

# Annex A: record of registered nursing care needs

## Template for local adaptation

### NHS-funded nursing care documentation

#### Patient's name

Enter the patient's name here.

#### NHS number

Enter the patient's NHS number here.

#### Date of birth

Enter the patient's date of birth here.

#### GP

Enter the name of the patient's GP here.

#### GP surgery

Enter the name and address of the patient's GP surgery here.

#### Is the individual receiving local authority funding (delete as appropriate)

Yes

No

#### If yes, specify details of local authority funding

Enter details of local authority funding here.

#### Family or carer representative

Enter the name of the patient's family or carer representative here.

#### Family or carer representative details

Enter the contact details of the patient's family or carer representative here.

#### Nursing home

Enter the name of the patient's nursing home here.

### **Nursing home details**

Enter the address of the patient's nursing home here.

### **Date of admission**

Enter the date of admission to the nursing home here.

### **Reviews completed**

Enter the details of which patient reviews have been completed and the date they were completed here.

### **Next review due**

Enter the date of the patient's next review here.

### **Comments**

Enter any additional comments here.

### **Name of assessor**

Enter the name of the patient's assessor here.

### **Assessor's place of work, email address and telephone number**

Enter the assessor's place of work, email address, and telephone number here.

## **Care domains**

### **Breathing – registered nursing care needs**

Enter details about the patient's registered nursing care needs related to the breathing care domain here.

### **Breathing – CHC checklist score**

Enter the patient's CHC checklist score for the breathing care domain here.

### **Nutrition – registered nursing care needs**

Enter details about the patient's registered nursing care needs related to the nutrition care domain here.

### **Nutrition – CHC checklist score**

Enter the patient's CHC checklist score for the nutrition care domain here.

**Continence – registered nursing care needs**

Enter details about the patient's registered nursing care needs related to the continence care domain here.

**Continence – CHC checklist score**

Enter the patient's CHC checklist score for the continence care domain here.

**Skin Integrity – registered nursing care needs**

Enter details about the patient's registered nursing care needs related to the skin integrity care domain here.

**Skin Integrity – CHC checklist score**

Enter the patient's CHC checklist score for the skin integrity care domain here.

**Mobility – registered nursing care needs**

Enter details about the patient's registered nursing care needs related to the mobility care domain here.

**Mobility – CHC checklist score**

Enter the patient's CHC checklist score for the mobility care domain here.

**Communication – registered nursing care needs**

Enter details about the patient's registered nursing care needs related to the communication care domain here.

**Communication – CHC checklist score**

Enter the patient's CHC checklist score for the communication care domain here.

**Psychological and emotional needs – registered nursing care needs**

Enter details about the patient's registered nursing care needs related to the psychological and emotional needs care domain here.

**Psychological and emotional needs – CHC checklist score**

Enter the patient's CHC checklist score for the psychological and emotional needs care domain here.

**Cognition – registered nursing care needs**

Enter details about the patient's registered nursing care needs related to the cognition care domain here.

**Cognition – CHC checklist score**

Enter the patient's CHC checklist score for the cognition care domain here.

**Behaviour – registered nursing care needs**

Enter details about the patient's registered nursing care needs related to the behaviour care domain here.

**Behaviour – CHC checklist score**

Enter the patient's CHC checklist score for the behaviour care domain here.

**Drug therapies and medication – registered nursing care needs**

Enter details about the patient's registered nursing care needs related to the drug therapies and medication care domain here.

**Drug therapies and medication – CHC checklist score**

Enter the patient's CHC checklist score for the drug therapies and medication care domain here.

**Altered states of consciousness – registered nursing care needs**

Enter details about the patient's registered nursing care needs related to altered states of consciousness care domain here.

**Altered states of consciousness – CHC checklist score**

Enter the patient's CHC checklist score for the altered states of consciousness care domain here.

**Summary of needs and 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? (delete as appropriate)**

Yes

No

**If yes, please specify**

Enter details of the individual's specific requirements here.

**Total CHC checklist score**

Enter details of the individual's CHC checklist score of 0 to 11 for A, B and C.

**A**

Enter score here.

**B**

Enter score here.

**C**

Enter score here.

**Is referral for full consideration of NHS Continuing Healthcare necessary?  
(delete as appropriate)**

Referral for full consideration of NHS Continuing Healthcare is necessary.

Referral for full consideration of NHS Continuing Healthcare is not necessary.