****

**Patient Admission form**

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| --- |
| **Patient name** |
| **Title:**  Mrs  **Surname:** Cassidy  **Given Name:** Jane Kay |
| **Case Number:** SB000123 |
|  |
| **Date of Admission:** 7.1.2016 |
| **Ward:** Physical rehab 1E Bed No: 9 |
|  |
| **Patient details** |
| **Date of Birth:** 04.09.1944 |  |
| **Age:** 71 | **Sex:** Female |
| **Home address:** 1 King Street, Belmont |
| **Home phone:** 5672 3940 |
| **Mobile:**  0455 889 132 |
| **Medicare number:** 3403 08563 |
| **Health Insurance:** Nil |
| **DVA number:** NA |
|  |
| **Marital Status:** Married |
| **Occupation:** Retired |
| **Language spoken at home:** English |
| **Interpreter required?** No |
| **Religion:** Christian |
|  |
| **Next of Kin:** | John Cassidy |
| **Relationship** | Husband |
| **Address:** | 1 King Street, Belmont |
| **Home phone:** | 5672 3940 |
| **Mobile:** | 0456 87 932 |
|  |  |
| **GP:** | Dr. Anthony Smith |
| **GP Address:** | Belmont Medical Centre |
| **GP Contact:** | 5689 8988 |
|  |  |

|  |  |
| --- | --- |
| **Occupational Therapy Referral Form** | **R:** SB000123**Surname:** Cassidy**Given Name:** Jane Kay**DOB:** 4.9.1944<Edit year> **Sex:** F**Address:** 1 King Street, Belmont <Edit Suburb> |

|  |  |  |  |
| --- | --- | --- | --- |
| Referred from | Health Enhance Healthcare Acute Medial Ward | Referred to | Physical rehabilitation unit, Health Enhance Healthcare |
| **Interpreter Required:** Yes ☐ No ☒ **Language:****Occupational Therapy Referral Form** |
| **Diagnosis:** Right Knee replacement on 3 Jan 2016, Rheumatoid arthitis |
| **Social Situation:** Lives with husband in own home, no children |
|   |
| **Home Assessment Completed:** Yes ☒ No ☐ Required ☐ Note: Preadmission home  assessment completed |
| **Equipment Provided:** Shower chair |
|  |
| **Current Occupational Performance** |
| **PADLS –** Independent in feeding, toileting; requires minimal assistance in showering and dressing. |
|  |
| **DADLS -** DADL and community mobility not assessed |
|  |
|  |
|  |
| Mobility/Transfers (Including Aid) |
| PWB x 6 weeks post-op |
| Independent bed to chair transfer, assisted toilet and shower transfer. Supervised ambulation with four wheeled frame indoor. |
| **Referral Goals**  |
| 1. Independence in ADL
 |
| 1. DADL. Please assess performance of DADL tasks especially meal preparation, shopping
 |
| 1. Community access, no driving post-op
 |
| **Therapist:** Ada Tham | **Date:** 6 Jan 2016  | **Consent Obtained:** Yes ☒ No ☐  |

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| **Occupational Therapy Progress Notes** | **UR:** SB000123**Surname:** Cassidy**Given Name:** Jane Kay**DOB:** 4.9.1944<Edit year> **Sex:** F**Address:** 1 King Street, Belmont <Edit Suburb> |

