

Name..... NHS No..... Date..... Continuation Day:

CODES (please enter in columns)	A = Achieved		V= Variance (not a signature)			
Section 2 Assessment of comfort measures	06.00	10.00	14.00	18.00	22.00	02.00
<b>Pain</b> <b>Goal: Patient / resident is pain free</b> <ul style="list-style-type: none"> <li>• Verbalised by patient if conscious</li> <li>• Pain free on movement</li> <li>• Appears peaceful</li> <li>• Consider need for positional change</li> </ul>						
<b>Agitation</b> <b>Goal: Patient / resident is not agitated</b> <ul style="list-style-type: none"> <li>• Patient does not display signs of delirium, terminal anguish, restlessness (thrashing, plucking, twitching)</li> <li>• Exclude retention of urine as cause</li> <li>• Consider need for positional change</li> </ul>						
<b>Respiratory tract secretions</b> <b>Goal: Excessive secretions are not a problem</b> <ul style="list-style-type: none"> <li>• Medication to be given as soon as symptoms arise</li> <li>• Consider need for positional change</li> <li>• Symptom discussed with family /other</li> </ul>						
<b>Nausea &amp; vomiting</b> <b>Goal: Patient / resident does not feel nauseous or vomits</b> <ul style="list-style-type: none"> <li>• Patient verbalises if conscious</li> </ul>						
<b>Dyspnoea</b> <b>Goal: Breathlessness is not distressing for patient</b> <ul style="list-style-type: none"> <li>• Patient verbalises if conscious</li> <li>• Consider need for positional change</li> </ul>						
<b>Other symptoms (e.g. oedema, itch)</b> .....						
<b>Nutrition and Fluids</b> <b>Goal: Patient/ resident is assessed for ability to take oral food / fluids.</b> <ul style="list-style-type: none"> <li>• Record assessment as 'Achieved' if assessed for ability to tolerate diet / fluids</li> <li>• Record any diet / fluids taken on multidisciplinary progress page</li> </ul>						
<b>Mouth care</b> <b>Goal: Mouth is moist and clean</b> <ul style="list-style-type: none"> <li>• See oral care policy</li> <li>• Mouth care assessment at least 4 hourly</li> <li>• Frequency of mouth care depends on individual need</li> <li>• Family/other involved in care given if desired</li> </ul>						
<b>Urinary and Bowels</b> <b>Goal: Patient / resident is comfortable, clean and dry</b> <ul style="list-style-type: none"> <li>• Urinary catheter if in retention</li> <li>• Urinary catheter or pads, if general weakness creates incontinence</li> </ul>						
<b>Pressure &amp; Personal Care</b> <b>Goal: Patient / resident is comfortable and in a safe environment</b> <ul style="list-style-type: none"> <li>• Clinical assessment of skin integrity</li> <li>• Need for positional change for comfort every 4 hours</li> <li>• Personal hygiene (bed bath) daily</li> <li>• Eye care as required</li> </ul>						
Healthcare Professional / Responsible Person to initial each column following each period of care →						
<b>Syringe Driver?</b> If syringe driver in progress check at least 4 hourly and record on separate monitoring chart						
<b>If you have charted "V" against any goal so far, please complete appropriate variance sheet</b>						

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**VARIANCE RECORD DAY**

continuation sheet

Name.....

DOB.....

Date & Time	What Variance occurred	Action taken	Outcome	Sign

**VARIANCE RECORD DAY**

continuation sheet

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