

Name: \_\_\_\_\_  
 Known as \_\_\_\_\_  
 Room No: \_\_\_\_\_  
 G.P. \_\_\_\_\_  
 Date of admission: \_\_\_\_\_  
 Written by: \_\_\_\_\_

**Name of Facility**  
**LONG TERM CARE PLAN/ASSESSMENT**

Originated:	Updated :	Next Review:
Signature & dates of review:		

**ONLY HIGHLIGHTED, WRITTEN OR TICKED INFORMATION APPLIES**

**Information gathered from:**

Client /Significant other  Client s Profile  Feedback from staff  Client s GP  SNL Assessment  Other \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Ethnic Origin \_\_\_\_\_  
 Sex: Male/Female Any special cultural needs  (See Cultural Section) NHI NO: \_\_\_\_\_

**EATING & DRINKING**

**Diet:** Full  Diabetic  Special: \_\_\_\_\_ **Allergies:** \_\_\_\_\_  
**Diabetic:** Type 2  Medication: \_\_\_\_\_  
 Type 1  Insulin Types & Times: \_\_\_\_\_

Pre-Breakfast Snack:  What given: \_\_\_\_\_

**Dislikes:** \_\_\_\_\_

**Likes:** \_\_\_\_\_

**Feeding:** Independent  Requires Assistance:  Full feed:

**Meal size:** Large  Medium  Small

**Special Precaution:** Choking:  Slow:  Other: \_\_\_\_\_

**Special Preparation:** Pureed  Cut:  Soft:

**Supplements Required:** Kiwi Fruit Juice  Cranberry Juice  Resource  Ensure:

**Other:** \_\_\_\_\_

**Special Instructions for eating:** \_\_\_\_\_

**Times:** 0900hrs  1200hrs  1500hrs  Other: \_\_\_\_\_

**Fluids:** with meals:  Between meals:  Needs encouragement

**Preferences:** Tea  Coffee:  Milo:  Milk:  Sugar:  Water:  Juice:  Thickened:

**Other:** \_\_\_\_\_

**Breakfast:** In bed  In chair in bedroom  In dining Room

**Weight:** Overweight  Underweight  Weight: \_\_\_\_\_ Kgs Height: \_\_\_\_\_

**Weight Management Plan:** \_\_\_\_\_

**Blood Glucose Measurement Readings Days:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Time:** \_\_\_\_\_

**Other Instructions:** \_\_\_\_\_

**Client Goals:** \_\_\_\_\_

**Any Specific Care Plan Needed Yes/No 1**

- Behaviour  ADL's  Pain Assessment/Plan  Wound Care  Meals/Nutrition
- Continence Assessment/Plan  Falls Risk Assessment/Plan  Sleeping Plan  Sexuality
- Cultural  Skin Assessment  Breathing  Safety/restraint/enabler Monitoring

**Long Term Assessment & Care Plan**

**Written by :**

**Authorised by:**