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|  | Legislation requires ALL entries to have printed name & signature. |
| **Date/Time** | **Progress Notes** |
| 7/1/ 2016 | Nursing: New patient admitted to Rehabilitation Unit Bed 9 at 1345hrs. Mrs Cassidy |
| 1400 | 4 post elective R)TKR on 3 Jan 2016, slow recovery with poorly controlled pain and |
|  | persistent discharge from surgical wound. History of RA to knees and hands.  |
|  | Nil known allergies. Vital Signs: Haemodynamically stable. |
|  | BP:114/92mmHg. HR: 65bpm, strong and regular. RR: 20bpm.  |
|  | Neuro: Mrs Cassidy appeared alert and oriented, but states that she is “very tired”.  |
|  | Patient transported to Unit via wheelchair and transferred to bed with assistance of one  |
|  | nurse. Patient complain of surgical wound pain 3/10 at rest and 7/10 when moving |
|  | from wheelchair to bed. Patient also stated that she has generalised “arthritic pain” |
|  | particularly in hands 4/10 which she states “is about normal” for her. Slight leg |
|  | oedema noted to R) ankle. CVS: Peripheries warm and dry. No IV cannula.**Progress Notes**  |
|  | Respiratory: Respiratory assessment NAD. Gastro: Nil nausea. Patient states she is |
|  | eating well and bowels have “been working well” the past two days after surgery. |
|  | Genitourinary: Nil issues reported. Musculoskeletal: Arthritic deformities to both |
|  | hands and L) knee. Integument: Surgical wound to R) knee intact. Hydrocolloid |
|  | dressing shows moderate collection of fluid under dressing but no leaks. Nil |
|  | evidence of pressure areas. Pressure Area Risk Assesment updated. Psychosocial: |
|  | Lives with husband who is in good health. Husband contacted and notified of his |
|  | wife’s tranfer. Equipment: TED stockings insitu. Falls Risk Assessment conducted. |
|  | For AH initial assessment------------------------------------------------WHall (Wendy Hall RN) |
| 8/1/2016 | Medical Admission – Dr A Chan - Registrar |
|  | 71 y.o. married woman from home admitted for IPR following elective R TKR.  |
|  | Husband in good health. No children. Has rheumatoid arthritis. Needs help from |
|  | husband. |
|  | Presenting Complaint (PC): R TKR on 3 January 2016. Post-op complicated by wound ooze. |
|  | and knee pain. Initially planned for D/C home, but slow to mobilise. Pain in knee +++. |
|  | HOPC (History of presenting complaint) |
|  | RA for ~ 25 years. Affected hands and knees. Treated with gold, methotrexate and |
|  | hydroxycholoroquine. Steroid injections to knees. For last ~ 10 years no active synovitis. |
|  | Still on low dose of prednisolone. Painful knees R worse than L.  |
|  | Pain limits walking distance. Almost house-bound. Goes to shops with husband. He does  |
|  | the driving. |
|  | R elective TKR 3/1/16. Wound slow to heal, persistent ooze - ? infected |

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| C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg**Occupational Therapy Progress Notes** | **UR:** SB000123**Surname:** Cassidy**Given Name:** Jane Kay**DOB:** 4.9.1944<Edit year> **Sex:** F**Address:** 1 King Street, Belmont <Edit Suburb> |

|  |  |
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|  | Legislation requires ALL entries to have printed name & signature. |
| **Date/Time** | **Progress Notes** |
|  | Slow to mobilise – pain in knee +++ |
|  | PMHx (Past medical history) |
|  | Apart from RA nil else sig |
|  | No children ? reason |
|  | Managed in rheum clinic. On low dose steroids. |
|  | Medications |
|  | prednisolone 3mg daily, given steroid boost peri-op |
|  | paracetamol 1000 mg qid |
|  | ibuprofen prn |
|  | had vit-d and calcium in the past not taking now**Progress Notes**  |
|  | alendronate weekly |
|  | Alcohol/Smoking/Drugs – social drinker, never smoked |
|  | Allergies – nil known |
|  |  |
|  | Examination |
|  | Pale looking thin woman. Has pain in R knee |
|  | Cooperative. Converses well. |
|  | Moves all limbs equally |
|  | Obs OK |
|  | Chest clear |
|  | HS dual |
|  | Abdo Soft non tender |
|  | Has z-deformity and swan neck deformity both hands, but no active synovitis. Hand |
|  | sensation OK |
|  | L knee has valgus deformity – not swollen, tender or hot. Clunks on movement |
|  | R knee swollen, warm. Wound not seen. Some exudate on dressing |
|  | Investigations |
|  | Hb 94 WCC 12 Neut 8.6 Plts 506 |
|  | UEC, LFT OK |
|  |  |
|  | Assessment |
|  | • 71 year old woman slow to mobilise after elective R TKR. Pain and wound ooze - |
|  | •Long standing RA – burnt out? Still on low dose steroids |
|  | •? steroid suppressed – given steroid boost |
|  | •Deconditioned by RIB and was not doing much pre-op |
|  | • Raised WCC - ? infection (?of TKR) ? effect of steroids |
|  | •? Vit-D deficient |
|  | • ? malnourished |

