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Simulation not for Dummies 2: Preparing students for primary care experience

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Care Plan

Home visit reports

Occupational Therapist

Although the house bathroom and toilet are up stairs and ground floor toilet was fitted during her sister’s period of illness, the home visit demonstrated the Zimmer will fit into the toilet.

It was established that there is space in the upstairs bath room for a small dining chair. A rail is required at the wash basin.

DN to assess if continence is an issue.

Home visit reports

Physiotherapist

You were concerned about the carpet and other potential obstacles. Need to undertake a falls assessment before discharge from the community team.

Miss Rutherford needs a Zimmer frame to walk independently you intent to provide one for the ground floor and one to be kept at the top of the stairs for use on the first floor.

<table>
<thead>
<tr>
<th>Activity of daily living</th>
<th>Usual</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing</td>
<td>No problem</td>
<td>No problems expressed although a little short of breath due to the anaemia</td>
</tr>
<tr>
<td></td>
<td>Has never smoked</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Had pneumonia as a child</td>
<td></td>
</tr>
<tr>
<td>Eating and drinking</td>
<td>Has always prepared food from fresh ingredients, took the role of cook in the family home following the death of her mother,</td>
<td>Feels she is not eating as well recently. Does not feel like cooking for only herself. Skips meals as cannot be bothered to eat alone</td>
</tr>
<tr>
<td>Washing and Dressing</td>
<td>Has always managed her own personal hygiene, likes to bath on alternate days.</td>
<td>Reports that becomes tired easily and it takes longer than it used to. Finds the bathing more difficult due to the pain and shortness of breath.</td>
</tr>
<tr>
<td>Sleeping</td>
<td>Has always slept well usually goes to bed at 10.30 following the 10 O’clock news</td>
<td>Wakes up to use the toilet finds it difficult to get back to sleep, becoming more of an issue.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Has used a stick for the past 6 months. Walks to and from the local shops or church or library on a daily basis</td>
<td>Mobility is greatly reduced, holds the furniture at home when she feels unsteady, or uses a stick. Has scatter rugs and uneven</td>
</tr>
<tr>
<td></td>
<td>Elimination</td>
<td>Communication</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------</td>
<td>---------------</td>
</tr>
</tbody>
</table>
|                        | No problems                      | No problems, has been wearing glasses for as long as she can remember | Miss Rutherford reports no problems; she does not like to be sat in a draft. | Feels she has no problems  
No problem identified. Has the occasional headache-takes Paracetamol with good effect.  
Easily tires needs B12 injections | Retired from teaching 30 years ago  
Likes to attend church on Sunday. Has always been involved with community events | Has never been married but feels she is comfortable with herself and has no concerns about her relationships |
|                        | Has been constipated for the last 3 days. Has complained of difficulty getting up and down the stairs, so reduced her fluid and dietary intake to reduce the frequency of the trips | Feel s that her eyesight and hearing are not as keen as they used to be but not causing her problems on the ward. | Temperature requires monitoring – although no problem identified. Has an open fire at home and does not have central heating but has a gas fire in the bed room. Likes to wear several layers of clothing, even in summer. | Admitted following a fall at home.  
Has had increased joint pain and experiencing pain at the site of her head wound.  
Not managing with up keep of the house for last few months. Noticed herself that having problems with medication taking and moving around the house. |
|                        |                                 |               |                             |                            | Has not been getting out as much over the last few months.  
Feels her role in the community is reducing and she is becoming more introvert. | Feels she is not as able to maintain her physical appearance to its usual standard. Has found that whilst she has been less active those closest to her have remained supportive.  
Not taking as much pride in her appearance due to |
<table>
<thead>
<tr>
<th></th>
<th>Difficulty with putting on and taking off of clothing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dying</td>
<td>No issues</td>
</tr>
<tr>
<td></td>
<td>Feels that with her family all passed on it is natural that she should be next.</td>
</tr>
</tbody>
</table>

Who may be involved key persons? What are their roles in the care package.

- Dietician
- Podiatrist
- Physician
- Staff Nurse
- Pharmacy
- Home Care Manager
- Miss Rutherford
- Mrs Swan
- Voluntary agency
- Social worker
- Occupational Therapist
- Physiotherapist
- District nurse
- Community matron.
- Rehabilitation at home team.
- Intermediate care team.
- Respite care.