Write patient details or affix patient label

Surname …………………………………

Given names …………………………..

Unit number …………………………..

Date of birth ……………………………

HOSPITAL LOGO

**Low-risk febrile neutropenia**

**Home observation and assessment record**

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| **Home observation and assessment chart: to be completed by patient and Ambulatory service/HITH nurse** |
| Intervention /assessment | **Day 1****Date** ……..……… | **Day 2****Date** ……..……… | **Day 3****Date** ……..……… | **Day 4****Date** ……..……… | **Day 5****Date** ……..……… |
| **Patient/career to complete** |
| Temperature:Recorded 4hourly during waking hours | 1. Time……….. Temp……….2. Time……….. Temp……….3. Time……….. Temp……….4. Time……….. Temp……….5. Time……….. Temp………. | 1. Time……….. Temp……….2. Time……….. Temp……….3. Time……….. Temp……….4. Time……….. Temp……….5. Time……….. Temp………. | 1.Time………..Temp……….2.Time……….. Temp……….3.Time……….. Temp……….4.Time……….. Temp……….5.Time……….. Temp………. | 1.Time……….. Temp……….2.Time……….. Temp……….3.Time……….. Temp……….4.Time……….. Temp……….5.Time……….. Temp………. | 1. Time……….. Temp……….2. Time……….. Temp……….3. Time……….. Temp……….4. Time……….. Temp……….5. Time……….. Temp………. |
| **Ambulatory service/HITH nurse to complete** |
| Vital signs (taken by Hospital-in-the home nurse)   | TemperatureBlood Pressure: Heart rate: Respiratory rate: | …………….°C…………….mmHg…………….bpm…………….bpm | …………….°C…………….mmHg…………….bpm…………….bpm | …………….°C…………….mmHg…………….bpm…………….bpm | …………….°C…………….mmHg…………….bpm…………….bpm | …………….°C…………….mmHg…………….bpm…………….bpm |
| Investigations(taken by Hospital-in-the home nurse)  | FBE (Hb /Neut /Plat):Biochemistry (U&Es, LFTs):Other: | □□…………………… | □□…………………… | □□…………………… | □□…………………… | □□…………………… |

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| **Ambulatory service/HITH nurse to complete** |
|  | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** |
| Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Patient alert and orientated | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Overnight chills or shakes | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Tolerating normal diet without vomiting | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Patient showing no signs of dehydration/overload evident | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Normal urine output with no urinary symptoms over previous 24 hours  | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Normal bowel patterns with no diarrhoea over previous 24 hours | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Patient & carer understand reasons to trigger contact with hospital personnel | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Hospital-in-the home nurse signature | ………………. | ……………….. | ……………….. | ……………….. | ……………….. |

Document any issues identified (these must be discussed with nurse co-ordinator and/or treating team) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_