

Basic Care: Monitoring the Declining Needs of Care Home Residents.

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PRESENTED BY

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Basic Care Principles

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- Who cares ...
- Basic care ...
- Care principles ...
- Responsibility ...
- Reporting ...
- Documentation new charts ...
- Accountability ...

Who Cares?

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- Care Staff put the interests of the people who need nursing or care intervention first
- Care Staff make sure that those being in receiving care are treated with dignity and respect
- Care Staff make sure you deliver the fundamentals of care effectively
- Avoid making assumptions...
- Care Staff make sure treatment and assistance is delivered without undue delay.
- Respect and uphold peoples' human rights.

Compassion in Practice

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- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Responsibility

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Carers responsibility to...

- Treat residents as individuals and uphold their dignity at all times
- Listen to residents and respond to their concerns
- Make sure residents' physical, social and psychological needs are assessed and responded to....
- Promote wellbeing, preventing deteriorating health and meeting changing health
- Needs and care during different stages of life changes...

Reporting....

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1. Who do I report to if I resident looks more unwell? Examples...
2. How do I escalate my concerns?
3. Check that your concerns have been documented and acted upon.
4. Complete all new documentation.
5. Discuss with Team Lead immediately.
6. Raise further concerns to Management if not satisfied with outcome.

New Charts

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1. Allocation Sheets
2. MUST Nutrition Care Plans, low medium and high risk...
3. Malnutrition Universal Screening Tool (MUST)
4. Waterlow Risk Assessment Scales
5. Body map record

Accountability

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1. Every single nurse and care worker is responsible for their own actions
2. Responsibility of the residents who are allocated to you during shift
3. Duty of care
4. Quality of care
5. Evidence of competence.

Surface:
Make sure
your patients
have the
right support.

Skin
Inspection:
Early
inspection
means early
detection.
Show
patients and
carers what
to look for.

Keep your
patients
moving.

**Incontinence/
Moisture:**
Your patients
need to be
clean and
dry.

**Nutrition/
Hydration:**
Help patients
have the
right diet
and plenty
of fluids.



Simplified Waterlow assessment

**Patient eating poorly
Or lack of appetite**

No = 0
Yes = 1

Weight loss (kg)

0.5-5 = 1
5-10 = 2
10-15 = 3
>15 = 4
Unsure = 2

BMI score:

20-24.9 = 0
25-29.9 = 1
>30 = 2
<20 = 3

Age:

14-49 = 1
50-64 = 2
65-74 = 3
75-80 = 4
81+ = 5

Sex:

Male = 1
Female = 2

Continence

Continent/catheter = 0
Urine incont = 1
Faecal incont = 2
Urine and faecal
Incontinent = 3

Mobility:

Fully = 0
Restless = 1
Apathetic = 2
Restricted = 3
Bedbound = 4
Chair bound = 5

Skin type:

Healthy = 0
Dry/ very thin = 1
Swollen = 1
Clammy = 1
Grade 1 break = 2
Grade 2-4 break = 3

PMH:

Terminal illness/
Multi organ failure = 8
Single organ failure = 5
Diabetes/MS/CVA = 5
Motor/ sensory
Paraplegia = 5
Anaemia = 2

Medications:

Long term, high dose
Steroids and/or anti
Inflammatory drugs
Scores 4

Score <10 no risk

10

Score >10 – patient at risk

Care plan

Refer to community teams for full assessment

Place patient on turn chart

Waterlow Demonstration

* Elsie

- * Elsie is a 86year-old lady, she has been a resident in a care home following a stroke, she has type two diabetes and has lost 5kg in weight, her BMI is 27. She states that her appetite is poor. Elsie mobilises with a walking frame and assistance from one member of staff and sometimes suffers from incontinence if she does not get to the toilet in time.

* Ted

- * Ted is a 66 year-old man, he has been a resident of a Care Home following a stroke. Ted is unable to mobilise and spends all day in his reclining chair. He eats well, has no weight loss, has a catheter to meet continence needs; his BMI is 23 and his weight is well managed. Ted has no pressure sores and sleeps well at night, preferring not to be disturbed.

DO both patients' Waterlow score;

1. It's 4pm on bank holiday Friday; you have one mattress and one cushion.
Which patient would you give it too?
2. What systems would you put in place to reduce the risk for both patients?

Weight in Pounds

Height in Feet and Inches

	120	130	140	150	160	170	180	190	200	210	220	230	240	250
4'6"	29	31	33	35	37	39	41	43	45	47	49	51	53	56
4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56
4'10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52
5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49
5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46
5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43
5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40
5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38
5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36
6'0"	16	18	19	20	22	23	24	26	27	28	30	31	33	34
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32
6'4"	15	16	17	18	20	21	22	23	24	26	27	28	29	30
6'6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29
6'8"	13	14	15	17	18	19	20	21	22	23	24	25	26	28

Weight in Lbs

A simplified
Version of the
MUST

BMI score:
>20 = 0
18.5 – 20 = 1
<18.5 = 2

**Unplanned Weight loss
In the last 6 months:**
<5kg = 0
5-10kg = 1
>10kg = 2

Patient is acutely ill or
there is likely to be
decreased oral intake for
more than 5 days = 2

Scores:
0 = no risk
1 = med risk
>2 = high risk

If the patient scores more than 1:

Care plan

Refer to community nurses for assessment

Commence on diet chart

Commence on weigh chart

Could this be a Severe Infection?

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- Pneumonia
- UTI
- Abdominal pain or distension
- Meningitis
- Indwelling medical device
- Cellulitis/septic arthritis/infected wound chemotherapy<6 weeks
- Recent organ transplant
- Temperature >38.3 or <36 degrees
- Respiratory rate >20 per min
- Heart rate >90 Per min
- Acutely confused/reduced conscious level
- Glucose > 7.7 mmol (unless DM)

Sepsis possible

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- Mottled cold peripheries
- Central capillary refill >3 seconds
- Systolic BP <90 mmhg or MAP <60 mmhG
- Purpuric rash
- Absent radial pulse

Professional Pride

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- **WHAT DO I SEE WHEN CARING?**
 1. Nutritional needs
 2. Diet and fluids
 3. UTIs
 4. Falls
 5. Chest infection
 6. Low mood
 7. Pressure ulcer development

Summary of Training

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- Carers Act 2015
- UTIs and continence care including Catheter care
- Falls awareness and management
- Respiratory care and management including COPD and asthma
- Pressure ulcers and tissue viability
- Medicine management and awareness
- SALT and dysphasia
- Dementia care and management
- Diabetes awareness and management including hypo- and hyperglycemia
- SOVA and whistle blowing... updates

What would help You? ...

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- Do carers have new ideas to escalate the declining residents in Care Home?
- How can improvements be made?
- How do we make care staff more aware?
- What would you like to see change?

- Thank You for listening
- Any questions?