



Ward:	Site:	Date:	Addressograph, or																						
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<b>Print name and sign</b> _____			<b>Codes</b> (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,																						
<b>Time of Care Rounding</b> Document the exact time care rounding took place e.g. 0830			<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:10%;">08.00 am</td> <td colspan="10" style="font-size:2em;">← 24 hour period →</td> <td style="width:10%;">07.00 am</td> </tr> </table>											08.00 am	← 24 hour period →										07.00 am
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<b>Pressure Area Care</b>	<b>Waterlow score less than 10 low risk requires only a daily skin review:</b> Use codes for outcome of skin review																								
	<b>Waterlow 10+ - Visual Skin Check (tick)</b>																								
	<b>Outcome of skin review:</b> (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister																								
	<b>Vulnerable areas?</b> (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....																								
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan																								
	Have you changed position since last CR? Positioning (R) or (L) side (B) Back (C) Chair																								
Mattress type / Cushion type <i>please state type:</i>																									
<b>Elimination</b>	Do you need the toilet?																								
	Is the patient continent of urine? (at time of Care Rounding)																								
	Continence product changed/offered?																								
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Bowel function monitored Observe bowel function and update daily																									
<b>Food, Fluid &amp; Nutrition</b>	Would you like a drink? Ensure fluids are within easy reach																								
	Fluid Balance Chart (if clinically indicated)																								
	When did you last eat?																								
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance <b>Update Food Chart if required</b>																								
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<b>Falls</b>	Appropriate Footwear?																								
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	Area de-cluttered?																								
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