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| **Occupational Therapy Progress Notes** | **UR:** SB000123**Surname:** Cassidy**Given Name:** Jane Kay**DOB:** 4.9.1944<Edit year> **Sex:** F**Address:** 1 King Street, Belmont <Edit Suburb> |

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|  | Legislation requires ALL entries to have printed name & signature. |
| **Date/Time** | **Progress Notes** |
|  | • L knee pain – deformed from RA – no synovitis |
|  | • Poor mobility ? mainly because of pain |
|  | • Anaemia - ? chronic disease, ? iron def |
|  |   |
|  | Plan:  |
|  | * wound swab
 |
|  | * blood cultures when next take bloods
 |
|  | * iron studies
 |
|  | * continue steroid boost for another week or two
 |
|  | * mobilise +++

**Progress Notes**  |
|  | * notify rheumatology team that is in hospital
 |
|  | * check resus status
 |
|  | * aim for discharge home
 |
|  | Dr. A Chan |
|  |  |
| 7/1/2016 | [Physiotherapy] Referral received. Initial contact with Mrs cassidy, seen SOOB.  |
|  | R) knee dressing insitu, redness + +, swelling ++ TED stocking insitu stated  |
| 15:15 | Pain: 4/10 to 7/10, worse when walking |
|  | L) knee – pain 3/10, bil wrist pain 3/10, no swelling or redness |
|  | Transfer: lying to sitting I  |
|  |  Bed to chair I with arms  |
|  |  Mobility:Walking with 4 WF – supervised, unsteady turning, poor endurance |
|  | WBAT, for supervised ambulation with 4WF overnight |
|  | Plan: complete initial Ax ------------------------------------------**SRichards** Sam Richard, PT |
| 7/1/ | Occupational Therapy] Referrral received. Reviewed med notes from Ward IE. Ada,  |
| 2016 | Tham, OT(contact: ext 7899) Preadmission home assessment completed on 25 Nov |
| 16:15 | 2015.Recommendations: installation of hand rails in toilet and shower, bannister  |
|  | rail at the rear access. Use of shower stool recommended.  |
|  | Please refer to Home Assesssment Report of 26 Nov 2015 received. |
|  | Initial contact with Mrs Cassidy. Seen pt SOOB, alert, reported moderate R knee |
|  | pain,bil wrist pain and weak hands. Introduced OT role. Falls risk assessment |
|  | completed, falls prevention booklet provided. Chair and shower stool height  |
|  | checked and adjusted. |
|  | Plan: Complete OT initial assessment on 8/1/2016.  |
|  | ---------- **Sarah Cowell**, Sarah Cowell, OT |

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| **Occupational Therapy Progress Notes** | **UR:** SB000123**Surname:** Cassidy**Given Name:** Jane Kay**DOB:** 4.9.1944<Edit year> **Sex:** F**Address:** 1 King Street, Belmont <Edit Suburb> |

