# Annex A: record of registered nursing care needs

## Template for local adaptation

### NHS-funded nursing care documentation

|  |  |
| --- | --- |
| Patient's name |  |
| NHS number |  |
| Date of birth |  |
| GP  GP surgery |  |
| Local authority funding (if applicable) |  |
| Family/carer representative |  |
| Nursing home |  |
| Date of admission |  |
| Reviews completed |  |
| Next review due |  |
| Comments |  |
| Name of assessor  Place of work, email address & tel. no. |  |

|  |  |  |
| --- | --- | --- |
| Care domains | Registered nursing care needs | CHC checklist score |
| Breathing |  |  |
| Nutrition |  |  |
| Continence |  |  |
| Skin integrity |  |  |
| Mobility |  |  |
| Communication |  |  |
| Psychological & emotional needs |  |  |
| Cognition |  |  |
| Behaviour |  |  |
| Drug therapies & medication |  |  |
| Altered states of consciousness |  |  |

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| --- |
| **Summary of needs & recommendation**  Registered nursing care needs – does the individual require the provision, planning, supervision or delegation of nursing care by a registered nursing in a care home with nursing?  Yes/No  If yes, please specify:  Total CHC checklist score – A: ☐ B: ☐ C: ☐  Referral for full consideration of NHS continuing healthcare IS / IS NOT necessary at this time (please circle as appropriate) |