Food/Fluid Refusal Assessment Record – to be completed by a healthcare professional

Detain	ee Information					
Name of Detainee:						
CID Re	CID Reference:Nationality:					
Date of Birth:Male/Female:						
Date/tim	ne of Assessment:					
Name of	f the healthcare professional completing the assessment					
Section	n 1 - Details					
1.	DayFood Refusal	2. DayFluid Refusal				
	Last eaten (date)	Last drank (date)				
2.	Mobility					
3.	Urine Output					
4.	Current Weight	Oate:				
	a. Weight at onset of Food refusal:Date:					
	b. Weight Loss (%)BMI:	Current				
5.	Relevant/Significant Medical History:					
•	Current Medication:					
	Compliant with medication	Non-compliant with medication				
Section 2 – Assessment of mental capacity to refuse medical treatment						
The healthcare professional must be satisfied that the patient is able to:						
•	Comprehend and retain information about the treatment offere	d				
•	Believe that information					
•	Weigh up the information, balancing risks against needs					

No

Х

Yes

1. Capacity

2. Psychiatric Assessment required:	Yes x No x				
3. Advance Decision date					
4. Advance Decision signed:	Yes No				
Section 3 – Clinical Examination					
Has the detainee provided consent for a clinic	cal examination to be carried out? Yes x No x				
The following must be completed in detail:					
BP HRSATs	TempBMRR				
Signs of Malnourishment and Dehydration (tic	k if applicable)				
Dry and cracked lips x Ulcers x	Sunken eyes x Pressure sores x				
Peripheral Oedema x Nystigmus	х				
Tongue x Hair/Nails	x Breath x				
Skin turgor x					
<u>CVS</u> CRT	Chest (please provide diagram)				
Abdomen (please provide diagram)	CNS				
	Speech:				
	Gait:				
	Cerebellar Signs:				
	Other Neuro:				
<u>ENT</u>	<u>MSK</u>				
MSE:					
Any other relevant Examination findings:					

Refeed	ling Syn	drome										
Negligi	blex		Modest	x		High	x	Extreme	x			
1.	Blood	tests		Agreed		x		Declined		x	N/A	х
2.	Hospit	al Asses	sment/ac	lmission		Agreed	l x	Declined		x	N/A	х
Section	n 4 – Fi	nal Asse	essment									
Does th Centre		nee have	e Healtho	are need	s which	n cannot	be met	within an lı	mmigi	ration R	Removal	
	Yes	х	No	x								
If Yes, brief summary as to why:												
				ravel? (the		d be via	air, land	d or sea the	erefore	e this ne	eeds to b	е
	Yes	х	No	x								
If No, b	rief sum	nmary as	to why a	and what	measu	res are r	equired	to enable t	he de	tainee	to travel:	
_		•	Yes/No a									
how)												

Plan:	