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|  | Legislation requires ALL entries to have printed name & signature. |
| **Date/Time** | **Progress Notes** |
| 8/1/2016 | Nursing: Mrs Cassidy stated that she slept well overnight. Patient’s vital signs  |
| 1330 | stable this morning. Alert and oriented. Mrs Cassidy required some assistance to  |
|  | SOOB and then only required minimal setup only for shower. Assistance provided  |
|  | to wash and dry extremities, and putting on shoes. Pt C/O pain to R) knee 3/10 at  |
|  | rest and 6/10 on ambulation. Regular paracetamol administered as charted.  |
|  | Panadeine Forte x2 given at 0830hrs prior to shower with good effect. Dressing  |
|  | remains intact.Tolerating food and fluid well. Bowels open. Voiding well. TEDs  |
|  | insitu.----------------------------------------------------------Terry R omero T.Romero (RN) |
| 8/1/2016 | [Occupational Therapy] OT initial ax completed with patient consent. Alert and |
| 1400 | oriented to time, date, place.**Progress Notes**  |
|  | Mrs Cassidy stated that she wants to go home and to complete tasks she  |
|  | used to be able to do like cooking and cleaning, may be also shopping and  |
|  | gardening.Bil knee pain increased since 2 years ago, R) TKR on 3 Jan 2016 may  |
|  | need L)TKR.Current physical status: R) knee reduced ROM, pain 5/10, complain of  |
|  | mild pain of L)knee and both hands. Has z-deformity and swan neck deformity  |
|  | both hands Social: Lives with supportive husband, no children, no support services. |
|  | Transfer: sit to stand I, toilet transfer I with handrails, shower transfer  |
|  | ADL: Feeding I, dressing Min A with aids, showering Min A. |
|  | Mrs Cassidy reported difficulties with opening bottles and manipulating objects |
|  | DADL: not attempted post-op. Further ax required. Please see OT Initial  |
|  | Assessment report for details. |
|  | Cognitive: No issues noted. |
|  | Patient Goals: 1. Independent ADL in one week |
|  | 2. Independent in light meal preparation in two weeks |
|  | 3. Min A shopping in two weeks |
|  | 4. DC home in two weeks |
|  | Plan: ADL training, Breakfast group daily, meal preparation ax, home |
|  | modification, aids recommendation and referal to community services---------- |
|  | ----------------------------------------------------------------------**Sarah Cowell**,Sarah Cowell, OT |
| 8/12016 | Physiotherapy: Initial Ax completed. Pt alert and cooperative.Please see  |
|  | Physiotherapy initial assessment report. Plan: 1)Independent in transfers in 1 week |
|  | 2) Independent walking with 4WF WBAT in 2 weeks |
|  | 3) Supervised stars x 4 with rails in 2 weeks ----------- **SRichards** Sam Richard, PT |
| 9/1/2016 | Occupational therapy: Mrs Cassidy attended breakfast group today. Prepared tea |
|  | and toast with supervision. ---------------------**Pam Lewis**, AHA |

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| **Occupational Therapy Progress Notes** | **UR:** SB000123**Surname:** Cassidy**Given Name:** Jane Kay**DOB:** 4.9.1944<Edit year> **Sex:** F**Address:** 1 King Street, Belmont <Edit Suburb> |

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|  | Legislation requires ALL entries to have printed name & signature. |
| **Date/Time** | **Progress Notes** |
|  | **Progress notes from 9/1/2016 to 12/1/2106 not shown** |
|  |  |
| 12/1/2016 | Occupational therapy: Mrs Cassidy agreed to PDAL assessment. Pain 3/10 |
| 0930 | Cognitive: Pt alart and oriented, was SOOB, ready for a shower.  |
|  | Pt able to gather all items required for Showering without prompting.  |
|  | Needs to be reminded to lock 4WF during transfers once.  |
|  | PDAL Ax – Preparation: Pt able to use 4WF to transfer clothing and personal care  |
|  | items to the bathroom. Adjust water temperature independently. |
|  | Toilet and shower transfers: Independent with 4WF and rails.  |
|  | Showering: Independent in sitting, uses longhandle aids to wash back and lower  |
|  | limbs. Takes more time to complete tasks.**Progress Notes**  |
|  | Dressing: Independent with long handle aids. Pt requires assistance in doning off /  |
|  | on TEDs.  |
|  | Mrs Cassidy stated that her husband can help her with the TEDs when she goes  |
|  | home. She also stated that Mr. Cassidy had purchased the height adjustable  |
|  | shower stool recommended by Ada Tham, OT. |
|  | Plan: Meal preparation ax on 13/1/2016, DC planning |
|  | --------------------------------**Sarah Cowell**,Sarah Cowell, OT |
| 12/1/2016 | Nursing: Patient stable. Minimal assistance for breakfast. OT shower assessment  |
| 1415 | completed this morning. Minimal pain. Medications administered as orderd. TEDs |
|  | insitu. Patient for discharge in the next day or so.------ ----------Jeff Jones (Jones RN) |
| 13/1/2016 | Physiotherapy: |
|  | Transfer: independent with arms and rails |
|  | Mobility: independent walking with 4WF indoor |
|  |  Stairs x 2 with rails with supervision |
|  | Plan: continue PT, refer to community PT for further mobility training,ready for dc |
|  | ------------------------------------------------------------------------ **SRichards** Sam Richard, PT |
| 13/1/2016 | Occupational Therapy: |
| 1400 | DADL ax: Mrs Cassidy completed light meal preparation task (making lamb chops  |
|  | with roast vegetables) in OT department. Reported mild knee pain 3/10 and min  |
|  | hand joints pain before meal preparation.  |
|  | Mobility: I with 4 WF |
|  | Mrs Cassidy was independent in getting things from mid shelves, cannot bend to |
|  | get objects from lowershelves. Uses 4 WF to carry food itemsand tensils to stove. |
|  | She has difficulties cutting stone vegetables due to reduce hand strength, but  |
|  | managed with modified techniques. She was independent in using oven and frying  |

