**ROC** Reliance On a Carer

Refer to ROC Assessment Grid. Circle and initial at start of morning shift

INITIAL

Simple Measures™

# DMC

Daily Monitoring Chart for Drinks, Meals, Continence

Name & ID

Date

| Carer's Initial | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Time | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | NIGHT | NIGHT | NIGHT | NIGHT | NIGHT | TOTAL MLS |
| Mouth care ✓ | | | | | | | | | | | | | | | | | | | | |
| sips | | | | | | | | | | | | | | | | | | | | |
| 25ml | | | | | | | | | | | | | | | | | | | | |
| 50ml | | | | | | | | | | | | | | | | | | | | |
| 75ml | | | | | | | | | | | | | | | | | | | | |
| 100ml | | | | | | | | | | | | | | | | | | | | |
| 125ml | | | | | | | | | | | | | | | | | | | | |
| 150ml | | | | | | | | | | | | | | | | | | | | |
| Feedback Code | | | | | | | | | | | | | | | | | | | | |
| 175ml | | | | | | | | | | | | | | | | | | | | |
| 200ml | | | | | | | | | | | | | | | | | | | | |
| >200 enter mls | | | | | | | | | | | | | | | | | | | | |

Add up the 24 hour total and enter on the Overview Hydration Chart and initial | INITIAL | **24hr total mls**

## Urine Output

If recording urine output in MLS **tick this box** ☐ enter total at the end of each day

| | | | | | | | | | | | | | | | | | | | | 24HR TOTAL MLS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dry | | | | | | | | | | | | | | | | | | | | |
| Damp | | | | | | | | | | | | | | | | | | | | |
| Wet | | | | | | | | | | | | | | | | | | | | |
| MLS | | | | | | | | | | | | | | | | | | | | |
| Checked Pad (✔) | | | | | | | | | | | | | | | | | | | | |
| Changed Pad (✔) | | | | | | | | | | | | | | | | | | | | |
| To Toilet (✔) | | | | | | | | | | | | | | | | | | | | |
| Bowels = B Vomit = V | | | | | | | | | | | | | | | | | | | | |
| Carer's Initial | | | | | | | | | | | | | | | | | | | | |

Circle usual portion size: SMALL MED LARGE

| Time | Meals and Snacks | M'fuls | 1/4 | 1/2 | Feedback Code | 3/4 | All | MINS | Inital |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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## Hydration Review

| | After Breakfast | After Lunch | After Supper | Night Shift |
|---|---|---|---|---|
| Primary carer | A INITIAL<br>B INITIAL<br>C INITIAL | A INITIAL<br>B INITIAL<br>C INITIAL | A INITIAL<br>B INITIAL<br>C INITIAL | A INITIAL<br>B INITIAL<br>C INITIAL |
| Secondary carer | 1 2 3 INITIAL | 1 2 3 INITIAL | 1 2 3 INITIAL | 1 2 3 INITIAL |

'A' - Alright
'B' - Bit Bothered
'C' - Concerned

1 - No concerns noted
2 - Update ROC
3 - Escalate Concern

If C or 3 has been circled then record details on the separate 'Hydration Communication Chart'

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(Refer to Simple Measures guidelines for details about completing the DMC)

**ROC** Reliance On a Carer

Refer to ROC Assessment Grid. Circle and initial at start of morning shift

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# DMC

Daily Monitoring Chart for Drinks, Meals, Continence

Name & ID

Date

| Carer's Initial | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| sips | | | | | | | | | | | | | | | | | | | | |
| 25ml | | | | | | | | | | | | | | | | | | | | |
| 50ml | | | | | | | | | | | | | | | | | | | | |
| 75ml | | | | | | | | | | | | | | | | | | | | |
| 100ml | | | | | | | | | | | | | | | | | | | | |
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| 175ml | | | | | | | | | | | | | | | | | | | | |
| 200ml | | | | | | | | | | | | | | | | | | | | |
| >200 enter mls | | | | | | | | | | | | | | | | | | | | |

Add up the 24 hour total and enter on the Overview Hydration Chart and initial | INITIAL | **24hr total mls**

**Urine Output** If recording urine output in MLS **tick this box** ☐ enter total at the end of each day

| | | | | | | | | | | | | | | | | | | | | 24HR TOTAL MLS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dry | | | | | | | | | | | | | | | | | | | | |
| Damp | | | | | | | | | | | | | | | | | | | | |
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| MLS | | | | | | | | | | | | | | | | | | | | |
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| Bowels = B Vomit = V | | | | | | | | | | | | | | | | | | | | |
| Carer's Initial | | | | | | | | | | | | | | | | | | | | |

Circle usual portion size: SMALL MED LARGE | Time taken to eat

| Time | Meals and Snacks | M'fuls | 1/4 | 1/2 | Feedback Code | 3/4 | All | MINS | Inital |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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|---|---|---|---|---|
| Primary carer | A INITIAL<br>B INITIAL<br>C INITIAL | A INITIAL<br>B INITIAL<br>C INITIAL | A INITIAL<br>B INITIAL<br>C INITIAL | A INITIAL<br>B INITIAL<br>C INITIAL |
| Secondary carer | 1 2 3 INITIAL | 1 2 3 INITIAL | 1 2 3 INITIAL | 1 2 3 INITIAL |

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