

## **Role/Responsibility of Carer Organisations when a Client is admitted to Hospital**

### **Care staff will advise acute staff on the following:**

- Clients Personal Details – Name, Date of Birth, Any known allergies
- Next of kin information
- G.P. information
- Other professionals involved
- Present medication
- Reason for admission
- Present health conditions e.g. (epilepsy/diabetes)
- Previous health conditions
- Give information on client's care needs:
  - How client communicates: pain distress, alert staff of their need, symptoms
  - Continence both urinary and bowels
  - Eating and Drinking guidelines
  - Moving, Handling and Positioning
  - Gastrostomy Information
  - Respiratory Information
  - Personal hygiene
  - Pressure area care
  - Risks to client e.g. wandering, absconding, falls, non-compliance with ID bracelet, abuse from others, to stay in a side room or 4-bedded area
  - Risks to others e.g. forensic issues
  - Compliance with IV lines/Drains, bed rest, postural restrictions, blood taking, catheterisation
  - Consent to treatment
  - Displays agitation/aggression (physical/verbal) to: self, others
  - Mental Health: memory, depression, anxiety

### **Carers will continue to support their client:**

- Give emotional support to client
- Advise and support acute staff
- Will advise acute staff of when carer staff will be working in the ward
- Will discuss with staff on shift when carers have their meal breaks
- Will discuss with staff on shift the needs of their client e.g. two staff required for personal care/toileting etc.
- Will assist acute staff with the care the client requires within their scope of practice
- Nursing staff, require to administer medication as carers cannot administer it if they do not dispense it. If the patient refuses to take medication from nursing staff they need to discuss the issue with carers.
- Carers require to be kept informed of ongoing care and treatment whilst their client is an in-patient, and when the decision is taken to discharge.