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| C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg**Occupational Therapy Progress Notes** | **UR:** SB000123**Surname:** Cassidy**Given Name:** Jane Kay**DOB:** 4.9.1944<Edit year> **Sex:** F**Address:** 1 King Street, Belmont <Edit Suburb> |

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|  | Legislation requires ALL entries to have printed name & signature. |
|  | lamb chops with frying pan. Reduce endurance noted. She needed to rest every 10  |
|  | minutes due to L) leg weakness and increased pain. |
|  | She worried that she will not be able to manage household tasks upon discharge. |
|  | Plan: Refer to council home help services and community OT for community access  |
|  | and CADL ax. ----------------------------------- **Sarah Cowell**,Sarah Cowell, OT |
| 14/1/2016 | Physiotherapy Discharge: Community referral and discharge summary completed. |
|  | Please refer to Physiotherapy Discharge report------------ **SRichards** Sam Richard, PT |
| 15/1/2016 | Nursing Discharge: Patient requiring independent with ADLs this |
| 1130 | morning. Vital Signs: Haemodynamically stable. Neuro: alert, oriented and  |
|  | cooperative. Transferring and ambulating indepentently. C/O surgical pain to R) |
|  | knee 4/10 on ambulation. Mrs Cassidy reported that pain has much improved the  |
|  | past two days. Pain 1/10 at rest. CVS: skin warm and dry. Respiratory: NAD. |
|  | Gastro: Excellent food and fluid intake. Bowels opened this morning. Voiding **Progress Notes**  |
|  | freely.Integument: Surgical wound re-dressed this morning. Wound borders well |
|  | approximated with minimal redness. Wound re-dressed with hydrocolloid |
|  | (Duoderm thin). Skin otherwise remains intact. TEDs insitu. Discharge  |
|  | medications and medication education provided by Pharmacist. Patient seen by  |
|  | Allied Health Team. Referrals provided. Patient discharged at 1115hrs in care of  |
|  | husband.- -------------------------------------------------------**Fanny Chan** (Chan EN) |
| 15/1/2016 | Occupational Therapy: Discharge assessment completed, please refer to  |
| 1215 | Occupational Therapy Discharge Report for details. Referrals to community service  |
|  | and community OT sent. Ready for DC  |
|  | --------------------- **Sarah Cowell**,Sarah Cowell, OT |
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| C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg**Occupational Therapy Initial Assessment** | **UR:** SB000123**Surname:** Cassidy**Given Name:** Jane Kay**DOB:** 4.9.1944<Edit year> **Sex:** F**Address:** 1 King Street, Belmont <Edit Suburb> |

