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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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) | Temperature  Blood 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: | □  □  …………………… | □  □  …………………… | □  □  …………………… | □  □  …………………… | □  □  …………………… |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_