



Patient Care Assessment document in COVID 19 Surge Escalation

This document is to be utilised when COVID 19 Gold Command places the Health Board in a Super Surge Escalation Status in line with the Health Board's Standard Operating Procedure (COVID-19 System Surge Escalation) The Document is a compressed Patient Care Assessment to support clinical staff at times of extreme pressure.

COVID 19 Gold Command will remove the document from use when the Health Board returns to Surge/Adaptive Status in line with the Health Board's Standard Operating Procedure (COVID-19 System Surge Escalation)

**Covid 19 Care Assessment
using Purpose T**

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1. Definitions

For the purposes of this document the following definitions apply;

Table 1 Surge Definitions

Surge Level	Definition
Adaptive	COVID demand is being managed through taking actions to align available capacity.
Surge	COVID demand exceeds all actions taken to align capacity and requires additional beds (surge)
Super Surge	COVID demand exceeds that of surge capacity and requires further additional beds (Field Hospital)

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		PATIENT CARE ASSESSMENT DOCUMENT IN COVID-19 EMERGENCY				
Date	Time of Admission	Route of admission/referral	Unit	Hospital	Registrant Completing Document	
					Signature:	Designation:

THIS DOCUMENT IS ONLY TO BE USED DURING COVID-19 SYSTEM SURGE ESCALATION - Adults Only			
Patient ID Label	Preferred Name:	ID Band in situ	PATIENT ID
		YES/ NO	
	Preferred Language	Cultural/ Spiritual Preference	
GP Name and Address:			ALLERGIES
Tel:	Is a translator required? YES/ NO		
Allergies (including latex, food allergies):	Epi pen used? Yes No If yes, is the pen with the patient? Yes No		ALLERGIES
What is the nature of the reaction:			

NEXT of KIN / SIGNIFICANT OTHERS				NEXT OF KIN/ SIGNIFICANT OTHERS
	First named point of contact	Next of Kin/Significant others/nearest relative	Main carer	
Name				
Relationship				
Is this person the emergency contact?				
Is this person aware of admission?				
Is this person the main carer?				
Consent to share information?				
Address:				
Contact Numbers:				

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ADVANCED CARE PLAN				ADVANCED CARE PLAN
Has the patient made a valid and applicable advanced care plan?	YES/ NO/ UNSURE	If yes what date was this made:		
Is there a current Do Not Attempt Cardio Pulmonary Resuscitation Decision in the Medical Notes?	YES/ NO	If yes what date was this made:		
Specimen signature list of ALL staff writing in this care record - If not based on Unit please ALSO complete section below				
SPECIMEN SIGNATURES	Name of staff member	Designation	Signature	Initials

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OTHER STAFF ASSESSING PATIENT – Record the names of AHPs or other staff (not medical) external to Unit				
EXTERNAL STAFF	Name	Designation	Department	Contact no.
BACKGROUND				BACKGROUND
PRESENTING COMPLAINT	A brief description of the background to the current problem that has brought the patient into hospital. Include details of any relevant pre-hospital information			

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CAPACITY TO CONSENT TO CARE AND TREATMENT		CAPACITY TO CONSENT
MENTAL CAPACITY (for Adults aged 16 years and over)		
If you have reason to doubt the patient's mental capacity to consent to their nursing care or treatment, consider the following and record your decision making in the patients notes:		
Consideration	Action	
a) Does the patient's clinical condition mean that you can't delay emergency nursing care or treatment in order to undertake an assessment of capacity?	Can't delay treatment: Essential care should be carried out under a duty of care. For other non-urgent treatment, assess capacity as soon as it becomes possible. Can delay treatment: Assess capacity.	
b) When assessing capacity you need to consider whether the patient can: <ul style="list-style-type: none"> • Understand the information relevant to the decision? • Retain the information long enough to make the decision? • Use and weigh the information in making the decision? • Communicate their decision in any way? 	The significance of the decision to be made will affect how formal the assessment of capacity needs to be. For more significant decisions, consider a formal capacity assessment in relation to any significant care and treatment decisions. Ensure that you document your decision making.	
c) If the patient does lack capacity to consent to their care or treatment, is this lack of capacity likely to be temporary ?	Lack of capacity is temporary: Can the care or treatment wait until the patient regains capacity and can consent for themselves? For more significant decisions, consider a formal capacity assessment in relation to any significant care and treatment decisions. Lack of capacity is permanent: Treat in best interests.	

