

**INDIVIDUAL PROFILE CHART FOR CARE HOMES.**

Name of Care Home .....

Resident Name ..... NHS NO ..... DOB .....

<b>Medical Conditions</b>						
<b>Allergies</b>						
<b>Medications</b>						
<b>Continence Assessment (Please circle all that apply)</b>						
<b>Mobility</b>	Nursed in bed	Nursed in chair	Moved with aid of standing hoist	Moved with full hoist	Walks with assistance	Walks independently or with walking aid
<b>Pad changing</b>	Self caring		One to assist	Two to assist		
<b>URINE SYMPTOMS</b>						
<b>(Please circle ALL that apply)</b>	Resident knows they need to pass urine and will take themselves to toilet OR ASK TO BE TAKEN TO TOILET					
	Resident is unaware of the need to pass urine but will usually go with staff if prompted <b>Please state how often they are prompted .....</b>					
	Resident may be incontinent of urine more than once during the night					
	Resident passes urine in inappropriate places					
	Resident appears agitated shortly before a wetting episode					
	Resident is incontinent of large amounts of urine each time					



BOWEL SYMPTOMS							
<b>(Please circle all that apply)</b>	Resident is unaware of the urge to have their bowels moved						
	Resident has their bowels open in inappropriate places						
	Resident is incontinent of a large amount of faeces 1-2 times a day						
	Resident becomes very agitated before a faecal incontinence episode						
	Frequency of bowel movements				Stool type (see chart below)		
<b>HYGIENE ROUTINE BETWEEN PAD CHANGES</b>	SOAP & WATER		WATER		NON RINSE CLEANSERS		
<b>Skin condition</b>	Normal	Dry	Red	Rash	Scratched	Broken skin	Pressure Area
<b>Resident's Level of confusion</b>	NONE		MILD		MODERATE		SEVERE
<b>APPLIANCES</b>	URINARY CATHETER				SHEATH	PEG FEED	
<b>MEASUREMENTS</b>	WAIST				HIP	WEIGHT	
<b>CURRENT PRODUCT IN USE TYPE, COLOUR OF BACKING.</b> .....			<b>NUMBER OF PADS USED PER DAY</b>			<b>NUMBER OF PADS USED AT NIGHT</b>	
<b>ADDITIONAL INFORMATION</b>							
<b>NAME &amp; SIGNATURE OF STAFF COMPLETING FORM</b>							

**Complete for 3 days - Day 1**



Resident Name ..... Nhs no ..... DOB .....

Time	Drinks In	Insert 'X' when resident was taken to toilet	Did resident pass urine on toilet? measure if able)	Was pad 'dry' 'damp' 'wet'	Pad changed?	Pad used name & colour	Fixation pants worn? Yes/No	Reason for pad change *	Initials of carer
8.00 am									
9.00 am									
10.00 am									
11.00 am									
12.00 pm									
1.00 pm									
2.00 pm									
3.00 pm									
4.00 pm									
5.00 pm									
6.00 pm									
7.00 pm									
8.00 pm									
9.00 pm									
10.00 pm									
11.00 pm									
12.00 am									
1.00 am									
2.00 am									
3.00 am									
4.00 am									
5.00 am									
6.00am									
7.00 am									
<b>Total</b>									

\*Reason for pad change key      1 Full to capacity      2 Faecal soiled      3 At resident request      4 Leaking onto clothes/bedding

**Complete for 3 days - Day 2**



Resident Name ..... Nhs no ..... DOB .....

Time	Drinks In	Insert 'X' when resident was taken to toilet	Did resident pass urine on toilet? measure if able)	Was pad 'dry' 'damp' 'wet'	Pad changed?	Pad used name & colour	Fixation pants worn? Yes/No	Reason for pad change *	Initials of carer
8.00 am									
9.00 am									
10.00 am									
11.00 am									
12.00 pm									
1.00 pm									
2.00 pm									
3.00 pm									
4.00 pm									
5.00 pm									
6.00 pm									
7.00 pm									
8.00 pm									
9.00 pm									
10.00 pm									
11.00 pm									
12.00 am									
1.00 am									
2.00 am									
3.00 am									
4.00 am									
5.00 am									
6.00am									
7.00 am									
<b>Total</b>									

**\*Reason for pad change key**      1 Full to capacity      2 Faecal soiled      3 At resident request      4 Leaking onto clothes/bedding

**Complete for 3 days - Day 3**



Resident Name ..... Nhs no ..... DOB .....

Time	Drinks In	Insert 'X' when resident was taken to toilet	Did resident pass urine on toilet? measure if able)	Was pad 'dry' 'damp' 'wet'	Pad changed?	Pad used name & colour	Fixation pants worn? Yes/No	Reason for pad change *	Initials of carer
8.00 am									
9.00 am									
10.00 am									
11.00 am									
12.00 pm									
1.00 pm									
2.00 pm									
3.00 pm									
4.00 pm									
5.00 pm									
6.00 pm									
7.00 pm									
8.00 pm									
9.00 pm									
10.00 pm									
11.00 pm									
12.00 am									
1.00 am									
2.00 am									
3.00 am									
4.00 am									
5.00 am									
6.00am									
7.00 am									
<b>Total</b>									

\*Reason for pad change key      1 Full to capacity      2 Faecal soiled      3 At resident request      4 Leaking onto clothes/bedding

**Complete for 3 days - Day 4**



Resident Name ..... Nhs no ..... DOB .....

Time	Drinks In	Insert 'X' when resident was taken to toilet	Did resident pass urine on toilet? measure if able)	Was pad 'dry' 'damp' 'wet'	Pad changed?	Pad used name & colour	Fixation pants worn? Yes/No	Reason for pad change *	Initials of carer
8.00 am									
9.00 am									
10.00 am									
11.00 am									
12.00 pm									
1.00 pm									
2.00 pm									
3.00 pm									
4.00 pm									
5.00 pm									
6.00 pm									
7.00 pm									
8.00 pm									
9.00 pm									
10.00 pm									
11.00 pm									
12.00 am									
1.00 am									
2.00 am									
3.00 am									
4.00 am									
5.00 am									
6.00am									
7.00 am									
<b>Total</b>									

**\*Reason for pad change key**      1 Full to capacity      2 Faecal soiled      3 At resident request      4 Leaking onto clothes/bedding

