



# Angelcare® Client: Shift Notes

Please use this document for communicating any **changes** in caring for the client at handover or to alert your Coordinator regarding **deterioration** in **Mental awareness** or **Mobility** or **Medication needs** or **Medical Condition**. Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Address: \_\_\_\_\_

<b>Part A</b>	<b>Angel's Name:</b>
<p><b>Medical Details:</b> Note &amp; immediately alert Coordinator to <b>deterioration</b> in Client's:-</p> <p>Mental Awareness</p> <p>Mobility</p> <p>Medication needs</p> <p>*Medical condition</p>	<p><i>*(include symptoms such as cold or flu, diarrhoea, vomiting, dizziness/fainting, sudden shortness of breath, new pressure areas, swelling, bruises, bleeding, urine irregularities such as strong odour/dark colour and frequency or pain)</i></p>
<b>Part B</b>	
<p><b>Menu Plans:</b> Note any <b>changes</b></p>	<p>Weekly menus: Food preferences: Special dietary requirements: Food Allergies:</p>
<p><b>Exercise Plans:</b> Note any <b>changes</b></p>	<p>Exercise checklist: Photographic manual of exercise regime: Physiotherapy regime:</p>
<p><b>Health &amp; Safety (WHS):</b> Note any <b>changes</b> e.g locality</p>	<p>Home Safety Checklist (attach): Evacuation plan: Emergency procedures/emergency pack: Smoke detectors/fire blankets/extinguisher: First Aid Kit:</p>
<p><b>Part C</b> <b>Care Plan:</b> Summarise any <b>changes</b> to:</p> <ul style="list-style-type: none"> <li>- toileting needs</li> <li>- skin integrity</li> <li>- grooming</li> <li>- sensory needs</li> <li>- feeding</li> <li>- dressing</li> <li>- sleep or rest</li> <li>- mobility</li> </ul>	
<p><b>DAA Authorities changes</b> (Attach)</p>	<p>Incident Report/s Risk Treatments:</p>
<p><b>Additional Information</b> Summarise any <b>changes</b> – on back if insufficient room</p>	<p>Daily routine, upcoming events: Photographic manual of care regime: Special requirements: Appropriate outings or goals: Family/Friends contact details:</p>

**Part C**

**Part B**

**Part A URGENT**