

Important — Escalation Trigger

If you identify any change in colour, texture or continuity of skin (wound, pressure sore, ulcer, pigmentation etc.), answering Yes to Q23 will immediately notify the assigned RN and create a clinical case.

1 Your Details

Full Name *

Contact Number *

2 Client & Visit Details

Client ID * (as provided by your coordinator)

AC Number

Client Full Name (auto-populated from system)

Client Address

Date of Visit *

Time of Visit *

Case Manager

3 Q9 — Purpose of Visit *

☐ Routine Check

☐ Community Access

☐ Gardening

☐ Client Wellbeing (Falls/Wounds)

☐ Medication Prompting

☐ Social Support

☐ Domestic Assistance

☐ Health Monitoring

☐ Incident Follow-up

☐ Review / Reassessment

4 Q10 — General Visit Notes *

Please describe what you observed during this visit (include care provided, client response, any changes since last visit)

5

Community Access Details

(complete if Purpose = Community Access — if not applicable, go to next section)

Q11 — Destination

Q13 — Purpose of Outing

Q12 — Duration

Q14 — Mode of Transport

Q15 — Client's Engagement / Response

6

Gardening Details

(complete if Purpose = Gardening — if not applicable, go to next section)

Q16 — Area Serviced

Q18 — Condition of Garden

Q17 — Tasks Completed

Q19 — Additional Observations / Q20 — Notes

Q21 — Has the client had any fall in the last 7 days?

☐ Yes ☐ No

Q22 — If yes, describe what led to the fall and measures taken

Q23 — Has the client had any change in colour, texture or continuity of their skin? (Wound, Pressure sore, Ulcer, pigmentation etc.) *

Answering Yes will create a case and immediately notify the assigned RN.

☐ No — Skin appears intact ☐ Yes — Will trigger RN review

If Yes — complete the fields below and the assigned RN will be notified immediately

Q24 — Which part of the body is affected, how long has this been present, and what care or treatment is currently being provided? *

General Skin Condition Observed

- ☐ Intact and healthy
☐ Dry / Flaky
☐ Fragile / Thin
☐ Oedematous (swollen)
☐ Macerated (wet/soggy)
☐ Reddened / Erythematous
☐ Discoloured (bruising)
☐ Open wound present

Location of Concern on Body

- ☐ Scalp / Head
☐ Face / Neck
☐ Upper Back
☐ Lower Back / Sacrum
☐ Buttocks / Coccyx
☐ Chest / Sternum
☐ Abdomen
☐ Left Arm / Right Arm
☐ Left Hand / Right Hand
☐ Left Hip / Right Hip
☐ Left Leg / Right Leg
☐ Left Foot / Right Foot (Heel)
☐ Other: _____

Type of Skin Concern

- ☐ Pressure Injury
☐ Skin Tear
☐ Laceration
☐ Abrasion
☐ Bruise / Haematoma
☐ Ulcer (leg/venous/arterial)
☐ Rash / Skin Irritation
☐ Burn
☐ Signs of Infection
☐ Other

Approximate Size (if visible)

Is the client reporting pain in this area?

☐ Yes ☐ No

Pain Level (0–10, client reported)

Were photos taken?

☐ Yes ☐ No

Previous wound / skin concern noted in records?

☐ Yes ☐ No

Immediate action taken

Q25 — Was any medication support provided?

☐ Yes ☐ No

Q26 — If yes, describe the medication assistance provided (note any incidents, missed or incorrect doses)

8 Additional Notes (optional)

9 Privacy & Consent Declaration

Before submitting, confirm all of the following:

- ☐ The client has been informed that health information is being recorded during this visit
- ☐ The client has given verbal or written consent for this documentation
- ☐ This information will be securely stored and accessed only by authorised GHCA clinical staff
- ☐ Information will be used solely for the purpose of providing and improving care to this client
- ☐ All information recorded is accurate and truthful to the best of your knowledge

Support Worker Signature

Date