Core Care Plans

Bradford Teaching Hospitals NHS
NHS Foundation Trust

NAME_____
D.O.B._____ UNIT No._____
CONSULTANT_____

Patients with Dementia Discharge Pathway with MDT involvement

PROBLEM
Lack of discharge planning for patients with Dementia causing poor MDT involvement and support

AIM
To organise a safe and timely discharge, ensuring communication with all members of the MDT to provide support

Level of Care need/support	Multidisciplinary Involvement	Tick	Date	Initials
The patient/carer has no identified care needs but may require support.	**Signpost to:**			
	Carers Resource			
The patient has a low level care need such as home care daily or support from a district nurse e.g. for falls or nutritional management plan. **The carer may require support.**	**Signpost to:**			
	Carers Resource			
	Refer to:			
	Allied Health Professionals			
	District Nurse			
	CST/Social Services			
The patient requires help with personal care needs such as hygiene, mobility or nutritional support. **The carer may require support.**	**Signpost to:**			
	Carers Resource			
	Refer to:			
	Allied Health Professionals			
	District Nurse			
	CST/Social Services			
The patient has complex care needs and is unable to be supported at home. **The carer may require support.**	**Signpost to:**			
	Carers Resource			
	Refer to:			
	Allied Health Professionals			
	Social Services			
	Discharge Team **(nursing needs assessment)** **(continuing health care check list)**			
	District Nurse			
	GP			

Date Care Plan Commenced: **Signature/Print Name**

Date	Communication Record	Signature