SAFEGUARDING				SAFEGUARDING
Is there anything in this person's presentation that gives you cause for concern?				
Summary of action taken – please write details in record of care section				
Does the patient have a social worker?	YES / NO	Name:	Contacted by:	
Safeguarding Report/Referral made to Local Authority and Date	YES/NO			

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RAPID CARE & RISK ASSESSMENT									
<i>*Refer to COVID-19 care plan for any identified risks on pages 6-9</i>									
COMMUNICATION	1. Communication (H&CS 1) – please CIRCLE what applies								
	No identified problems		Communication via 3 rd party			Acute confusional state (Delirium)			
	Uses glasses / contact lenses		Impaired vision			Long standing memory problems			
	Uses a hearing aid		Impaired hearing			Diagnosis of dementia			
	Uses a speech aid		Impaired speech			Diagnosis of a learning disability			
BREATHING	2. Breathing – please CIRCLE what applies								
	Resp rate per minute		9-11 or 21 - 24			< 8 or > 25			
	SpO ₂		92 - 95%			<91%			
	Is the patient dependent on continuous oxygen to maintain oxygen saturations?						YES / NO		
NUTRITION & HYDRATION	3. Nutrition & Hydration (H&CS 9) – Please circle what applies								
	Able to eat and drink independently? YES/NO <i>If YES – no further action</i>		Nil by mouth		Swallowing problems		Needs assistance to eat & drink		
			Poor oral/fluid intake		Dehydration		Unintentional weight loss		
	Special diet needed		Food Allergies		Diabetic		Gluten Free		Vegetarian
									Texture modified
	Weight KG:				<i>Any red risks follow care plan and refer to Dietician</i>				
ENSURING SAFETY	4. Ensuring Safety (H&CS 3) – Please TICK yes or no - if NO to all no further action required								
	FALLS MULTIFACTORIAL ASSESSMENT							YES	NO
	Is the patient medically unwell? Risk of seizures? Has a Postural Drop in BP?								
	Has patient fallen in the last 12 months and therefore at high risk of falls?								
	Are there any issues with cognitive / mental state?								
	Is the patient taking > 4 regular medications								
	Is there a history of stroke or Parkinson's disease (or other progressive neurological disorder)?								
	Is there any history of light headedness or giddiness on getting up from low furniture?								
	Are there any problems with balance, gait or coordination? Any Foot pain?								
	Is the patient prescribed any psychotropics, antihypertensives, diuretics, anticoagulants, alphablockers or opiate based analgesia? <i>*If YES highlight to doctor reviewing patient for GP medication review</i>								
Is the patient wearing inappropriate footwear?									
<i>*Highlight on Patient information board if the patient is at risk of falls and document on care plan no. 4 ensuring safety/falls</i>									
PROMOTING INDEPENDENCE	5. Promoting Independence (H&CS 4) - please CIRCLE what applies and ADD additional information								
	MOVING AND HANDLING RISK ASSESSMENT - Mobility Classification Tool (LOCOMotor ©) see page 16 for symbol descriptor								
						Fully Independent: YES/ NO <i>If YES - no further action required</i>			
	A	B	C	D	E	Assessment of Equipment & Staff			
	Moving in bed								
	Rolling / Turning		Independent	Supervision	Assistance	Staff 1 2 3 Other			
	Up / Down bed		Independent	Supervision	Assistance	Equipment required:			
	Showering		Independent	Supervision	Assistance	Staff 1 2 3 Other			
						Equipment required:			
	Bathing		Independent	Supervision	Assistance	Staff 1 2 3 Other			
						Equipment required:			
	Washing		Independent	Supervision	Assistance	Bathing Sling: S M L LL XL			
						Staff 1 2 3 Other			
						Equipment required:			
	Toileting		Independent	Supervision	Assistance	Staff 1 2 3 Other			
					Equipment required:				
Transfers		Independent	Supervision	Assistance	Staff 1 2 3 Other				
					Equipment required:				

Please write in BLACK ink

5 & 7. Personal Hygiene including Oral Care (H&CS 8 & 10) - please CIRCLE what applies and ADD additional information					HYGIENE	RAPID CARE AND RISK ASSESSMENT
Hygiene & Dressing	Fully independent	Needs assistance		Dependent		
Oral Hygiene	Fully independent	Needs assistance		Dependent		
6. Toilet Needs (H&CS 11) – please CIRCLE what applies ADD additional information					TOILET NEEDS	
Using the toilet	Fully Independent	Needs assistance		Dependent		
In urinary retention	Constipated	Diarrhoea	Uses incontinence pads	Incontinent: urinary/ faecal		
Ileostomy	Colostomy	Urostomy	Indwelling Urinary Catheter	Intermittent self Catheterisation		
9. Preventing Pressure Ulcers (H&CS 12) Use stand alone Purpose T Risk Assessment to assess risk					PREVENTING PRESSURE ULCERS	
Use stand-alone All Wales Purpose T Risk Assessment to assess risk						
Any Additional Comments Overall - Record Action Required Below						