|  |
| --- |
| **MEDICAL INFORMATION**Diagnosis:  |
| RA, both hands and both knees. |
|   |
| **Occupational Therapy Initial Assessment** |
| Relevant Medical History: |
| RA dx in 1992, on & off exacerbation mainly managed by medication. Increased knee pain since 2  |
| years ago, right more than left. Mild to moderate wrist pain, reduced grip strength. Attended pre-  |
| admission clinic, pre-op exercise given by PT, home visit completed by OT. Admitted to Health Enhance  |
| Healthcare on 2 Jan 2016, TKR done on 3 Jan 2016. Post-op. N.A.D. |
| Vision: glasses for reading Hearing: mild hearing loss left side |
| **SOCIAL SITUATION:** Lives alone: Yes ☐ No☒ With whom: Spouse |
| Lives with John, husband and a dog in a single storey home. They have no children. Janes’s mother  |
| has dementia and is residing in a nursing home. Mrs Cassidy’s father passed away 4 years ago.  |
| Mrs Cassidy used to take care of most housework. John, helps with mowing the lawn and  |
| putting the rubbish bins out. He does not cook. Jane has a sister and they see each other regularly. |
|  Services: Personal Care Assistance ☐ Home Help ☐ MOW ☐ Other ☐ |
|  Social activities/Interests/Employment: |
| Mrs Cassidy retired 10 years ago. She loves her dog, enjoys gardening and baking. She attends the  |
| Seniors group at the Uniting Church. |
| **HOME ENVIRONMENT** Previous Home Visit**:** Yes  **☒** No ☐ Own ☒ Rented ☐ House ☐ Flat/ Unit ☐ Storey: Single ☐ Double ☐ |
| Front Access:  | 1 step |
| Back Access: | 4 steps to the garden |
| Internal: | Level access |
| Bathroom:  | Bath tub plus shower recess |
| Toilet:  | Separate toilet |
| Bedroom: | Queen size bed,  |
| Seating: | Lounge and dining chairs |
| C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpgOther: OT from pre-admission clinic recommended installation of handrail in the shower and toilet, bannister rails in rear access. |
| **Transport:** Drives Yes ☒ No ☐ Manual ☐ Auto ☒ Public Transport: Tram ☐ Train ☐ Bus ☐ Disabled Parking Permit ☐ Other: Not able to drive for 12 weeks post-op |

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| --- |
| **CURRENT LEVEL OF FUNCTION** |
| **Ambulation** Weight bearing status: FWB ☐ PWB ☒ NWB ☐Independent ☒ Supervision ☐ Assistance ☐No Aid ☐ Crutches ☐ PUF ☐ SPS ☐ ~~2~~/4 wheel frame ☒Independent wheelchair ☐ Dependent wheelchair ☐Comments: |
| **UPPER LIMB FUNCTION**Dominance: Right ☒ Left ☐ Precautions: ☐Impaired: Yes ☒ No ☐ ROM ☐ Sensation ☐ Coordination ☐ |
| **PAIN**  Yes ☒ No ☐  |
| **OCCUPATIONAL PERFERFORMANCE AREAS**Key: I = Independent A = Assistance required S = Supervision/Prompts |
|  | **Previous Status****Comments (Aids used) Key**  | **Current Status****Comments (Aids used) Key**  |
| Bed mobility |  | I | Difficult, c/o pain | I |
| Transfers |  | I | 4WF and rails | S |
| **Personal care ADL** |  |  |  |  |
| Eating |  | I |  | I |
| Grooming |  | I |  | I |
| Dressing |  | I |  | A |
| Bathing |  | I |  | A |
| Toileting |  | I |  | S |
| Other |  |  |  |  |
| **Domestic ADL** |  |  |  |  |
| Meal Preparation |  | I |  | A |
| Housework |  | I |  | A |
| Laundry |  | I |  | A |
| Garden/Home Maintenance | Husband completes | A |  | A |
| **Community ADL** |  |  |  |  |
| Shopping |  | A |  | A |
| Other |  |  |  |  |
| **COGNITION** NAD ☒ Impaired ☐Comments: |
| **PATIENT GOALS : Return Home** |
| 1. Independent ADL in one week |
| 2. Independent in light meal preparation in two weeks |
| 3. Min A shopping in two weeks |
| **ISSUES IDENTIFIED**  |
| 1. Reduce function mobility and increase pain in both knees and wrist affecting ADL performance
 |
| 1. Requires assistance in performing DADL and community tasks
 |
| 1. Access barriers at home requiring installation of handrails and use of aids / equipment
 |

