

Further Information

For further information contact:

Western Isles Hospital
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Isle of Lewis HS1 2AF

Tel. 01851 704704
www.wihb.scot.nhs.uk



Bòrd SSN nan Eilean Siar
NHS Western Isles

We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide.
If you would like to tell us about your experience:

- speak to a member of staff
- visit our website www.wihb.scot.nhs.uk/feedback or share your story at - www.careopinion.org.uk or 0800 122 31 35
- Tel. 01851 704704 (ext 2408) on a Tuesday and Friday afternoon between 1pm and 4pm.

Date Produced: April 2019 Review Date: April 2021
Produced by: Medical Ward 1, Western Isles Hospital, NHS Western Isles.

Disclaimer

The content of this leaflet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor-patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you to interpret any of this information, or in applying the information to your individual needs.

Patient Ward Round Update



Patient Name: _____

Ward: _____

Ward: _____

Welcome to Hospital

This booklet is to help keep you informed about your care, whilst you are in hospital.

Expected date of discharge:

/ /

Do you have a carer (e.g. family or friend who helps with tasks and daily living)?

Is there anything you are aware of as to how we can aid your discharge such as transport, organising a suitable care package, enabling access to your home and facilities e.g. steps around door, handrails, toilet, etc.

Due to patient confidentiality, we are unable to give out information about your health to individuals - unless they are your named personal contact.

We ask that you identify one personal contact that with your permission, your progress can be shared with. This may be a member of your family, carer, or a friend.

Under Data Protect Laws your patient record is a confidential document and can only be shared with your explicit consent.

Does anyone help you with your medication?

Yes No

Can you open the following medications? (if appropriate)

Foil blisters

Child resistant tops

Can you read the labels and patient information leaflets?

Can you measure liquids? (if appropriate)

Can you use inhalers and eye drops? (if appropriate)

Can you swallow all of your medications? (if appropriate)

Have you any questions about your medications or feel there is anything we could do to assist you with taking your medications?

☐ ☐

Pharmacy Questionnaire

This questionnaire will enable your Pharmacist to tailor their work to your individual needs. Think about your tablets, capsules liquids creams, inhalers and other types of medicines.

Which Chemist/GP dispense your medications?

	Yes	No
Is your medication dispensed in weekly instalments?	<input type="checkbox"/>	<input type="checkbox"/>
Is your medication dispensed in a weekly blister pack?	<input type="checkbox"/>	<input type="checkbox"/>
Does your medication ever run out?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know what all your medication is for?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel confident about how and when you should take your medications?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever forget to take your medications?	<input type="checkbox"/> never <input type="checkbox"/> frequently <input type="checkbox"/> sometimes	
Do you ever choose not to take your medication?	<input type="checkbox"/> never <input type="checkbox"/> frequently <input type="checkbox"/> sometimes	
Do you take all your medications according to the instructions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think that some of your medications are more helpful than others?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a routine or system to help you remember to take your medication?	<input type="checkbox"/>	<input type="checkbox"/>

Instructions

- Ward Round Update to be completed by clinical staff.
- Do you understand for today? To be completed by patients (if required).

Ward Round Update:	Date:	/	/
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Do you understand your plan for today?

Ward Round Update::	Date:	/	/
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