Please write in BLACK ink

Clinical Frailty Screen*

 (Consider, factors that contribute to the level of frailty e.g. mobility, nutrition, continence, presence of dementia. Consider risk of falls, food chart and referral to Multi-disciplinary Team). Please Tick:		Pre-hospital admission	On admission	Review	On transfer / discharge
	1. Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.				
	2. Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally e.g. seasonally.				
	3. Managing Well – People whose medical problems are well controlled , but are not regularly active beyond routine walking.				
	4. Vulnerable – While not dependent on others for daily help often symptoms limit activities . A common complaint is being “slowed up”, and/or being tired during the day.				
	5. Mildly Frail – These people often have more evident slowing , and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty impairs shopping and walking outside alone, meal preparation and housework.				
	6. Moderately Frail – People need help with all outside activities and with keeping house . Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing standby) with dressing.				
	7. Severely Frail – Completely dependent for personal care , from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within – 6 months).				
	8. Very Severely Frail – Completely dependent, approaching end of life. Typically, they could not recover even from a minor illness.				
	9. Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6mths , who are not otherwise evidently frail .				
Date:					
Signature:					

Adapted from

*1. Canadian Study on Health & Aging, Revised 2008.

2.K. Rockwood *et al.* A Global Clinical Measure of Fitness and Frailty in Elderly People. CMAJ 2005;173:489-495

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Tick if Required	Care Domain	Potential Covid – 19 Symptoms / impact	Prescribed Care Plan – Examples of priority actions	Signature	Date
1.	Communication	Fatigue and dyspnoea impacting on ability to communicate PPE barrier to communication Language barriers Dementia / Delirium	<ul style="list-style-type: none"> - Agree communication time with family and support via mobile phone / what's app video - Check patient's preferred method of communication - Check patient's understanding of staff communication - Utilise the individual's communication passport or hospital passport for specific guidance - Provide translation services where appropriate - Adapt communication, use visual supports or prompts or other reasonable adjustments 		
2.	Breathing	Acute respiratory distress syndrome – chest infection Shortness of breath Persistent cough Hoarseness / wheeze Nasal discharge / congestion Sore throat	<ul style="list-style-type: none"> - Monitor respiratory rate - Administer prescribed oxygen - Position patient (on front if appropriate) - Non-invasive ventilation - Encourage deep breathing - Refer to physiotherapy - Refer to guidance for specific equipment. - Encourage person to talk about fears / worries 		
3.	Nutrition & Hydration	High Temperature – risk of dehydration Poor Appetite and weight loss Loss of smell / taste Swallowing problems	<ul style="list-style-type: none"> - Encourage meals and snacks - Encourage regular fluids - Assist eating and drinking if required - Offer nutritional supplements as advised - Complete Food and Fluid charts - Order therapeutic diets as required - Refer to Dietitian if red risks identified 		

Please write in BLACK ink

Tick if required	Care Domain	Potential Covid – 19 Symptoms / Impact	Prescribed Care Plan – Examples of priority actions	Signature	Date
4.	Ensuring Safety Falls	Reducing Risk of Falls	<ul style="list-style-type: none"> - Call bell working and in reach (where applicable) - Advise on safe transfer / mobility and promote consistent messages - Advise on safe footwear - Give the reducing harm from falls information leaflet - Note warfarin / anticoagulants and identify at handover - Enhanced Observation Assessment where Dementia / Delirium indicated 		
5.	Promoting independence Mobility	Reduced mobility due to viral fatigue	<ul style="list-style-type: none"> - Support mobility to meet toileting and personal care - Encourage change of position in bed - Support patient to change position if in bed - Consider referral to Physiotherapy 		
6	Personal Care	High temperature / cough – increasing need for personal care	<ul style="list-style-type: none"> - Offer / encourage regular hand hygiene - Offer / support shower / personal care - Offer regular change of clothing - Offer regular change of bedding - Cooling measures - Prescribed anti-pyretics - Monitor temperature - Utilise visual supports to reinforce 		

