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| Admission to Hospital  *NAME* view:  I have come to hospital because *FILL IN*  Staff view:  *NAME* has been admitted because *FILL IN AND INCLUDE ANY CONCERNS IF WAS NOT ADMITTED ONTO A WARD.MENTION SECTION/INFORMAL STATUS.* | *NAME* view:  Whilst in hospital, I can ???  Staffs view:  *NAME* will be provided with daily 1:1 with staff to discuss any concerns they have. This also provides them with a chance to identify there recovery goals. | Myself  Ward staff  Dr’s  Occupational therapist | Staff will support me in meeting my recovery goals |
| Observations  I have been told that I am on *???* observations per hour | I am on *???* observations because *???.*  Staff will document what I am doing for my safety.  In my bedroom and in the bathrooms there is a call bell that I can use if I need staff assistance and cannot safely ask staff directly, I can press for assistance. | Myself  Ward staff | I will be safe on the ward. |
| Data protection  To make sure that information is only shared with those people I give permission for | I have signed my date protection form and I understand that this ensures information about me Is only shared with those stated. | *NAME AND RELATION TO PATIENT*  *CONTACT NUMBER* | Only those names will be given information about me. |
| Physical health  *Identify any needs, from the patients perspective* | *Document how needs will be met* | *By whom* | *How it will support the patient* |
| My current medication and its purpose  *Drug name* | *Reason for prescription* | Registered nurses  Qualified Assistant practitioners | My medication will help reduce/stop/manage the symptoms that I have. |
| Therapeutic engagement | Activates that I find meaning full that can be supported by the OT are *FILL IN*  I can attend the *FILL IN* group that is run by the nurse therapist  The recovery college courses that are relevant to me are *FILL IN*  The community groups/activities that are available at local address area are *FILL IN* | OT  Ward staff  Nurse therapist | I will be able to do actives I enjoy on the ward  The group will help me manage my anxiety |
| Current leave | I have *DOCUMENT LEAVE: ESCORTED/UNESCORTED*  I am aware that the nursing staff will want to talk to me before using any leave. | Myself  Nursing staff | My leave will be increased. |
| My Goals  Whilst I’m in hospital, I would like *DOCUMENT ANY GOALS THAT THEY IDENTIFY* | *HOW WE CAN MEET THESE GOALS* | Myself  Ward staff | I will achieve *????* |