**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 | |
|  | |  | | | | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |
|  |  | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
|  |  |  |  |