CARER CONTROLLED HEALTH RECORD

for a person you support

This Carer Controlled Health Record aims to help communicate information about the person you support to all relevant health professionals in hospital. It will also enable you to obtain information, participate in decision-making and prepare for care after hospital.

NAME OF CARER:

NAME OF PERSON SUPPORTED:
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INTRODUCTION

How is this Carer Controlled Health Record helpful to ‘YOU’ the carer and the person you support?

Going to hospital can be a worrying time, and the person you support may not always be able to communicate their needs to health professionals. When you arrive at hospital, you and the person you support will be asked about previous hospital admissions and whether they have a My Health Record. It can be hard to work out what health professionals need to know about the person you support, and you want to feel sure that you have given enough information. Planning for what happens when the person you support is discharged or transferred from the hospital should begin on admission and continue throughout their hospital stay. The more you are involved in health care decisions and planning, the more you will be informed and prepared to provide care after hospital.

This Carer Controlled Health Record will help you record information about the person you support. This information can be shared with health professionals to assist them to tailor medical, health and nursing care to the individual needs of the person you support. This record can be used on its own or in part to complement a My Health Record.

How does this Carer Controlled Health Record complement the Australian Government’s My Health Record?

The Australian Government of Australia has made available a free electronic My Health Record. To create a My Health Record for the person you support you need access to the internet and register online (see Part C Resources section for details). A My Health Record allows you to share health information with health professionals. It contains information about medical conditions and treatments, allergies, medicine details and prescriptions, test and scan reports, medical consultations, medical history, referrals and discharge summaries. It also enables you to attach an Advance Care Plan and add personal notes only you can see.

The Carer Controlled Health Record is different to the My Health Record in that it aims to make clear the expectations you and the person you support have about involvement in discussions and decisions about care delivery in hospital, and after discharge or transfer. It also provides specific details about the care needs of the person you support to help health professionals provide individualised care in hospital.

Advance Care Planning

An Advance Care Plan contains directions about medical treatment, who has been appointed the substitute decision-maker, preferences about health and personal care and preferred health outcomes. It can be attached to this Carer Controlled Health Record or if you have one, a My Health Record. If the person you support does not have an Advance Care Plan you should consider working with them to get one so that their wishes can be respected (see Part C Resources section).

How to use this Carer Controlled Health Record

This Carer Controlled Health Record is divided into three (3) parts and can be used for any admission to hospital.

PART A enables you to record information about yourself and any other carers, information about the role/s you and others provide, your level of involvement with care and the care requirements. It also provides space to record information about the person you support and their communication and physical care needs. The information in Part A will be helpful to hospital health professionals.

PART B helps you and the person you support understand hospital care and become involved in decisions and planning for hospital discharge or transfer. In this section, you can write information about current medicines, hospital treatments and care needs. It also offers you questions to ask health professionals with space to record answers. Part B will complement a My Health Record, if you have one.

PART C lists resources and contact details of organisations you may find helpful. This section also provides space for you to attach an Advance Care Plan if you have one. If you have a My Health Record you would attach the Advance Care Plan to it.

How is this Carer Controlled Health Record helpful to a health professional?

Caring for someone who is disabled, frail or a person with dementia can be both challenging and complex for health professionals. The evidence shows health professionals do not always adequately recognise or acknowledge the support role of the carer and the wealth of information they have that can improve health care planning and delivery, particularly if the person they support cannot provide information themselves. The information in this Carer Controlled Health Record will assist the health professional provide individualised care and acknowledge your role as a support person.
> Carer Details

Provide this information to the health professional in the emergency department or hospital ward who is admitting the person you support.