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Tick if required	Care Domain	Potential Covid – 19 Symptoms / Impact	Prescribed Care Plan – Examples of priority actions	Signature	Date
7.	Bladder & Bowel	High temperature – risk of urine infection / constipation. Fatigue may cause difficulty with toileting needs.	<ul style="list-style-type: none"> - Encourage regular fluids (as appropriate) - Offer / support regular toileting needs - Intake and output recording - Cooling measures - Prescribed anti-pyretics - Monitor Temperature - Utilise visual supports to supplement communication 		
8.	Mouth Care	Shortness of breath, dry cough and temperature – impact on oral care	<ul style="list-style-type: none"> - Offer regular oral care - Encourage fluids - Completed all Wales Mouth Assessment - Utilise visual supports to reinforce 		
9.	Pain & Comfort	Viral fatigue, generalised aching and discomfort and headaches	<ul style="list-style-type: none"> - Following pain assessment administer regular analgesia and re assess impact - Ensure patient comfort – position, bed clothes - Make reasonable adjustments use adapted pain tool for those with more complex needs 		
10.	Skin	High temperature and body sweat will impact on skin and increase risk of pressure damage	<ul style="list-style-type: none"> - Complete pressure ulcer prevention risk assessment and act on results - Refer to inpatient pressure redistribution selection flow chart for guidance on relevant equipment - Ensure regular change of position and skin inspection - Keep hydrated - Maintain personal care 		

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Tick if required	Care Domain	Potential Covid – 19 Symptoms / Impact	Prescribed Care Plan – Examples of priority actions	Signature	Date
11.	Sleep	Covid-19 may cause long periods of sleep through fatigue, or prevent sleep due to mental distress	<ul style="list-style-type: none"> - Support/encourage with fluids if fatigued - Ensure adequate rest and sleep - Ensure individual understanding of what is usual for the person - Encourage patient to talk about fears/worries 		
12.	Spiritual Care	Impact of Covid-19 experience may generate specific spiritual requirements	<ul style="list-style-type: none"> - Encourage patient to talk about spiritual care needs - Encourage patient to talk with family/NOK re spiritual - care needs/End of life if appropriate - Identify any spiritual needs requirements - 		
13.	Health & Wellbeing	<p>The impact of Covid-19 may generate health and well-being life choices/changes</p> <p>Social distancing, self-isolation and other Covid-19 language might be difficult for people to understand and interpret to their own lives</p>	<ul style="list-style-type: none"> - Encourage patient to discuss and consider the choices and changes - Encourage patient to listen to music/radio etc. – relaxation (headphones) if appropriate - Encourage deep breathing - Encourage healthy fluids and balanced diet - Encourage stop smoking/alcohol if appropriate - Encourage light exercise plan mobility/movement - Mindfulness approaches - 		
14.	Psychological Care	The impact of Covid-19 experience may cause mental distress, anxiety and confusion	<ul style="list-style-type: none"> - Encourage patient to talk about their feelings, worries, any questions they may have - Encourage communication with family, friends via mobile phone/WhatsApp etc. 		

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Tick if required	Care Domain	Potential Covid – 19 Symptoms / Impact	Prescribed Care Plan – Examples of priority actions	Signature	Date
15.	Social Care needs & Discharge planning	Impact of Covid-19 symptoms may change care requirements for discharge planning i.e. home oxygen,	<ul style="list-style-type: none"> - Consider previous package of care and changes to social and care needs - On discharge advise on self-isolation if discharged within the isolation guidance timeframes - Refer to discharge checklist within document 		
16.	<i>Any additional care needs</i>				
17.	<i>Any additional Care needs</i>				

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INFORMATION SHARING		
INFORMATION SHARING	I understand that the information recorded on this form is required and will be of importance in decisions regarding my future help and support needs. I consent to the sharing of this report with relevant agencies on a need to know basis for the purposes of planning any care and support I may require and I understand that this information will be stored on relevant written and electronic records in line with Health Board/Trust and Local Authority Data Protection Policies.	
	I agree to the display of relevant information in clinical areas? YES / NO	
	Is there anybody you would not want to share this information with? YES / NO	
	Who:	
	Individuals / Representatives Signature:	Date:
Registered Professional Signature		Date:

DECLARATION – PERSONAL POSSESSIONS			
PERSONAL POSSESSIONS	Name	Ward	Hospital/NHS No
	I confirm that it has been explained to me that facilities are provided by the Health Board/Trust for the safe custody of the cash and valuables in my possession.		
	I further confirm I have declined to take advantage of these facilities and understand that the Health Board/Trust cannot be held liable for any loss or damage to the cash or valuables remaining in my possession.		
	Page Number of Property Book: COMPLETED		
	PP3 YES / NO		PP5 YES / NO
	Signed: <i>(if the patient unable to sign, Next of Kin should sign below if appropriate)</i>	Witnessed:	Date:
Signed:	Witnessed:	Date:	

