Completed by person

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Populated from person's EPR

## **RAMSDALE NHS FOUNDATION TRUST**

FORM NUMBER

Nursing Care Needs Assessment

#7187HE29

PERSON	NHS NUMBER F	NHS NUMBER PERSON F			FIRST NAME PERSON I			DATE OF BIRTH	
DEMOGRAPHICS AND GP PRACTICE	PG 726 019 11 Oliver				Parker			2013-02-02	
	GENDER	TELEPHONE NUMBER			GP PRACTICE IDENTIFIER				
	Male	0145 892 5555			(Ramsdale Medical Centre organisation code)				
	ADDRESS LINE 1					POSTCODE			
	38 Yarwood Lane		RM2 7WE						
PERSONAL	PERSONAL CONTACT NAME	PERSONAL CONTA	ERSONAL CONTACT RELATIONSHIP				PERSONAL CONTACT DETAILS		
CONTACTS	Sue Parker	Mother			0145 892 5555				
PROFESSIONAL	PROFESSIONAL CONTACT NAM	1E PR	OFESSIONAL CON	TACT RE	LATIONSH	IP PRO	FESSIONAL	CONTACT DETAILS	
CONTACTS	Isaac Wade		School Nurse			014	15 814 3309		
LEGAL INFORMATION	CONSENT FOR INFORMA	SHARING		CON	ISENT RELATING TO CHILD				
	Consent obtained for information	ring	Con	nsent obtained from Mother (Oliver's legal guardian)					
SAFEGUARDING	DO YOU HAVE ANY PATIENT SAFEGUARDING CONCERNS?								
		YES NO							
SOCIAL CONTEXT	HOUSEHOLD CO	HOUSEHOLD COMPOSITION ACCOMODATION STATUS							
	Oliver lives with his parents and	ounger siblings.	Two storey house, owned by parents.						
	SOCIAL CIRCUMSTANCES								
	Oliver's mother works part-time from home. He likes sports and plays with a local football team twice a week. He is quite upset about his fracture as he won't be able to play for a while as his team are currently doing well in the junior league.								
PLAN AND	ACTIONS FOR PROFESSIONALS								
REQUESTED ACTIONS	Nurse Shergill to ensure ward doctor prescribes Oliver oral analgesia as he struggles with taking tablets. Observe skin 4 hourly as part of routine observation to assess skin integrity.								
CONTACT WITH PROFESSIONALS	PROFESSIONAL NAME		ROLE	ROLE			LOCATION OF CONTACT		
	Rita Shergill		Staff Nurse			(Ramsdale Hospital organisation code)			
	SPECIALITY		CONSULTATION METHOD			SERVICE			
	171 - Paediatric Surgery Servic	e	01 - Face-to-face	commur	nication	Nurse Care Needs Assessment		Assessment	
ALLERGIES &	ALLERGIES AND ADVERSE REACTIONS			PROBLEM LIST					
ADVERSE REACTIONS AND	<<716186003  No known allerg		20863	208635000   Closed fracture distal tibia					
PROBLEM LIST									

Completed by person Populated from person's EPR Completed by system RAMSDALE NHS FOUNDATION TRUST FORM NUMBER **Nursing Care Needs Assessment** #7187HE29 EATING AND DRINKING CAPABILITY **EATING AND DRINKING** Independent (Able to carry out all usual activities) **MOBILITY MOBILITY CAPABILITY** Moderately severe disability (Unable to attend to needs without assistance). Oliver is unable to bear weight on his right leg, and requires crutches for support during ambulation. He requires support and supervision to transition between different positions, and cannot use stairs independently. SIT TO STAND **MOBILITY AID** 282899000 | Difficulty alternating between sitting and standing 468646006 | Elbow crutch (physical object) | (finding) | NUMBER OF STAFF **REQUIRED TO ASSISST** PROBLEMS AFFECTING MOBILITY TYPE OF TRANSFER SUPPORT NEEDED WITH MOBILISATION 208635000 | Closed fracture distal tibia 426031007 | Nursing assistance required (finding) | COMMENTS We have modified Oliver's immediate environment to accommodate his mobility limitations. This includes ensuring clear pathways, removing obstacles, and providing handrails or support structures where necessary. **ELIMINATION ELIMINATION CAPABILITY** Moderately severe disability (Unable to attend to needs without assistance). Oliver will need assistance going to the toilet until he gets used to doing it with crutches as he cannot bear weight on his right foot. He will be instructed until he is able to manage this himself. REQUIREMENTS FOR TOILETING ASSISSTANCE Assistance needed with transfer to the toilet, and transfer from sitting on toilet to standing. PERSONAL HYGIENE AND DRESSING CAPABILITY **PERSONAL HYGIENE** AND DRESSING Moderate disability (Requires some help, but is able to do physically carry out activities unassisted). Oliver is able to dress himself with set-up help, though he requires more time than he usually needs. Oliver requires assistance with showering, as well as guidance and assistance on how to put water-proof coverings over his cast. PROBLEMS AFFECTING PERSONAL **EQUIPMENT TO AID PEROSNAL HYGIENE** HYGIENE AND DRESSING AND DRESSING 208635000 | Closed fracture distal tibia 467315002 | Cast/bandage waterproof cover (physical object) | SKIN SKIN INTEGRITY RISK TO SKIN INTEGRITY Swelling in skin around fracture 34164001 | Plaster cast, device (physical object) | MEDICATION PRESENT WITH PERSON? **MEDICATION SELF-MANAGMENT** YES USUAL ADMINSTRATOR OF MEDICATION AT **USUAL ADMINSTRATOR OF MEDICATION** NURSERY/SCHOOL/COLLEGE Parents. School Nurse (Isaac Wade) **COMMENTS** Oliver's medication is administered by the nurses during his admission episode, as per hospital policy. After discharge, his parents will need to administer his analgesia, because he is a child.