<table>
<thead>
<tr>
<th>Carer information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
</tbody>
</table>

Relationship to the person I support is:

**I am the substitute decision maker**:  
- YES  
- NO  
  If NO, details of substitute decision maker (**specify below**)

<table>
<thead>
<tr>
<th>Title</th>
<th>First name</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>Mobile</td>
<td>Email</td>
</tr>
</tbody>
</table>

**I am the contact person**:  
- YES  
- NO  
  If NO, details of other contact person (**specify below**)

<table>
<thead>
<tr>
<th>Title</th>
<th>First name</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>Mobile</td>
<td>Email</td>
</tr>
</tbody>
</table>

**Is there another carer?**:  
- YES  
- NO  
  If YES, details of other carer (**specify below**)

<table>
<thead>
<tr>
<th>Title</th>
<th>First name</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>Mobile</td>
<td>Email</td>
</tr>
</tbody>
</table>

What is their relationship to the person you support?  

**Title** | **First name** | **Surname**  
---|---|---  
**Telephone** | **Mobile** | **Email**  

**PART A** contains information about Carer Details, My Role as the Carer, General Information About the Person I Support, Communication Care Needs and Physical Care Needs.
### My Role as the Carer

<table>
<thead>
<tr>
<th>Task</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing &amp; grooming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td></td>
<td></td>
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<tr>
<td>Medication</td>
<td></td>
<td></td>
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<tr>
<td>Transport/driving</td>
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<td>Cleaning</td>
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<tr>
<td>Shopping</td>
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<td>Outings</td>
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<td></td>
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<tr>
<td>Moving around</td>
<td></td>
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<tr>
<td>Finances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (specify in next column)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Others:**

<table>
<thead>
<tr>
<th>Task</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate how well supported you feel in your caring role.</td>
<td></td>
<td></td>
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</tbody>
</table>

*Place an X along the line below*

SUPPORTED — NOT SUPPORTED

If you need more support at home, what support would help?

---

### Expectation of involvement in health care for the person I support

*(Tick the box that applies)*

- I want to be involved in health care decisions *(e.g. doctor’s visits and nursing care)*: Yes [ ] No [ ]

- I want to participate in the planning decisions to prepare for transfer to another hospital, rehabilitation facility, residential care facility, or discharge home:
  - YES [ ] NO [ ]

  If **YES**, discuss your involvement with the doctor and nurse in charge of the area.
**General Information About the Person I Support**

Provide this information to the health professional in the emergency department or hospital ward.

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Title</td>
</tr>
</tbody>
</table>

What does the person like to be called?

**Tell us about the person you support**

*e.g. normally very articulate and intelligent person who values their independence and privacy. Spent most of their working life as a chef. Enjoys talking about food and its preparation.*


Language

<table>
<thead>
<tr>
<th>Main language spoken at home</th>
<th>Is an interpreter needed?</th>
<th>YES</th>
<th>NO</th>
<th>If YES, explain:</th>
</tr>
</thead>
</table>

**Regular doctor (general practitioner)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of medical practice</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

**Other health professionals and specialists**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
</tr>
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<tbody>
<tr>
<td>Type of health professional</td>
<td></td>
</tr>
<tr>
<td>Name of medical practice</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>
Other health professionals and specialists (continued)

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of health professional

<table>
<thead>
<tr>
<th>Name of medical practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Address

**Living situation**

<table>
<thead>
<tr>
<th>Lives by self</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives with main carer</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Lives with other carer</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Lives in an aged care facility</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Other (specify in next column)</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Community services used (in the last 6 months)**

I/we currently receive assistance from:
(eg. Home Care Package (level), DVA services, Home Help, Meals on Wheels, Respite Care, overnight relief)

<table>
<thead>
<tr>
<th>Type of service &amp; how often received</th>
<th>Name of service &amp; contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Visits to the emergency department and hospital admissions**

Number of visits to the emergency department in the last 6 months

Number of admissions to the hospital in the last 6 months

Date of last hospital admission: _____ / _____ / _____

Name of hospital where last admitted:
### History of confusion/dementia/delirium

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can get confused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If <strong>YES</strong>, is this new or long standing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What worsens their confusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What reduces their confusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The person I support was confused during their last hospital stay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What do you think caused their confusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The person I support has been diagnosed with dementia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you tell us what type?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who made the diagnosis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approximate date of diagnosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Advance Care Planning

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has an Enduring Power of Attorney been appointed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If <strong>YES</strong>, who has been appointed? <em>(specify below)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has someone been appointed to make medical decisions for the person you support?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If <strong>YES</strong>, who has been appointed? *(specify below):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the person you support have an Advance Care Plan or similar directive document?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attach the Advance Care Plan to the back of this record or <em>My Health Record</em> if you have one.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If they do not have an Advance Care Plan, speak about it with the person you support and see your local doctor or other health professional at the hospital to initiate a plan.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Before this Hospital Admission

This information will assist health professionals to better communicate with the person you support.

