

# Medical support checklist:

When a resident is unwell complete this before you call for assistance

## Introduction

Resident name:

Date

/ /

Resident date of birth:

Time

: pm

## Situation

Main presenting problem:

## Background

**Check resident's advanced care plan for medical treatment preferences including location of care (at home versus hospital)**

**Have access to the following information:**

- ▶ list of current medical conditions
- ▶ up to date family, GP and Medical Treatment Decision Maker contact details
- ▶ up to date medication chart including allergies
- ▶ the resident's baseline vital signs and functional status (e.g. mobility, transfers)

## Assessment

**Record the resident's vital signs:**

- |                  |                     |                                                             |
|------------------|---------------------|-------------------------------------------------------------|
| ▶ temperature    | ▶ USUAL GCS         | ▶ CURRENT GCS                                               |
| ▶ blood pressure | ▶ oxygen saturation | ▶ pain score                                                |
| ▶ heart rate     | ▶ respiratory rate  | ▶ other signs and symptoms of concern add to notes overleaf |

Please continue on next page ▶

# Medical support checklist (continued...)

## Glasgow Coma Score

NB. A new GCS < 13 is a criteria for a patient being time critical

| E.                             | Eye Opening                 | Score |     |
|--------------------------------|-----------------------------|-------|-----|
|                                | Spontaneous                 | 4     |     |
|                                | To voice                    | 3     |     |
|                                | To pain                     | 2     |     |
|                                | None                        | 1     | E = |
| V.                             | Verbal Response             | Score |     |
|                                | Orientated                  | 5     |     |
|                                | Confused                    | 4     |     |
|                                | Inappropriate words         | 3     |     |
|                                | Incomprehensible sounds     | 2     |     |
|                                | None                        | 1     | V = |
| M.                             | Motor Response              | Score |     |
|                                | Obeys command               | 6     |     |
|                                | Purposeful movements (pain) | 5     |     |
|                                | Withdraw (pain)             | 4     |     |
|                                | Flexion (pain)              | 3     |     |
|                                | Extension (pain)            | 2     |     |
|                                | None                        | 1     | M = |
| Total GCS (maximum score = 15) |                             |       |     |
| (E + V + M) =                  |                             |       |     |

## Recommendation

### ▶ Low to medium acuity conditions:

- Contact nurse on-duty and refer to GP/Locum service if required
- Residential In-Reach (RiR) call 1300 65 75 85 to be directed to your local provider (metro only), or
- Victorian Virtual ED (VVED) register online at [vved.org.au](http://vved.org.au) (available 24-hours, 7-days)

### ▶ High acuity conditions:

- For immediate time-critical emergencies call Triple 000

### ▶ Palliative Care referral options:

- Palliative Care Advice Service (PCAS) 1800 360 000 (available 7am to 10pm, 7-days)

## Notes

