

## Care Home – AIDE MEMOIRE

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

NHS Number: \_\_\_\_\_

Use this *BEFORE* contacting a health-care clinician – it will help you to describe your concerns, **how this differs from normal**, and if appropriate, can be faxed/emailed to confirm what is requested.

**THIS IS NOT** a decision tool but a guide to help ensure the relevant information is available and a record of any actions/outcomes.

1. Complete the checklist as fully as possible
2. If a question does not apply – strike it through
3. If additional information is needed which you think the health-care clinician should be aware of – add it to the form
4. **COMPLETE THIS FORM BEFORE YOU TELEPHONE**
5. The more complete and accurate the form the better the outcome for you and the resident
6. If a visit has been agreed – keep the form with the resident until the health-care clinician attends.
7. **If you feel the situation is life threatening**
  - **Check that there is no agreed palliative care plan**
  - **If no plan exists to state otherwise – ring 999**

Date / Time:	Completed by:
Is this a <b>NEW</b> or <b>EXISTING</b> condition (delete as applicable)	
Alert and aware / orientated to time and place	
Confused (more than normal for this person)	
Change of speech (state how changed)	
Drowsy and/or hard to rouse	
Complains / shows signs of weakness in arms or legs – if yes - describe	
Pale	
Hot	
Flushed and/or sweating	

Cold and/or shivering	
Unsteady / less mobile than usual	
Dizzy	
Breathing harder/faster than normal	
Breathing slower/shallower than normal	
Coughing more than usual	
Bringing up phlegm (what colour is it)	
Being sick – or feeling sick	
In any pain (if so state where the pain is)	
<b>SHARP</b> stabbing pain or <b>DULL</b> aching pain (delete as applicable)	
Is this new pain	
Change of bowel habit (describe)	
Change of urinary habit (describe)	
Change of diet/fluid intake (describe)	
What are your concerns ?	
Is there an emergency plan in place – If Yes - does it relate to this condition and has it been applied ?	
Is there a DNACPR / ReSPECT form in place	
Has patient recently been in hospital ?	
Are these symptoms <b>SUDDEN</b> or <b>GRADUAL WORSENING</b> (delete as applicable)	
Has any medication been changed recently	
Are you requesting telephone advice/guidance	
Are you requesting a visit	
How urgent is this request (eg. Does it need to be today or can it wait until later in the week)	
<b>Note outcome of the call and any agreed actions. This form to be used at staff handover – and filed when the episode is resolved</b>	