### Hearing

<table>
<thead>
<tr>
<th>Has some deafness</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Right ear ☐ Left ear ☐ Both ears</td>
<td></td>
</tr>
<tr>
<td>Wears a hearing aid</td>
<td>YES ☐ NO ☐</td>
</tr>
<tr>
<td>Is the hearing aid with them?</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

### Vision

<table>
<thead>
<tr>
<th>Has poor eyesight</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wears glasses for reading</td>
<td>YES ☐ NO ☐</td>
</tr>
<tr>
<td>Wears glasses for long distance vision</td>
<td>YES ☐ NO ☐</td>
</tr>
<tr>
<td>Are their glasses with them?</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

### Teeth

<table>
<thead>
<tr>
<th>Wears denture/s or partial dentures</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Top ☐ Bottom</td>
<td></td>
</tr>
<tr>
<td>Are their dentures with them?</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

### Speaking

<table>
<thead>
<tr>
<th>Has difficulty speaking</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Memory

<table>
<thead>
<tr>
<th>Has memory problems</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The person I support needs assistance with

<table>
<thead>
<tr>
<th>Activity</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remembering names, conversations and events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remembering the time of the day, where they are and why they are here</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding what is being asked of them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making decisions about their day to day care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe what type of assistance is needed for the items ticked.

What activities or behaviours may cause them to become upset or agitated? (eg. showering, using the toilet, taking medications, asking them to do something)

If they become upset and/or agitated, what helps to settle them?
# Physical Care Needs

## Before this Hospital Admission

This information on will assist health professionals understand the care needs of the person you support while they are in hospital.

### Mobility

<table>
<thead>
<tr>
<th>Task</th>
<th>Independent</th>
<th>Manages with assistance</th>
<th>Needs full support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking, standing, moving around</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rising from a chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stairs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Needs specific supervision or assistance with:**

- **Uses a mobility aid**
  - Yes [ ]
  - No [ ]

Describe (e.g. walking stick, walking frame, wheel chair):

### Skin

Skin can easily be damaged, torn and/or bruised

- Yes [ ]
- No [ ]

Does the person have any current skin tears or wounds?

### Toileting

- Independent [ ]
- Manages with assistance [ ]
- Needs full support [ ]

Needs specific help with:

Describe their toileting routine:
Toileting (continued)

<table>
<thead>
<tr>
<th>Wears a continence aid</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catheter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe:

<table>
<thead>
<tr>
<th>Toileting aid needed</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Describe *(e.g. raised toilet seat)*:

<table>
<thead>
<tr>
<th>Do they experience constipation?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

What helps?

Eating a meal

- Independent
- Manages with assistance
- Needs full support

They need specific help with:

<table>
<thead>
<tr>
<th>Uses an aid to help with eating</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Describe *(e.g. plate guard, cutlery with a moulded handle)*:

Dietary needs

- Has recently been
  - Gaining weight
  - Losing weight. How much weight lost?: [ ] Last known weight: [ ]
- Has a special diet | YES | NO |
### Dietary needs (continued)

Describe (e.g. diet for diabetic control, semi-solid diet):

Has a food allergy/allergies/intolerances  **YES**  **NO**

Describe:

Likes the following foods:

Likes the following food but they should be minimised or avoided:

Describe why:

Dislikes the following foods:

### Drinking

- Independent
- Manages with assistance
- Needs full support

Needs help with:

- Uses an aid to help with drinking  **YES**  **NO**
  
  Describe (e.g. two handle cup): **

- Requires thickened fluids  **YES**  **NO**
  
  Describe the level of thickness:

- Do they ever cough while drinking?  **YES**  **NO**

- Likes an alcoholic drink during the day  **YES**  **NO**
### Dressing/undressing

- **Independent**
- **Manages with assistance**
- **Needs full support**

Needs help with:

### Bathing/showering/grooming

- **Independent**
- **Manages with assistance**
- **Needs full support**

Needs help with:

### Sleep

- **Independent**
- **Manages with assistance**
- **Needs full support**

Needs help with:

#### Usual sleep and wake times:
- **Has daytime naps**
  - [ ] YES
  - [ ] NO

  **What time and how long?**

- **Prefers to sleep through the night**
  - [ ] YES
  - [ ] NO

  **In a bed**
  - [ ] YES
  - [ ] NO

  **In a chair**
  - [ ] YES
  - [ ] NO

  **On a couch/daybed**
  - [ ] YES
  - [ ] NO

- **How many pillows does the person sleep with?**
  - [ ]

- **Has a routine that prepares them for sleep**
  - [ ] YES
  - [ ] NO

  **Describe (e.g. 30 minutes before bedtime they have a warm drink of XXXX):**

- **The person I support gets up at night and walks around the house**
  - [ ] YES
  - [ ] NO

- **What helps them sleep through the night?**

- **What helps them to go back to sleep if they wake?**

- **At night, the person experiences**
  - [ ] Pain
  - [ ] Itching
  - [ ] Cramp
  - [ ] Restless legs
  - [ ] Difficulty in breathing

  **Describe what assistance is needed for the items ticked:**
**PART B**

**PART B** will help keep you up-to-date about hospital care and what needs to happen after the person you support leaves hospital. Some of the information in this section may be in the *My Health Record* if the person you support has one.

> **Summary Medical History - What you know**

<table>
<thead>
<tr>
<th>Known medical history includes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(e.g. high blood pressure, depression, arthritis, pressure sore, infections, diabetes, cataracts):</em></td>
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<table>
<thead>
<tr>
<th>What operations have they had? <em>(e.g. hip replacement)</em></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<thead>
<tr>
<th>What are they allergic to? <em>(e.g. foods, medications, adhesive tapes, scented products)</em></th>
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<tr>
<th>What happens if they have an allergic reaction?</th>
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CARER CONTROLLED HEALTH RECORD — PART B | Page 1 of 12
> Current Medicines

Medicines includes all tablets, liquids, creams and inhalers. Much of this information will be in a My Health Record, if the person you support has one. If over the counter medicines or doctor prescribed medicines have been commenced and there is no My Health Record, obtain information about them from the label and show this record to the health professional on admission. Alternatively, you can take the medicines to hospital.

<table>
<thead>
<tr>
<th>Medicine name</th>
<th>1. How often is it taken? 2. How much is taken &amp; when?</th>
<th>What do you understand as the reason for taking the medicine?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Prescribed medicines</td>
<td>One tablet each morning before food</td>
<td>To thin the blood</td>
</tr>
<tr>
<td>(e.g. Warfarin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example: Over the counter medicines</td>
<td>Two tablets four times a day</td>
<td>For joint pain</td>
</tr>
<tr>
<td>(e.g. Paracetamol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example: Herbal medicines</td>
<td>5mls twice a day with food</td>
<td>To improve mood</td>
</tr>
<tr>
<td>(e.g. St Johns Wort)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
> A guide to help you be informed and involved about what happens in hospital and prepare you and the person you support for discharge

Even with your best efforts there may be things discussed during the hospital stay that you will not have thought about before. Start asking questions and getting information from the time of admission to hospital. Space has been provided for you to record the information you gather should you wish to do so. At the time of discharge or transfer the hospital should provide a copy of the hospital discharge or transfer plan for the person you support. A hospital health professional may also attach the discharge or transfer plan to their My Health Record.

Date admitted to hospital:

Reason for admission to hospital:

Is there an expected date of discharge or transfer from hospital?

