

# 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	

NHS-funded nursing care practice guidance – template for local adaptation

Reviews completed	
Next review due	
Comments	
Name of assessor Place of work, email address & tel. no.	

NHS-funded nursing care practice guidance – template for local adaptation

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

**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)