![C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg]()Therapist Name: Sarah Cowell Therapist Signature: **Sarah Cowell** Date: 8/1/2016

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| **Occupational Therapy Home Assessment Report** | **UR:** SB000123**Surname:** Cassidy**Given Name:** Jane Kay**DOB:** 4.9.1944<Edit year> **Sex:** F**Address:** 1 King Street, Belmont <Edit Suburb> |

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| --- |
| **Date: 25/11/2016 Occupational Therapist: A. Tham****Occupational Therapy Home Assessment Report** |
| Relevant Medical History:RA x 14 years, bil. knee pain and bil. hands pain. Scheduled for R. TKR on 3 Jan 2016 |
| Mobility:Independent bed, chair and toilet transfer. Independent ambulation on level ground with single point stick. Needs supervision to negotiate stairs with no rails support.  |
| Precautions:Falls risk especially when showering. |
| Vision: wears glasses for reading |
| Hearing: mild hearing loss in left ear |
| **SOCIAL SITUATION:** Lives alone: Yes ☐ No☒ With whom: Husband |
| Person(s) present at home visit: John, husband |
| Contact Person: John Cassidy Phone/Mobile:0456 87 932 |
|  |
| **HOME ENVIRONMENT** Previous Home Visit**:** Yes  **☐** No ☒ Own ☒ Rented ☐ House ☐ Flat/ Unit ☐ Storey: Single ☒ Double ☐ |
| **Front Access:**Path: level, good conditionPorch: one small step into houseStep x: 1 (height 120 mm)Rail x: nilRamp: nilComments: can manage on step with single point stick | **Back Access:**Path: paved Porch: NilStep x: 4Rail x: nilRamp: nilComments: short path to clothes line. Risk of fall negotiating steps noted. | **Internal Access:**Split level:Step x 0Rail x:Ramp:Comments: level access, standard doorways to all rooms |
| C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg**Bathroom:**☒ Shower ☐ Shower over bath ☒ Bath☐ Height \_\_\_100\_\_\_\_\_\_\_\_mm☐ Screen ☐ RailsExiting Aids / equipment: Nil | Bathroom transfer: Independent with single point stickComments:Mrs Cassidy will need to use a 4 WF post TKR. Her right knee pain is getting worse. Recommend installation of hand rails and use of shower chair in bathroom to reduce risk of fall. ( please see diagram below) |
| **Toilet:**☐ In bathroom/ ensuite ☐ Separate☐ Door inwards/outwards☒ Height \_\_\_400\_\_\_\_\_\_\_\_\_mm ☐ RailsExiting Aids / equipment: Nil | Toilet transfer: IndependentComments:Mrs Cassidy has difficulties getting up from toilet and tends to hold onto the wall and push from toilet to get up. Recommend installation of hand rail in toilet to facilitate transfer |
| **Bedroom:**☒ BED Height \_\_\_480\_\_\_\_\_\_\_\_\_mm☐ ~~S / D~~/ Q/ ~~K~~☒ Bedside Light☐ Phone Exiting Aids / equipment: | Bedroom transfer: IndependentComments: |
|  **Seating:**☒ Lounge / Armchair \_440\_mm☒ Kitchen / Dining Chair \_460\_mm☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mm | Chair transfer: IndependentComments: |
| **Diagrams:** Installing hand rail at the rear access of the house, fix to wall left to the rear door.Additional diagrams attached ☒ Material: Metal (chrome)Bannister rail diameter: 100mmHeight: 900mm from floorLength: 1600 mmAt least 300 mmC:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg |
| **Meals Preparation:**☒ Cooktop -Gas/~~electric~~ ☒Oven -Gas/~~electric~~ ☒Kettle -~~Gas~~/electric ☒Microwave Comments:Jane needs help from John to get items in the lower drawers. She arranged most of the items she used regularly in accessible shelves and drawers. |
| **Household Management:**☒ Phone Use: ☒ Turn on heater: ☒ Laundry☐ Garden care☐ Rubbish care☒ Letter box☒ Smoke alarmComments:John helps Jane to carry the laundry basket to the clothes line and set it on a stool for Jane to put clothes on the clothes line. |
| **Services Required:**To be reassessed post TKR operation |
| **Recommendations:**1. Install bannister rail at the rear access
2. Install 2 hand rails in bathroom
3. Install 1 hand rail in toilet
4. Recommend shower chair
5. Reassess service needs post operation
 | **Actions required:**1. OT to submit referral to Council maintenance service for installation of bannister rails and hand rails.
2. OT to provide recommendations and quotations of shower stools to Jane
3. Jane to purchase or hire shower stool
4. OT to refer Jane for further OT assessments
 |
| **Summary:**Home assessment completed on 25 Nov 2015. Jane’s ability and safety in performing daily self-care tasks and household tasks are affected by her knee pain and reduced mobility. She needs to use walking aids for ambulation and has reduced grip strength due to wrist pain of both hands. It is recommended that handrails are installed at the rear access, bathroom and toilet to enhance Jane’ functional mobility and safety. I also recommend Jane to use a shower chair for safety. |