Questions to ask to become involved

- Who do I ask about becoming involved in discussions with health professionals about the health care of the person I support?
- How can I participate in meetings with health professionals while the person I support is in hospital?

Notes:

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Treatments, procedures, tests, and assessments while in hospital

Each time you visit the person you support, look for an opportunity to ask a health professional about what treatments, procedures, tests and assessments have been done so you have a general understanding.

Notes:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will I be able to continue to care for “x” at home?</td>
<td></td>
</tr>
<tr>
<td>Is there someone at the hospital who will help me to organise extra help I will need at home? Who will arrange it? When will it commence? What will it cost?</td>
<td></td>
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<tr>
<td>For example:</td>
<td></td>
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<tr>
<td>- District nursing service/community nursing service</td>
<td></td>
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<tr>
<td>- Help with cleaning and housework</td>
<td></td>
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<tr>
<td>- Alterations to the home and installation of equipment</td>
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<tr>
<td>- Meals on wheels</td>
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<tr>
<td>- Respite care (e.g. a break for a few hours, days, or weeks)</td>
<td></td>
</tr>
<tr>
<td>Who can I contact at the hospital if I have any questions or problems?</td>
<td></td>
</tr>
<tr>
<td>Who else can help me after I leave the hospital?</td>
<td></td>
</tr>
</tbody>
</table>
Living arrangements after hospital

At some time during the hospital stay you and the person you support should expect to have a conversation/s with health professionals about future living arrangements.

<table>
<thead>
<tr>
<th>After hospital the person I support will be discharged to?</th>
<th></th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>My home</td>
<td></td>
<td></td>
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<tr>
<td>Their home</td>
<td></td>
<td></td>
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<tr>
<td>Rehabilitation unit/facility</td>
<td></td>
<td></td>
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<tr>
<td>Residential aged care</td>
<td></td>
<td></td>
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<tr>
<td>Other (specify in next column)</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>They will be transported from hospital by?</th>
<th></th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance or a patient transport service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify in next column)</td>
<td></td>
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</tbody>
</table>

Date and time this will occur?

Date: _____ / _____ / _____ Time: _______________

After hospital help

Before leaving hospital you should find out who you can contact after discharge/transfer if the person you support needs any medical or nursing assistance.

<table>
<thead>
<tr>
<th>Name of person</th>
<th>Title or designation</th>
<th>Name of hospital/service</th>
<th>Contact phone number/s</th>
<th>Best time to contact</th>
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</table>
Equipment, medical/nursing supplies, or home modifications

Has someone spoken to you about equipment, medical/nursing supplies, or modifications to the home that may be needed?

Do you know:
- Whether your needs as the carer will be assessed and who will assess them?
- Whether an assessment will be completed before discharge from hospital?
- What will be provided free of charge or if not, at what cost?
- Who will provide the equipment and or medical/nursing supplies and how will you get these?
- When supplies will be delivered and when home modifications will be completed?
- How to use any new equipment?

Notes:

Appointments after hospital discharge

Before discharge/transfer you should know about any appointments that have been made for the person you support.

1. **Name of health professional/clinic/department/service provider:**

   What the appointment is for:

   Where it will take place:

   Has the booking been confirmed?  YES ☐ NO ☐

   Date of appointment  ____ / ____ / ____

   Time of appointment

   Contact details:

   What I need to bring:
2. **Name of health professional/clinic/department/service provider:**

What the appointment is for:

Where it will take place:

Has the booking been confirmed? | Date of appointment | Time of appointment
--- | --- | ---
YES ☐ NO ☐ | _____ / _____ / _____ |

Contact details:

What I need to bring:

3. **Name of health professional/clinic/department/service provider:**

What the appointment is for:

Where it will take place:

Has the booking been confirmed? | Date of appointment | Time of appointment
--- | --- | ---
YES ☐ NO ☐ | _____ / _____ / _____ |

Contact details:

What I need to bring:

4. **Name of health professional/clinic/department/service provider:**

What the appointment is for:

Where it will take place:

Has the booking been confirmed? | Date of appointment | Time of appointment
--- | --- | ---
YES ☐ NO ☐ | _____ / _____ / _____ |

Contact details:

What I need to bring:
## Changes to medicines

The person you support may have had their medicines changed while in hospital. They may have stopped taking a medicine, the dose may have changed, or they may have started taking a new medicine. Information about medicines the person you support will be taking when they are discharged can be provided below.

