

Name: _____

I.D. No: _____

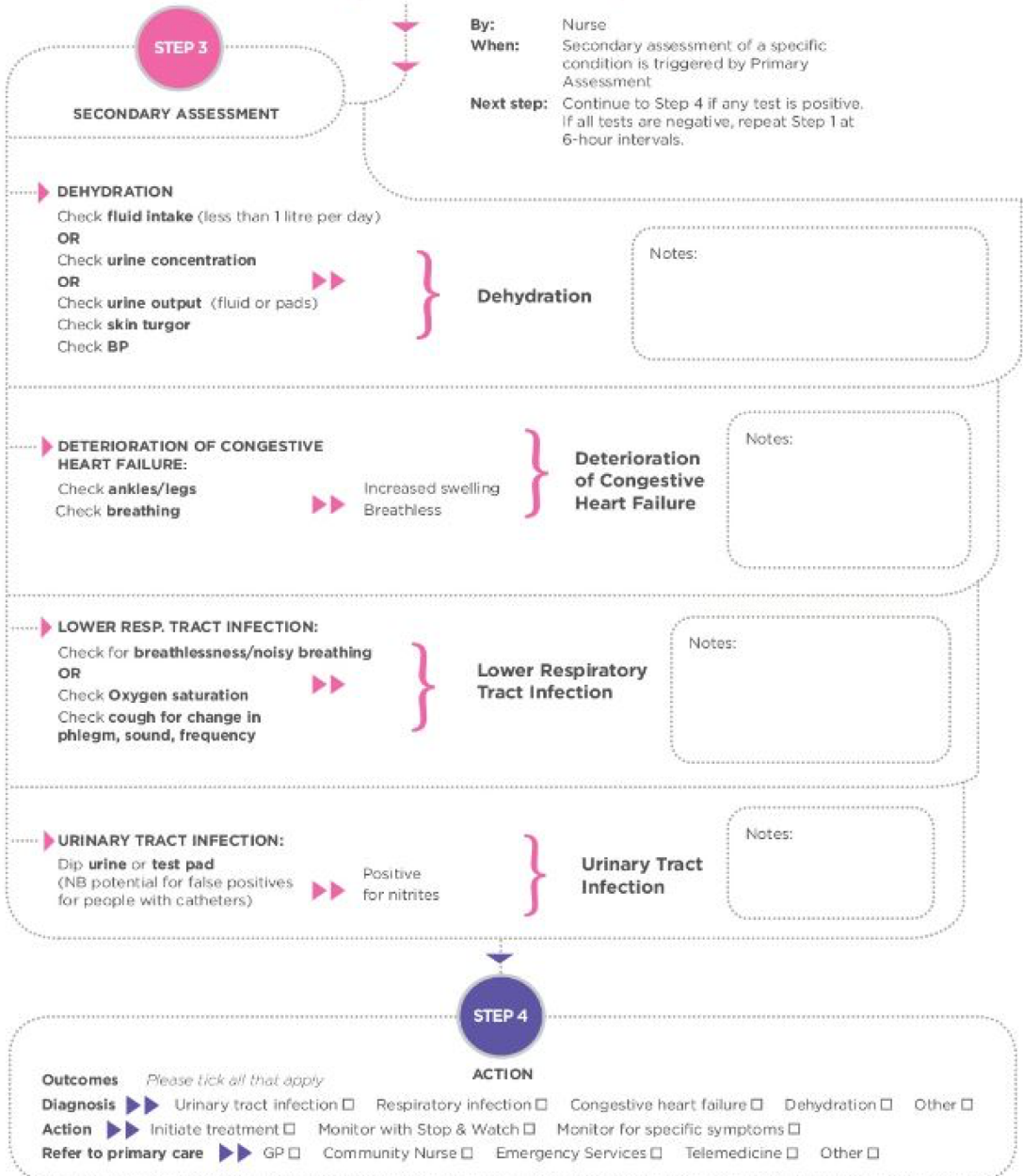
Care Pathway: Primary Assessment

<p>STEP 1</p> <p>STOP AND WATCH (See attached Stop and Watch tool)</p>	<p>By: Care Assistant or Nurse When: By the end of the shift Why: Emphasises non-specific behavioural changes as indicators of illness and readily observed by care staff and families during routine care and visiting Next step: Report to Nurse</p>
<p>STEP 2</p> <p>PRIMARY ASSESSMENT</p>	<p>By: Nurse When: Triggered by Step 1 Why: Continue to Step 3 if any test is positive. If all tests are negative, repeat Step 1 at 6-hour intervals</p>
<p>▶ Check respiratory rate</p>	<p>▶▶ More than 22 per min = Test for lower respiratory tract infection</p> <p>Rate: _____</p>
<p>▶ Check for lower urinary tract symptoms</p> <ul style="list-style-type: none"> - increased frequency or urgency - discomfort on passing urine - lower abdominal discomfort/pain 	<p>▶▶ Positive = Test for urinary tract infection</p> <p>Notes: _____</p>
<p>▶ Check temperature</p>	<p>▶▶ More than 37.5°C = Test for urinary tract or lower respiratory tract infection</p> <p>Temperature: _____</p>
<p>▶ Check blood pressure</p>	<p>▶▶ MorSystolic BP (top figure) is lower than 110 = test for dehydration</p> <p>BP: _____</p>
<p>▶ Check weight</p>	<p>▶▶ 2kg decrease = Test for dehydration 2kg increase = Test for deterioration of congestive heart failure</p> <p>Change in Weight: _____</p>

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Care Pathway: Secondary Assessment



By: Nurse or Manager
When: Triggered by suspected diagnosis or other concerns raised at secondary assessment (Step 3)

Time to complete: _____