**P11 Power Failure**

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

Appendix 1

|  |  |  |  |
| --- | --- | --- | --- |
| 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 time of check | | | |
| **Personal Care**  Full detail of personal / oral care provided |  | | |
| **Creams/Skin**  Creams applied, pressure care or skin integrity |  | | |
| **Health/Concerns**  Any health issues or concerns |  | | |
| **Continence**  Include urine and bowel continence |  | | |
| **Mobility and Equipment**  Mobility details and equipment checks |  | | |
| **Food and Fluid**  Record all food and fluid intake |  | | |
| **How I spend my day**  Include all interaction and activities |  | | |

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bowel Monitoring** | | | | | | | | | |
| Date | Time | Type | | | Comments | | | Completed by | |
|  |  |  | | |  | | |  | |
|  |  |  | | |  | | |  | |
| **Urine Continence Monitoring Form** | | | | | | | | | |
| Date | Time | Condition of Incontinence Pad (circle) | | | | | Comments | | Completed by |
|  |  | Dry | Damp | Wet | | Very Wet |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Catheter Use** | | | |
| Date | Morning Total (mls) | Completed by |
|  |  |  |
| Date | Afternoon Total (mls) | Completed by |
|  |  |  |
| Date | Night Total (mls) | Completed by |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **MUST Tool** | | |
| Date | Weight | Name of person who carried out weighing |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pressure Care** | | | | | |
| Date | Time | Position moved from | Position moved to | Comments | Completed by |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Food Intake** | | | | |
| Date | Breakfast | Mid AM | Lunch | Completed by |
|  |  |  |  |  |
| Date | Mid PM | Tea | Supper | Completed by |
|  |  |  |  |  |
| Date | Nights | | |  |
|  |  | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fluid Intake** | | | |
| Date | Morning Shift | Morning Total | Completed by |
|  |  |  |  |
| Date | Afternoon Shift | Afternoon Total | Completed by |
|  |  |  |  |
| Date | Night Shift | Night Total | Completed by |
|  |  |  |  |