<table>
<thead>
<tr>
<th></th>
<th>Name of medicine</th>
<th>What does it do?</th>
<th>When is it given?</th>
<th>For how long?</th>
<th>What should I look out for and do?</th>
<th>What if they won’t take it?</th>
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</tbody>
</table>
Involvement in care after hospital discharge

At some time during the hospital stay you should have a talk with one or more health professionals about your involvement in care after hospital. Be honest about what you are able to do and what is too difficult for you.

I have had a discussion with a health professional about what I have to do with:

<table>
<thead>
<tr>
<th>Task</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>Wound dressings</td>
<td></td>
<td></td>
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<tr>
<td>Catheter care</td>
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<tr>
<td>Moving the person I support <em>(e.g in and out of bed)</em></td>
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<tr>
<td>Helping take medicines</td>
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<td></td>
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<tr>
<td>Medical equipment purchase/hire and use</td>
<td></td>
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<tr>
<td>Physiotherapy</td>
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<td></td>
</tr>
<tr>
<td>Other <em>(specify below)</em></td>
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Other:

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Notes:

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**Education needs**

Being in hospital can change the support you will need to provide at home. There may be new things you need to know so that you can provide support. Ask to have any care changes explained to you. You may be asked to do a ‘trial of care’ to see how you are able to cope and to identify if you need more help. The following points are provided to help you start a conversation with health professionals about your education needs.

Before discharge from hospital I have been taught or have received information about:

**Pain**
- How I know they have pain
- What the best ways to relieve their pain are
- Who can help us manage pain

**Toileting**
- How to manage toileting
- How to establish and/or continue a toileting routine
- How to apply and dispose of continence aids
- Know when continence aids need to be changed

**Bathing, showering, dressing and grooming**
- How to bathe/shower
- The types of clothing and/or equipment that can make bathing and dressing easier
- How to put on and take off compression stockings
- How to protect a wound dressing so it does not become soiled or wet
- How to replace a wound dressing that has become soiled or wet
- When to replace a wound dressing

**Sleep**
- How to help the person I support sleep at night
- What I can do if they can’t sleep and they move around the house at night

**Meals**
- Whether I can get ‘meals on wheels’, or other help to prepare meals
- How I access help with meals and what it costs
- Helping with eating
- Any special dietary requirements

**Behaviours and confusion**
- How a particular behaviour/s can be a result of an unmet physical and/or emotional need
- How to work out what the unmet need is
- Different ways that can be used to prevent behaviour/s resulting from an unmet physical and/or emotional need
- Different ways that can be used to respond to behaviour/s resulting from an unmet need
- What I should do if I think the level of their confusion has changed making care more difficult
- Who should I contact if I need help

**Transport**
- What options are available for assistance with transport to attend appointments

**Treatments and procedures**
- Any new treatments or things I will have to do
Community Services needed

Before the person you support is discharged from hospital community services may need to be organised. Community services used before hospital admission and stopped may need to be recommenced and others started. Someone at the hospital should have a conversation with you about what services are available in your local area.

- Have you been provided with information about what community services are available to assist you and the person you support?
- Have you spoken with a health professional at the hospital about the need to recommence a community service/s you received before hospital admission?
- Have you spoken with a health professional at the hospital about any new community service/s you and the person you support will need at home and how they will be arranged?
Hospital discharge/transfer plan or summary

All patients discharged from hospital have a discharge or transfer plan or summary completed and you or the person you support should receive a copy, which will complement the information you have gathered in this guide.

