

FRAIL VULNERABLE ADULTS CARE OBSERVATION™ TECHNIQUE (ALSO KNOWN AS DEMENTIA CARE OBSERVATION™)		DBA
'Observation' and 'Communication' Models		'Marie' Hospital Profile
<b>Patient details</b>		
<p>Mrs Marie Browne DOB .....</p> <p>Her husband died ..... aged 90</p> <p>Temporary resident with her son .....</p> <p>Phone: .....</p> <p>NHS NO .....</p> <p>GP Dr. ....</p> <p>Address: .....</p> <p>Phone: ..... Fax : .....</p> <p><b>Past medical history</b></p> <p>Atrial fibrillation, Hypertension, raised cholesterol, diverticulitis, vaginal hysterectomy, bladder repair, cholecystectomy, fractured neck of femur Aug 06, removal of variety of skin lesions.</p> <p>Frail skin of legs due to long term use of steroid cream.</p> <p>31/7/08 Heart attack - Mild damage left ventricle</p> <p>22/8/07 Admitted with chest pain. Nothing conclusive.</p> <p>AF not for years</p> <p>Sotalol reduced 3 m ago.</p> <p>Stopped - Sotalol hydrochloride 40 mgs twice daily and Ramapril 5 mgs daily</p> <p><b>Current Medication</b></p> <p>Glycerine Trinitrate Spray</p> <p>Ramapril 2.5 mgs daily</p> <p>Lipitor Atorvastatin 20mgs at night</p> <p>Calcichew-D3 Forte Chewable tablets one tablet twice daily</p> <p>75 Mg Asperin one daily</p> <p>75Mg Clopidogrel</p> <p>Omeprazole 20mgs every day</p> <p>Alendronic Acid 70mg on Mondays</p> <p>Temazepam 10mgs at night</p> <p>Movicol Sachets twice daily as required.</p> <p><b>Does not wish to be resuscitated.</b></p> <p><b>Social History</b></p> <p>Marie had five children and many grandchildren.</p> <p>She lived with her daughter for the last year.</p> <p>Socialising always has been and remains very important to Marie.</p> <p>Having had a second hip fracture she has not mobilised after the operation.</p>		
<b>Observation Model</b>		
<b>Things that cause emotional distress</b>		
<p>She is a strong willed and determined woman with a very poor short-term memory who becomes distressed if what she wishes to happen is frustrated in any way.</p> <p>She only engages with people she accepts and only interacts with them on her own terms.</p> <p>Because her short-term memory is failing, her motivation to and recollection of the need to do things is poor.</p> <p>She is often disorientated in place and time.</p> <p>She needs to be prompted to do things in her life – which she often refuses. Other thing can then be suggested till she gets to the point of making a decision – often to do nothing - or sleep.</p>		

1	<p><b>Reassuring factors</b></p> <p>She is a very sociable person and when not engaged in meaningful activity needs company to reassure her. She likes to hear the world going by her bed.</p>
2	<p><b>Dislikes</b></p> <p>Dislikes being prompted to do things that are good for her - she knows her own mind. She can make critical remarks about services provided. Her distress or lack of meaningful occupation needs to be observed in her face, as she is often unable to articulate what is not positive in her world.</p>
3	<p><b>Discussion topics</b></p> <p>She loves to talk about her early life and her children and how she had to chase her sons around the yard to try to smack them – because they were so bold. She can be asked to tell people about her past life:-</p> <ul style="list-style-type: none"> <li>• When Marie was little she and her sister Eva put their cat Tom in a pram and he would suck on a bottle. He would tuck his pawties under the blanket. Eva says that Tom used to get his own back by chewing up the teat.</li> <li>• When Alan was 6 he found a dead rat and chased Marie across the garden with it - she denies jumping over a wall to escape.</li> <li>• She stayed in bed with Rusty the cat and paid 1p to Derek so that she could have breakfast in bed.</li> <li>• When the boys were small she allowed Geoff to give the top of the milk to Rusty the cat and didn't mind if they did without.</li> </ul> <p>As her memory is poor she can repeat the same stories, but is easily encouraged to move on to a new story. She has liked to play Scrabble with her son Derek. Sometimes she gets upset if she does not win and sometimes she does not mind.</p>
4	<p><b>Independent activities on own</b></p> <p>She likes to stay in bed when she feels unwell. She can be reminded and supported in:-</p> <ul style="list-style-type: none"> <li>• Watching the Photo Box.</li> <li>• Listening to the news.</li> <li>• Listening to light classical music softly playing in the background.</li> <li>• Reading the Times (Monday to Saturday) and on Sunday the Telegraph. Reading magazines.</li> </ul> <p>She loves to pet and stroke cats and dogs.</p>
5	<p><b>Independent activities with other Patients</b></p> <p>She likes to engage with patients in other beds.</p>
6	<p><b>Calming Techniques</b></p> <p>Nothing of note.</p>
7	<p><b>Food and drink preferences</b></p> <p>Eats poorly. Likes grapes, yoghurt, ice cream, soup. She likes a cup of tea or coffee. Needs to be supplied with beakers of water with a straw and prompted to drink. Her tastes vary a lot and sometimes she likes lemonade or soda water.</p>
8	<p><b>Socialisation at mealtimes</b></p> <p>Nothing of note.</p>
9	<p><b>Personal care preferences</b></p> <p>Needs full support in toileting and dressing. Gets distressed when she senses staff consider her a nuisance and becomes withdrawn when this happens.</p>

10	<p><b>Clothing and appearances</b></p> <p>Has become much less particular about her appearance. She has liked to have her hair done.</p>	
<p><b>Communication Model</b></p>		
11	<p><b>Comfortable physical environment</b></p> <p>Does not like to get up in the morning. Likes to be called Ma by the family and Marie by everyone else. Likes to be kept warm and comfortable. Need to be accessible to her bedside, Photo Box , Radio, Papers/magazines/glasses and TV. Her visitors need two chairs to sit on if they visit. Lights need to be working and turned on fully where required by the activity she is engaged upon in her bed.</p>	
12	<p><b>Going out</b></p> <p>This is no longer possible.</p>	
13	<p><b>Religious and cultural life</b></p> <p>“None of the family goes to church”.</p> <p>“Although Marie misses this (going to church) she would not expect anyone to go if they didn't wish. Knows that she could ask for a priest to visit her but is not concerned. Has two priest friends in Ireland.”</p> <p>“Hopes that when her time comes she'll go quickly and not be a bother to anyone.”</p> <p>“Tries not to dwell on this and will be happy if she does not become senile.”</p> <p><b>Could like to go to a church service?</b></p>	
15	<p><b>What contributes to making me feel safe?</b></p> <p>The care and attention from the staff and the support of her family.</p>	
<p>Prepared by: _____</p> <p>Date: _____</p>	<p>Role/Relationship _____</p> <p>Verified by: _____</p> <p>Changing needs review date: _____</p>	<p>Role/Relationship _____</p> <p>Contributed to by Staff: _____</p> <p>Date: _____</p>