

# HOTEL 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

Name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

General practitioner : \_\_\_\_\_ Tel.: \_\_\_\_\_

Physiotherapist: \_\_\_\_\_ Tel.: \_\_\_\_\_

Home care at your home address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Contact person: \_\_\_\_\_ Tel.: \_\_\_\_\_

## ASSISTANT / CARETAKER DETAILS

Person present during the stay

Name: \_\_\_\_\_ First name: \_\_\_\_\_

Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

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.

## 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:

CONDITION	IF APPLICABLE	CLARIFICATION
Heart problems		
Diabetes care		
Parkinson care		
ALS /CVA / MS		
Dementia care		
Palliative care		Please enclose a copy of the palliative certificate with start date.
Hemiplegia / tetraplegia		
Difficulties breathing		
Swallowing disorders		
Problems passing stool		
Mobility issues		
Communication problems		
Anxiety/Compulsiveness		
Sleeping problems		
Epilepsy (type – protocol)		
Pain		
Spasms		
Cramps		
Cytostatics		
MRSA		
Hepatitis		
HIV		
TBC		
Aggression		
Other		

## FOOD

Tick what is applicable and clarify:

INFO	IF APPLICABLE	CLARIFICATION
Supplementary feeding (type - frequency)		
Diet food		
Assistance at mealtimes		

## NURSING CARE

Tick what is applicable and clarify:

**PRESCRIPTION AVAILABLE?** (A nurse can only administer certain care and/or medication if a prescription is available)

NATURE OF CARE	SELF / NURSE / NO	CLARIFICATION
Help when dressing		
Incontinence aids		
Movement aids		

VPK = verpleegkundige

## KATZ SCALE

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

NATURE OF CARE	IF APPLICABLE	CLARIFICATION
Washing		
Getting dressed		
Transfer and movement		
Visiting toilet		
Continence		
Eating		

## ESTIMATED DURATION OF THE CARE

TIME OF DAY	DURATION OF CARE
Morning care	
Afternoon care	
Evening care	

## SELF CARE

Tick what is applicable and clarify:

**PRESCRIPTION AVAILABLE?** (A nurse can only administer certain care and/or medication if a prescription is available)

NATURE OF CARE	SELF / NURSE / NO	CLARIFICATION
Shave		
Wash face		
Toothbrushing		
Step function		
Support function		
Dauerbinden - Rosidal - TED stockings		

## CARE

Tick what is applicable and clarify:

**PRESCRIPTION AVAILABLE?** (A nurse can only administer certain care and/or medication if a prescription is available)

NATURE OF CARE	SELF / NURSE	CLARIFICATION
Wound care - Tracheostomy - Supra-pubic catheter		
		Nature and localisation:
		Care plan:
Stoma care		
		Nature and localisation:
		Care plan:
Colonic irrigation- cleansing		
		Frequency:
		Equipment:
		Care plan:

## CARE

Tick what is applicable and clarify:

**PRESCRIPTION AVAILABLE?** (A nurse can only administer certain care and/or medication if a prescription is available)

NATURE OF CARE	SELF / NURSE	CLARIFICATION
Catheter - indwelling catheter		
		Frequency:
		Type of catheter:
Parameters		
		Blood-pressure measurement:
		Other:

## DIABETES CARE

Tick what is applicable and clarify:

**PRESCRIPTION AVAILABLE?** (A nurse can only administer certain care and/or medication if a prescription is available)

NATURE OF CARE	SELF / NURSE	CLARIFICATION
Injections		
		Product:
		Morning:                      Midday:                      Afternoon:                      Evening:
		Product:
		Morning:                      Midday:                      Afternoon:                      Evening:
		Product:
Glycaemia check		
		Frequency:
Medication schedule		Present in attachment (circle as appropriate): <b>yes</b> or <b>no</b>

## MEDICATION

Tick what is applicable and clarify:

**PRESCRIPTION AVAILABLE?** (A nurse can only administer certain care and/or medication if a prescription is available)

NATURE OF CARE	SELF / NURSE / NO	CLARIFICATION
Prepare medication box weekly		
Supervised ingestion		
Injections (Frequency)		

## BREATHING - OXYGEN

Tick what is applicable and clarify:

**PRESCRIPTION AVAILABLE?** (A nurse can only administer certain care and/or medication if a prescription is available)

NATURE OF CARE	ZELF OF VPK	CLARIFICATION
Breathing - oxygen		
		Type of breathing apparatus:
		Tel. no. of company:
		Oxygen: quantity in l/h
		Method of administration:
		Frequency:

Device manual should be sent along with the care sheet.

## CATHETER FEEDING - TPN PEG

Tick what is applicable and clarify:

**PRESCRIPTION AVAILABLE?** (A nurse can only administer certain care and/or medication if a prescription is available)

NATURE OF CARE	ZELF OF VPK	CLARIFICATION
Catheter feeding - TPN PEG		
		Type of food:
		Additives:
		Pump: company and type
		Infusion speed:
		Start of administration:
		Care plan:

Device manual should be sent along with the care sheet.  
Complete or supportive catheter feeding?

## EQUIPMENT

Bring these with you:

(please specify whether you have a manual or electric wheelchair)

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To be provided by Middelpunt:

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## TREATING DOCTORS

Name Doctor: \_\_\_\_\_

Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Name Doctor: \_\_\_\_\_

Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## 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](mailto:info@middelpunt.be), or send to the address below within 7 days following receipt.

### 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.

## QUESTIONS?

If you have any questions, please do not hesitate to contact Hotel Middelpunt: +32 (0)59 30 70 70 or [info@middelpunt.be](mailto:info@middelpunt.be)