A written copy of the hospital discharge/transfer plan or summary of care should include:

- A summary of the treatments, procedures, tests and assessments including information about any test results still to be received
- Date and time of discharge/transfer and transport arrangements
- Services after hospital or care that has been organised or is needed
- Referrals, follow up appointments or planned therapies
- Information about any equipment, medical supplies or home modifications needed
- Medication changes and current medications
- Changes to previous treatments
- Instructions about any assistance you might need in order to provide care at home
- Discharge support - hospital contact details for assistance after discharge
- Details of care arranged after discharge

If this is not available at the time of discharge from hospital, ask whether a copy will be sent to you.

Notes:
> Resources

**Advance Care Planning**
Palliative Care Australia contains specific information about Advance Care Planning for the state in which you live. Palliative Care Australia:

➡️ http://palliativecare.org.au
and for information on Advance Care Planning:


**Alzheimer’s Australia**
Alzheimer’s Australia advocates for the needs of people living with all types of dementia, and for their families and carers. Alzheimer’s Australia provides support services, education and information.

📞 National office telephone: (02) 6278 8900
➡️ National office email: nat.admin@alzheimers.org.au
➡️ https://fightdementia.org.au
(with links to contact Alzheimer’s Australia offices in each state)

**Carers Australia**
Carers Australia is the national peak body representing Australia’s carers. It has offices in each state and advocates on behalf of carers to influence policies and services and to deliver a range of carer services.

📞 Telephone: 1800 242 636
➡️ www.carersaustralia.com.au
(contains contact details of Carers offices in each state)

**Council On The Ageing (COTA)**
COTA is a national peak organisation which representing the rights, needs and interests of older Australians. It makes representation to Australian Government representatives on issues of relevance to older people.

📞 Phone: (02) 6154 9740
➡️ Email: cota@cota.org.au
➡️ www.cota.org.au/australia
(with links to COTA in each State & Territory)

**Decision Assist**
Decision assist provides palliative care and advance care planning advice and advisory services to older people, aged care staff and General Practitioners nationally.

📞 Telephone: 1300 668 908
➡️ www.decisionassist.org.au

**Department of Health in your State or Territory**

- **ACT**
  ➡️ www.health.act.gov.au
  ➪ Telephone: 13 2281

- **NSW**
  ➡️ www.health.nsw.gov.au
  ➪ Telephone: (02) 9391 9000

- **Northern Territory**
  ➡️ www.health.nt.gov.au
  ➪ Telephone: (08) 8999 2400

- **Queensland**
  ➡️ www.health.qld.gov.au
  ➪ Telephone: (07) 3234 0111

- **South Australia**
  ➡️ www.sahealth.sa.gov.au
  ➪ Telephone: (08) 8226 6000

- **Tasmania**
  ➡️ www.dhhs.tas.gov.au
  ➪ Telephone: 1300 135 513

- **Victoria**
  ➡️ www.health.vic.gov.au
  ➪ Telephone: 1300 650 172 or (03) 9096 0000

- **Western Australia**
  ➡️ www.health.wa.gov.au
  ➪ Telephone: (08) 9222 4222
Elder Abuse

Australian Government
Myagedcare

Telephone: 1800200422

Australian Capital Territory
ACT Government Community Services:
Older Persons Abuse Prevention Referral and Information Line


Telephone: (02) 6205 3535

NSW
Senior Rights Services Elder Abuse


Helpline Telephone: 1800 628 221

Northern Territory
Northern Territory Police


Assistance Telephone: 13 14 44

Family violence Units:

Alice Springs: 8951 1891

Darwin: 8999 0865

Katherine: 8973 9663

Queensland
Queensland Government:


Elder Abuse Prevention Unit


Helpline Telephone: 1300651192

South Australia
Aged Rights Advocacy Service:

[www.sa.agedrights.asn.au](http://www.sa.agedrights.asn.au)

Helpline Telephone: 1800 372 310

Rural 1800 700 600

Tasmania
Advocacy Tasmania

Email: eahelpline@advocacytasmania.org.au

Helpline Telephone: 1800 441 169

Victoria
Domestic Violence Resource Centre Victoria


Helpline Telephone: 1800 441 169

Mobile and Interstate: (03) 6237 0047

Senior Rights Victoria

[https://seniorsrights.org.au](https://seniorsrights.org.au)