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DISCHARGE CHECKLIST			
	YES	NO	COMMENTS & ACTIONS
Has a Covid negative swab been confirmed for patients returning to care homes or receiving domiciliary care?			Date confirmed negative
IV cannula removed?			
Does the patient have warm clothes for discharge/transfer?			
Is the patient being discharged to their own home? If YES, answer questions below			* If the patient does NOT have their house keys, where are they located?
Has home Care Agency been informed of discharge and confirmed start date and time? (Where applicable)			
Does the patient / parent have their house keys for access?		*	
Will the heating be on and food supplies at home?			
Medication			
Does the patient /relative /carer have the patients take home medication or own drugs to be discharged with?			
Does the patient /relative /carer understand the instructions for medication administration?			
Transport Arrangements			
Has transport been arranged?			If YES, please give details
Will anyone be accompanying the patient?			If YES, please give details
If NO will anyone be at the patient's home to meet them			If YES, please give details
Follow up arrangements			
Is a follow up appointment arranged if required?			
Does the patient / parent require an initial supply of dressings?			If YES please outline actions:
Outstanding Referrals and Discharge Advice			
Are there any outstanding referrals to make?			If YES please outline:
Any outstanding information advice/leaflets to give?			
Signature of Registered Nurse completing discharge assessment			
COMPLETED BY:	Signed:		Countersigned (if needed):
Actual time of leaving the Ward	Time		Signed:

DISCHARGE CHECKLIST

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Guidelines for staff completing this document		
THIS DOCUMENT IS ONLY TO BE USED DURING COVID-19 SYSTEM SURGE ESCALATION		
There are a number of places to sign the document. If you complete the assessment of that section please sign in the relevant area. If you undertake an aspect of care that has been planned then please initial next to the action and document in the Record of Care		
Page	Section	Completion guidelines
1	Personal information	Document personal information about the patient and their relatives / friends
2	Signatures	All staff writing in this document must sign the signature list. Please also complete the details log if the staff are not part of the unit's normal establishment.
3	Background	Presenting Complaint – document the background to the current admission, including relevant pre-hospital information Consent – document the patient's CURRENT capacity to consent to emergency nursing care / treatment Safeguarding – document any concerns that you may have that require further observation and / or action taken
4-5	Rapid Care and Risk Assessment 16yrs and over ONLY	Assessment and care planning – circle what applies and add additional information Complete embedded shortened risk assessments
6-9	COVID-19 Care Plan	Care plan – Refer to core care plan and add any additional care needs identified in the space available
10-14	Record of Care	Use this section to document:- <ul style="list-style-type: none"> Care provided & evaluation of care; Changes to the plan of care; Details relating to multidisciplinary discussions Any communications/discussions with patient, next of kin/significant other/carer including reference to with whom the communication was with Please date, time and sign each entry
15	Discharge	Complete the discharge planning prior to discharge to enable complex discharges to be identified and appropriate actions to be taken. Complete the discharge check list just prior to discharge to ensure it continues to be a safe discharge
ON TRANSFER - Please transfer the ORIGINAL record with the patient and photocopy and retain original in patient record on discharge		

Mobility Classification Tool (LOCOMotor ©)		
	<u>A</u>	Ambulatory, but may use a walking stick for support Independent, can clean and dress oneself. Usually no risk of dynamic or static overload to carer. Stimulation of functional mobility is very important
	<u>B</u>	Can support oneself to some degree and uses walking frame or similar. Dependant on carer in some situations. Usually no risk of dynamic overload to carer. A risk of static overload to carer can occur if not using proper equipment. Stimulation of functional mobility is very important
	<u>C</u>	Is able to partially weight bear on at least one leg. Often sits in a wheelchair and has some trunk stability. Dependant on carer in many situations. A risk of dynamic and static overload to carer when not using proper aids. Stimulation of functional mobility is very important
	<u>D</u>	Cannot stand and is not able to weight bear. Is able to sit if well supported. Dependant on carer in most situations. A high risk of dynamic and static overload to carer when not using proper equipment. Stimulation of functional participation is very important.
	<u>E</u>	Might be almost completely bedridden, can sit out only in a special chair. Always dependent on carer. A high risk of dynamic and static overload to carer when not using proper equipment. Stimulation of functional participation is not a primary goal

