is there a sleeping position that works best?

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Does he/she sleep well, or is their sleep disturbed? Are there any coping strategies that work well if sleep is disturbed?

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Is assistance needed with toileting during the night? Yes No
If yes, what help is needed?

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Using the toilet or continence aids

When well, does he/she usually use the toilet? Yes No

Are reminders to use the toilet/commode helpful? Yes No

Is assistance needed to get to and/or use the toilet/commode?
Yes No

If yes to any question, please give details.

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Are any continence aids used? Yes No

If yes, please specify.

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Washing and looking after hygiene and appearance

Will assistance and/or encouragement be needed with washing?

Yes No

Will assistance be needed with showering/bathing?

Yes No

Which is preferred? Shower Bath Strip wash

Will assistance and/or encouragement be needed with hair care or shaving etc? Yes No

If yes to any question, please give details:

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Is help needed with dental care? Yes No

Are dentures worn? Yes No

Is help needed to use dentures? Yes No N/A

If yes to any question, please give details:

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Do you have in place an Advanced Directive and/or a Lasting Power of Attorney for Health Matters? If so please give details.

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Thank you very much for this information. If you have any questions or want to give us any further information please feel free to talk with one of the nursing staff.

The information you have written on this form may change over time. It is important to give up-to-date information to nursing staff, so you may need to regularly check what you have written and make changes if necessary. If you need a new blank copy of the form you can request one by calling any of the numbers below:

North Maidstone & Malling Community Mental Health Team
01622 726899

South Maidstone Community Mental Health Team, Heathside
01622 742970

Alzheimer's Society – Maidstone Branch
01622 749539

Maidstone Carers' Project 01622 685276



Nursing staff record sheet (to be filled in by staff)

Which information in this form is useful when working with this patient?

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What information in this form does not work when working with this patient?

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Further suggestions and information to facilitate working with this patient:

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