Helpline Telephone: 1300 368 821

Western Australia
Advocare Incorporated

[www.advocare.org.au](http://www.advocare.org.au)

Helpline Telephone: 1300 724 679

Country Callers: 1800 655 566

Elder Rights Advocacy
Level 2, 85 Queen Street
Melbourne VIC 3000

[www.era.asn.au](http://www.era.asn.au)

Health Service Complaints
First point of call for any complaint is to the patient liaison service or patient complaints or patient advocate office at the hospital. If the complaint is not resolved or you are dissatisfied with the response received, you can contact the Health Service Commissioner for your State or Territory.

Victoria
Health Services Commissioner

Telephone: 1300 582 113

Fax: (61 3) 9032 3111

Email: hsc@dhhs.vic.gov.au


NSW
Health Care Complaints Commission

Telephone: 1800 043 159

Fax: (02) 9281 4585

Email: hccc@hccc.nsw.gov.au

ACT
Health Services Commissioner
Tel: (02) 6205 2222
Fax: (02) 6207 1034
Email: human.rights@act.gov.au

Tasmania
Health Complaints Commissioner
Tel: 1800 001 170
Email: health.complaints@ombudsman.tas.gov.au
www.healthcomplaints.tas.gov.au

Queensland
Office of the Health Ombudsman
Tel: 133 OHO (133 646)
Fax: (07) 3319 6350
Email: complaints@oho.qld.gov.au
www.hqcc.qld.gov.au

South Australia
Health and Community Services Complaints Commissioner
Tel: 1800 232 007
Email: info@hcsc.sa.gov.au
www.hcsc.sa.gov.au

Western Australia
Health and Disability Services Complaints Office
Tel: 1800 813 583
Fax: (08) 6551 7630
Email: mail@hadsco.wa.gov.au
www.hadsco.wa.gov.au

Northern Territory
Health and Community Services Complaints Commission
Tel: 1800 004 474
Fax: (08) 8999 6067
Email: hcscc@nt.gov.au
www.hcscc.nt.gov.au

My Aged Care
Tel: 1800 200 422
www.myagedcare.gov.au

My Health Record
https://myhealthrecord.gov.au

Office for Public Advocate/Public Guardian
The Office of the Public Advocate supports the rights and interests of people who are unable to advocate on behalf of themselves

Victoria
Tel: 1300 309 337
Email: opa_advice@justice.vic.gov.au

NSW
Tel: (02) 8688 2650 (STD 1800 451 510)
www.publicguardian.justice.nsw.gov.au

ACT
Tel: (02) 6207 0707
Email: pa@act.gov.au

Tasmania
Tel: (03) 6165 3444
Email: public.guardian@info.tas.gov.au
www.publicguardian.tas.gov.au

Queensland
Tel: (07) 7 3224 7424
Email: public.advocate@justice.qld.gov.au

South Australia
Tel: 1800 066 969
www.opa.sa.gov.au

Western Australia
Tel: 1300 858 455
www.publicadvocate.wa.gov.au

Northern Territory
Tel: (08) 8922 7343
**Additional resources**

Add resources available to you and the person you support in your local area. For example, continence assistance, aides and equipment (hire and/or purchase), where to purchase thickened fluids, wheelchair friendly taxi service.

Notes:

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**Advance Care Plan**

What is an advance care plan? It is a document that records:

- directions about medical treatment
- the person appointed as the substitute decision-maker
- preferences about health and personal care
- preferred health outcomes.

An Advance Care Plan is made by a competent person for a future time when they may not be competent to make decisions for themselves or be unable to communicate these directions.

If the person you support does not have an Advance Care Plan and you would like to organise one, speak to their general practitioner or a health professional at the hospital. If the person you support has an advance care plan it can be attached to their *My Health Record* or to this Carer Controlled Health Record.