

Mr. C. H. Squires - Daily Nursing Regime

07.30 - 08.00 Wake, prepare for breakfast - served in room e.g. Tea. Toast cut up very small to avoid choking. Porridge fed. All food and drink taken with assistance and under full supervision.

08.00 - 08.30 Sarah Hoist used as patient cannot weight-bear. Toiletted via. wheeled commode. Incontinence pads replaced. (Doubly incontinent) *Note: Convenes not used, patient pulls off. Catheter found unsuitable.* Full shower given. Wet shaved. Fully dressed. (Patient cannot choose own clothes). Hair combed and teeth cleaned. Hoist used to transfer to wheelchair. Patient is checked for pressure sores and other problems at this time and appropriate treatment given. *Note: Patient is bathed weekly using bath hoist. Patient remains in room until taken to Lounge:*

10.00 - 12.00 Remains in wheelchair. Patient cannot move chair of own volition. Served beverage under close (i.e. constant) supervision. Patient cannot request food or drink and nursing staff must anticipate needs - particularly in warm environment where there is a risk of dehydration. Fluid intake is monitored. Staff attempt to stimulate via. music, television, verbally as per care plan. *Note: Response is absent or minimal.* Patient is toiletted, cleaned as required and continence pads changed.

12.00 - 12.30 Lunch under full supervision. Requires all food to be minced to prevent choking. Can self-feed with difficulty but easier and less wastage if fed by nursing staff. Cannot join with other patients - requires own table. *Patient again toiletted after lunch - pads changed as required.*

AFTERNOON: Activities by nursing staff: Patient unable to participate and there is no indication that he has any comprehension of his situation. *Note: Additional fluids are given throughout the day at nurses discretion as patient is not aware of his needs.*

15.30 - 16.30 Afternoon tea (e.g. Tea/soft drink and cake) Requires close supervision and feeding. Checked for comfort/temperature. Patient remains in wheelchair in lounge. Toiletted, cleaned and continence pads changed. *(Note: 2 - 4 hourly routine as patient cannot report need for attention)*

17.00 'High Tea' served under close supervision/ feeding. Patient cannot express a need for food or select from menu offered. Staff ensure that patient's needs are met as specified in his nutrition plan.

18.00 - 18.30 Taken to room. Washed. Toiletted. Continence pads replaced. Placed in bed.

20.00 - 22.00 Hot drink served (e.g. Cocoa, Horlicks, etc.) under close supervision as patient cannot drink unaided. Night nurses come on duty. Patient is checked at two-hourly intervals throughout the night, turned, and continence pads replaced and bedding changed as required.

I Confirm that the forgoing is a true and accurate summary of the nursing care provided to Mr. C. H. Squires at Deer Park Nursing Home, Holsworthy, Devon.

Signed:  Date: 17/10/00
Andrew Orchard (Proprietor, Deer Park Nursing Home)

Notes: The following is based on: (a) Dorset Social services care assessment 2.2.00. (b) Report by Dr. Jean Dodds 2.3.00. (c) Report by Chris Gould 20.4.00. In (a) it is stated 'has some loss of hearing' in (b) it states '...no problems with hearing'. 'Advanced Alzheimer's disease' confirmed by Dr. Sewell to Mr. R. S. Squires on 22.9.00 at Deer Park Nursing Home.

Mr. Squires medical problems comprise:
1. Dementia (Advanced Alzheimer's disease).
2. Cerebrovascular accident.
3. Transient ischaemic attacks
4. Cardiac failure.

Medication
1. Aspirin 75mg. Daily.
2. Senna (As required).
3. Solbutamol (As required).
4. Frumil (As required).
5. Temazepam (As required)