![C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg]()Therapist Name: Ada Tham Therapist Signature: Ada Tham Date: 26 Nov 2015

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| **Additional Diagrams:** Installing hand rail in toilet and showerhttps://s-media-cache-ak0.pinimg.com/236x/a4/81/dd/a481ddf800fbdaac39d8d666ce395656.jpgMaterial: Metal (chrome)Horizontal hand rail: Height: 900mm from floorLength: 600 mmMaterial: Metal (chrome)Vertical hand rail: Height: 750mm to 1250 from floorLength: 500 mmImage result for Shower handrail |

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| **Occupational Therapy Discharge Summary & Plan** | **UR:** SB000123**Surname:** Cassidy**Given Name:** Jane Kay**DOB:** 4.9.1944<Edit year> **Sex:** F**Address:** 1 King Street, Belmont <Edit Suburb> |

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| **Diagnosis:** RA, Right TKR |
| **Relevant medical history**Jane has RA for 14 years, well controlled with medication. She has increased knee pain especially the right knee and was admitted on 2 Jan 2016 for R.TKR done on 3rd Jan 2016. There was no complication post operation. Jane was transferred to the physical rehabilitation unit on 7th Jan 2016. Jane received treatment from Occupational Therapy and Physiotherapy.  |
| **Social History including employment**Jane lives with John, her husband and a dog in a single storey home. They have no children. Jane’s mother has dementia and is residing in a nursing home. Jane’s father passed away 4 years ago. Jane used to take care of most housework. John helps with mowing the lawn and putting the rubbish bins out. He does not cook. Jane has a sister and they see each one to two times a month. Before this admission, Jane has not used any support services. |
| **Client’s goals****Occupational Therapy Discharge Form**Jane ‘s main goal is to return home and be able to perform tasks she used to perform1. Independent ADL 2. Independent in preparation 3. Community access and shopping with minimal assistance |
| **Current performance in relevant occupations**Jane is independent in all ADL tasks with use of handrails and aids (long handle shoe horn, stocking aids, shower stools and long handle bath sponge).Jane can prepare light meals independently using a 4 wheeled frame for ambulation indoors.Jane needs assistance in shopping. John will drive her to the shops. Jane will need frequent rest breaks in outdoor activities. |
| Identified issues and proposed solutions/recommendations preferably in SMART goal formatHome access issues and falls risks were identified in home assessment completed on 25 Nov 2015. Home modification is completed to reduce falls risk at home. However, Jane still requires assistance in some household tasks such as vacuuming, housecleaning and laundry. Jane’s ability in performing gardening and driving needs further assessment.Recommendations: Refer to local council for home help service to assist with household cleaning.Refer to community occupational therapy to further assess IADL and driving. |
| Therapist Sarah Cowell, OT 17th Jan 2016 |

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