

Middelpunt Care sheet

Dear holidaymaker,

We wish to provide you with a pleasant holiday, and for this reason we are asking you at length about the health care desired, in order to limit the intake on arrival.

Personal details (please bring your health insurance fund sticker)

Name:

Address:

Telephone:

Mobile:

Email:

General practitioner + tel. no.

Physiotherapist + tel. no.

Contact person + tel. no: on site:

to reach in an emergency:

Home care at your home address + tel. no.:

Travel details

Arrival date:

Departure date:

Holiday formula:

Number of persons nursing medical assistance:

Number of companions:

Medical details / nursing issues

Tick what is applicable, and clarify:

Heart problems		
Diabetes care		
Parkinson care		
ALS /CVA / MS		
Dementia care		
Palliative care		
Hemiplegia / tetraplegia		
Difficulties breathing		
Swallowing disorders		
Problems passing stool		
Mobility issues		
Communication problems		
Anxiety/Compulsiveness		
Sleeping problems		
Epilepsy (type – protocol)		
Pain		
Spasms		
Cramps		

Cytostatics		TBC	
MRSA		Aggression	
Hepatitis		Other:	
HIV			

Food

Supplementary feeding (type / frequency)		
Diet food		
Assistance at mealtimes		

Nursing care

Tick what is applicable, and clarify.

Nature of care	Who		Directions	Clarification
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(N = nurse)

Toilet care	self	N	no	
Frequency:				
Help when dressing				
Incontinence aids				
Movement aids				

Dauerbinden / Rosidal / TED stockings	self	N	yes	

<u>Wound care/ Tracheostomy/ Suprapubic catheter</u>	self	N	yes	
Nature and localisation				
Care plan:				

Stoma care	self	N	yes	
Nature and localisation				
Care plan:				

Diabetes care				
Injections	self	N	yes	
Product:				
Frequency	morning: unit	midday: unit	afternoon: unit	evening: unit
Product:				
Frequency	morning: unit	midday: unit	afternoon: unit	evening: unit
Product:				
Frequency	morning: unit	midday: unit	afternoon: unit	evening: unit
Glycaemia check	self	N	yes	
Frequency:				

Medication				
Prepare medication box weekly	self	N	no	
Supervised ingestion	self	N	yes	
Injections				
Frequency	self	N	yes	

Breathing/oxygen	self	N	yes	
Type of breathing apparatus				
Tel. no. of company				
Frequency				
Oxygen: quantity in l/h				
Method of administration				
Frequency				

Catheter feeding / TPN PEG	self	N	If yes, the nurse will contact you herself for this	Complete or supportive catheter feeding
Type of food				
Additives				
Pump: company and type				
Infusion speed				
Start of administration				
Care plan:				

Colonic irrigation/ cleansing	self	N	Yes	
Frequency				
Equipment				

Care plan:

Catheter/indwelling catheter	self	N	yes	
Frequency				
Type of catheter				

Parameters	self	N	yes	
Blood-pressure measurement				
Other				

Expectations assistant/caretaker:

Always be present during the execution of the care. As support we ask active help with manipulation and movement in and around the bed. In that way you can guarantee the efficiency of the medical care and you can give moral support to the patient.

Equipment

Bring these with you: (please specify whether you have a manual or electric wheelchair)

To be provided by Middelpunt:

Katz scale

If you have home care, this Katz scale must be requested from your home nurse.

Washing		
Getting dressed		

Transfer and movement		
Visiting toilet		
Continence		
Eating		

Please have your care worker (doctor, nurse) clarify your score

Estimated duration of the care:

Morning care		
Afternoon care		
Evening care		

Physiotherapy (please bring health insurance fund sticker)

Directions: (number of treatments – frequency):

Please bring a copy of approved E or F pathology request

Complaint		
Duration of complaint		
Independent transfers		
Physio report (copy)		
Home physio treatment plan		
Nomenclature number		
Requested pathology		
Number of past treatments in current year		
Specific comments		

If applicable:

Last will and testament

Should an emergency situation or life-threatening situation arise and you do not wish to receive certain care, please specify this. This way, we can respect your wishes as best as possible.

This information is used exclusively as background information for your stay at Middelpunt. Our care partners therefore treat the details confidentially in order to respect your privacy.

You can email this document to info@middelpunt.be, or send to the address below within 7 days following receipt.

Should you have any queries, please contact the reception of Middelpunt on +32 (0)59 30 70 70.

(Version 18 May 2017)

Appendix care sheet Middelpunt

When the daily price (daily rate) is compromised, an extra fee will be charged. The daily price/daily rate depends on the profile of the patient.

When do we charge a fee:

Upon cancellation of a planned care on demand of the visitor/patient, in a period ≤ 24 h before the planned care with a:

- Patient/visitor with an A or B profile: upon cancellation of the toilet care, an extra fee will be charged. This because the condition to receive a C profile daily rate entails at least two nursing cares a day.

The base of the profile is always the profile communicated by the visitor and/or the home nurse with intake, care sheet.

When don't we charge a fee:

- Upon cancellation of a care, which is planned in a period > 24 h: no extra fee will be charged, but there will be a direct notification from the organisation MP to WGK.

- When the cause of the cancellation lies with WGK, for instance: the nurse could not make the scheduled time
- A visitor with an A or B profile of which the toilet care has been executed, but the second visit has been cancelled.
- A visitor/patient with a C profile with 3 scheduled visits, of which the toilet care has been executed and a second visit, of which the third visit has been cancelled. This because the condition to receive a C profile daily rate entails at least two nursing visits a day.
- Upon cancellation of the care due to urgent or exceptional circumstances (f.i. death of a family member, hospitalisation of visitor and/or assistant/caretaker), no extra fee will be charged.

Amount:

- 20 euros a day during the week, 25 euros a day during the weekend. Weekend: Saturday and Sunday and holidays.

The billing of the cancellation:

- Middelpunt will charge the amount with the invoice at the end of the vacation. WGK provides an overview of the cancelled cares for Middelpunt by e-mail.