**P11 Power Failure**

(To be completed in the event of a power cut)

Appendix 2

|  |  |  |
| --- | --- | --- |
| Name of person we support:  |   | Date:   Time:  |
| Unit:  |   |
| IAS number:  |   |
| Staff Member Name:  |   |
| **Daily Diary Notes:**  **Please circle:**  **AM**  **PM** **Nights**  |
| **Day Staff**; use the headings (on the left)**.                   Night Staff**; record by time of check  |
| **How I spend my time** Include details of interaction and activities  |    |
| **Goals & Aspirations** Detail any work/progress or discussions  |   |
| **Food & Drink** Record all food and drink intake  |   |
| **Health/ Well-being/ Concerns** Record all Health & Well-being and any concerns  |   |
| **Mobility & Equipment** Mobility details and equipment checks  |   |
| **Personal Care include Creams/skin** Include all details of personal care provided  |   |
| **Continence** Include urine and bowel continence  |   |

**Monitoring forms only to be completed if needed.**

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| **Catheter Use**  |
| Date  | Morning Total (mls) **(7am to 9am)**  | Completed by  |  |
|   |   |   |  |
| Date  | Day Total (mls) **(9am to 4pm)**  | Completed by  |  |
|   |   |   |  |
| Date  | Afternoon/Evening Total (mls) **(4pm to 10pm)**  | Completed by  |  |
|   |   |   |  |
| Date  | Night Total (mls) **(10pm to 7am)**  | Completed by  |  |
|   |   |   |  |

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| **Bowel Monitoring**  |
| Date   | Time  | Type  | Comments  | Completed by  |
|   |   |   |   |   |
|   |   |   |   |   |

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| **Urine Continence Monitoring Form**  |
| Date  | Time  | Condition of Incontinence Pad (circle)  | Comments  | Completed by  |
|   |   | Dry  | Damp  | Wet  | Very Wet  |   |   |
| **MUST Tool**  |
| Date  | Weight  | Name of person who carried out the weighing  |
|   |   |   |

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| **Pressure Care**  |
| Date  | Time  | Position moved from  | Position moved to   | Comments  | Completed by  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

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| **Food Intake**  |
| Date  | Breakfast **(7am to 9am)**  | Completed by  |
|    |   |   |
| Date  | Breakfast **Days (9am to 4pm)**  | Mid AM **Days (9am to 4pm)**  | Lunch **Days (9am to 4pm)**  | Mid PM **Days (9am to 4pm)**  | Completed by  |
|     |   |   |   |   |   |
| Date  | Tea **Afternoon/Evening (4pm to 10pm)**  | Supper **Afternoon/Evening (4pm to 10pm)**  | Completed by  |
|     |   |   |   |
| Date  | Nights **(10pm to 7am)**  | Completed by  |
|   |    |   |

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| --- |
| **Fluid Intake**  |
| Date  | Morning Shift **(7am to 9am)**  | Morning Total  | Completed by  |
|   |   |   |   |
| Date  | Days Shift **(9am to 4pm)**  | Days Total  | Completed by  |
|   |   |   |   |
| Date  | Afternoon Shift **(4pm to 10pm)**  | Afternoon Total  | Completed by  |
|   |   |   |   |
| Date  | Night Shift **(10pm to 7am)**  | Night Total  | Completed by  |
|   |   |   |   |