Due for Review: 14/09/2021
### ALERTS:
- Patient has the flu vaccination
- Infection Prevention Screening Tool completed
- Single room required
- Additional Precautions commenced

If yes, please specify:
- NEST: Yes / No
- Interpreter required: Yes / No
- Language spoken:

### CNS:
- Alert / Orientated
- Confused/Disorientated
- Wandering
- Impulsive
- Limb Strength/Weakness

### CVS:
- Vitals Stable
- Altered MET criteria
- Lines:
  - IVC
  - PICC
  - Chest Port

### RESP:
- RA
- Oxygen
- CPAP / BiPAP

### ENDO:
- Diabetic
- OHG
- Insulin

### GIT:
- Diet
- NGT or PEG
- Continent: Yes / No
- Stoma: Yes / No

### REN:
- Continent
- Isolation
  - Specify (including cytotoxic)
  - Air mattress
  - Low Low Bed
    - Definitely required
    - If possible
  - Bariatric Bed / Equipment
    - Weight
    - Height
    - Girth
  - Specific equipment eg brace
    - Specify

### MUS/SKEL:
- PMLOF
- Current Mobility:
  - Independent
  - Assist
  - Current Aid
  - Distance
  - Unable
  - Hoist - Type
  - Restrictions eg. NWB - Specify
  - Orthotics eg (brace, AFO) - Specify

### DERM:
- Wounds
- Dressings
- VAC
- Drain tube
- Pressure injury
- Air mattress

### Specific Patient / Bed Requirements:
- Specific (including cytotoxic)
- Air mattress
- Low Low Bed
  - Definitely required
  - If possible
- Bariatric Bed / Equipment
  - Weight
  - Height
  - Girth
- Specific equipment eg brace
  - Specify

### Behavior Management:
- History of Code Grey
- Date of Last recorded Code Grey
- Special required within last 48hrs
- Behaviour charts supplied
- Physical aggression within last 48hrs
- Wandering/intrusive

### Concerns or events during ward stay:
- ...
- ...
- ...
- ...
- ...
- ...
- ...
- ...

### Name:
- Signature

### Designation:
- Date: _____ / _____ / _____
- Time: _____ : _____