Name of Resident: _____ D.O.B:_____ DATE_____

Changes observed in resident:

	SHIFT: Early	Late	Night
Increased disorientation	☐	☐	☐
Fluctuating confusion	☐	☐	☐
Increased inattention	☐	☐	☐
Increased rambling	☐	☐	☐
Increased drowsiness	☐	☐	☐
Increased restlessness	☐	☐	☐

When were changes in behaviour first observed? …….

Physical symptoms observed
If you cannot do the observations, please tick the box of the closest description

Temperature: (normal range = 36-37˚C)…….. …….

Normal ☐ Flushed ☐ Hot and dry☐ Hot and Sweaty☐ Cold and Clammy ☐

Pulse at rest (normal = 60-90 beats per minute)…….

Normal ☐ Fast ☐ Slow ☐ Regular ☐ Irregular ☐

Respiration rate at rest (normal =12 - 20 per minute)…… …

Normal ☐ Breathless☐ More breathless than usual ☐

Urine Observations: Dark/concentrated ☐ Strong smell ☐ Cloudy ☐ Blood observed ☐

pH……. ……. Protein ☐ Glucose ☐ Ketones ☐ Nitrites☐ Leukocytes ☐ Blood ☐

Blood Sugar: (normal blood sugar level =4-8mmols) ……..time taken……

Is the resident known to be diabetic? Yes ☐ No ☐

*Symptoms of low blood sugar: ☐ (*Irritability, trembling, pale & clammy, fast pulse, confused)

Symptoms of high blood sugar ☐ (Thirst, fast deep breathing, pear drops smell on breath, nausea)

Chest:
Productive Cough ☐ Dry Cough ☐ Wheeziness ☐ Asthmatic ☐

Colour/type of sputum……..

Pressure Ulcer/ Unexplained rash?

Please give details…….....

Bowels

Date last opened if known……Colour…… Form / Consistency……

Dehydration suspected? ☐ (dry mouth, furred tongue, dark urine/low output, sunken eyes)

Please give details…….....

Recent falls or accidents? ☐ e.g. did the resident trip or collapse? Date……

Please give details…….....

Pain suspected? ☐ e.g. Report suspected site of pain – Is it a new pain or the recurring pain?

Please give details…….

Previous episodes of delirium?

Date:…… S*uspected cause*……..
Date:…… S*uspected cause*…….....
Date:……..*Suspected cause*……

Medication:

Medication recently added ☐ Medication recently stopped ☐ Refused ☐

Please give details…….. …….. …

Current medication……..

……

Diagnosis of dementia

Alzheimer's disease	☐	Vascular dementia	☐	Parkinson's disease	☐
Lewy body dementia	☐	Unspecified	☐	No dementia	☐

Any other concerns to report.....

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