

Food and Fluid Refusal Assessment Record

2. Psychiatric Assessment required: Yes No
3. Advance Decision date.....
4. Advance Decision signed: Yes No

Section 3 – Clinical Examination

Has the detainee provided consent for a clinical examination to be carried out? Yes No

The following must be completed in detail:

BP_____ HR_____ SATs_____ Temp_____ BM_____ RR_____

Signs of Malnourishment and Dehydration (tick if applicable)

Dry and cracked lips	<input checked="" type="checkbox"/>	Ulcers	<input checked="" type="checkbox"/>	Sunken eyes	<input checked="" type="checkbox"/>	Pressure sores	<input checked="" type="checkbox"/>
Peripheral Oedema	<input checked="" type="checkbox"/>	Nystigmus	<input checked="" type="checkbox"/>				
<hr/>							
Tongue	<input checked="" type="checkbox"/>	Hair/Nails	<input checked="" type="checkbox"/>	Breath	<input checked="" type="checkbox"/>		
Skin turgor	<input checked="" type="checkbox"/>						

CVS CRT

Chest (please provide diagram)

Abdomen (please provide diagram)

CNS

Speech: _____

Gait: _____

Cerebellar Signs: _____

Other Neuro: _____

ENT

MSK

MSE:

Any other relevant Examination findings:

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Refeeding Syndrome

Negligible..x	Modest	x	High	x	Extreme	x		
1. Blood tests	Agreed		x		Declined		x	N/A x
2. Hospital Assessment/admission			Agreed x		Declined		x	N/A x

Section 4 – Final Assessment

Does the detainee have Healthcare needs which cannot be met within an Immigration Removal Centre (IRC)?

Yes x No x

If Yes, brief summary as to why:

Does the detainee remain fit to travel? (this could be via air, land or sea therefore this needs to be considered when assessing a detainee for this)

Yes x No x

If No, brief summary as to why and what measures are required to enable the detainee to travel:

Immigration informed (Yes/No and how).....

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Plan: