

Respite Stay Summary

Details about the stay

Client:

Dates:

Respite Provider:

Medications

Medication Changes:

Any trouble taking medications? Y N

Comments:

Pain

Was pain a concern? Y N

Did the client receive pain medicines? Y N

Did the medicine help? Y N

If no, explain:

Mobility

Any concerns with or changes to client mobility? Y N

If so, what are they?

Falls

Did the client have a fall? Y N

Any injury? Y N

Actions put in place:

Comments:

Behaviour

Were there any concerns with behaviour? Y N

If yes, what were they?

What helped support the client?

Respite Stay Summary - continued

Eating and Drinking

The client seemed to enjoy:

Any concerns with eating and drinking?

Y N

If yes, what were they?

Bladder and Bowel

Any concerns about bladder and bowel?

Y N

If yes, what were they?

Skin

Any concerns with the client's skin? Y N

Strategies used during stay that helped:

Is further follow-up needed? Y N

If so, what follow-up is needed?

Activities

Did the client attend activities? Y N

Types of activities the client attended:

Everyday Activities

(Activities of Daily Living or ADLs)

Was there a change in the client's ability to do activities of daily living? Y N

If yes, do we know the reason?

Y N

If yes, what is it?

For next time...

Sometimes, we find things that can help us provide better care for the client, such as a specific book, piece of equipment, or memory. Here are things that might help us next time:

We hope the client enjoyed their stay.

If you have any questions or concerns regarding the client's stay, please call your respite provider.

Provider Name:

Date Completed:

To Home Health Clinician (Describe follow-up needed)