

How to fill out the Daily Monitoring Chart (DMC)

Refer to the Simple Measures guidelines for full details

ROC At the start of each day, the allocated carer should refer to the ROC Assessment Grid for specific details about the level of support needed and circle the highest ROC rating for drinks, meals, continence and mouthcare on the DMC.

Mouth Care: Put a tick in the box to indicate this has been done. (If person declines to have mouth - care you can use the feedback codes for drinking and eating).

Recording Drinks: Write the capital letter for each drink type against the amount that has been consumed

Recording drinks: T = Tea C = Coffee W = Water N = Nutrition supplement
M = Milk based J = Juice S = Squash Sips = approx. 10mls

If a person had less than 3/4 of their drink you must record the reason, by entering a feedback code. Refer to the Feedback Code Guideline*

Select the description that best explains why you stopped offering any more encouragement at that point in time and enter the code in the white line
e.g. 5 means the person 'Turned their head away when drink or food offered' (if a second drink is offered in the same hour (or night slot) enter the amount but you do not need to enter another feedback code).

24 hour total: this also needs to be entered every day on the Monthly Overview Intake Chart.

Urine: If urine is recorded in mls tick the box and enter the total at the end of each day. If monitoring approximate volume record Dry (0) / Damp (+) / Wet (++)
Record when pad has been checked / changed

Bowels/Vomit: Bowels = B (and enter Bristol Stool Chart Number) Vomit = V

Recording Meals: You can record how long it took a person to have their meal.

If the person had just a few mouthfuls (less than 1/4) enter the approx. number of mouthfuls (M'fuls). If they declined anything to eat put a '0'

For all other amounts put a tick in the box to show approx. how much was eaten.

***If they had less than 3/4 of their food enter a feedback code to explain the reason**

Hydration Review: (see full guideline)

This prompts carers to record how they 'feel' about a person's fluid and food intake and output

A = 'Alright' B = 'Bit bothered' C = 'Concerned'

1 = 'No action needed' 2 = Change level of ROC support 3 = Escalate concern

Simple Measures™
DMC
Daily Monitoring Chart for Drinks, Meals, Continence

ROC Reliance On a Carer Assessment Grid. Circle and initial at start of morning shift.

Carer's Initial	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	24hr total	Initial	
NC	NC	NC	NC	NC	NC	RC	RC	RC	RC	SW	KT	KT	KT	JR	JR	JR	PJ	PJ	PJ	PJ	1065	Initial
Mouth care	✓																					
Sips						S				S												40
25ml																						75
50ml						S				T												100
75ml																						150
100ml						T																200
125ml																						-
150ml																						-
Feedback Code						5	2	5	10	7	5			15					6	6	9	10
175ml																						
200ml																						
>200 enter mls																						
Jug																						250
250ml																						500

Add up the 24 hour total and enter total at the end of each day.

Urine Output If recording urine output in mls tick the box and enter total at the end of each day.

Urine	DW	DW	B5	DW	JB	KI	RD	RD
Dry	✓							
Damp		✓						
Wet								
MLS								
Changed (W)								
Changed (D)								
10, 10, 10								
Bowels = B			B5					
Carer's Initial	DW	DW	B5	DW	JB	KI	RD	RD

Circle usual portion size: SMALL (S) MEDIUM (M) LARGE (L)

Feedback Code: M'fuls 1/4 1/2 3/4 All

Time taken to eat: MINS Initial

Time	Meals and Snacks	After Breakfast	After Lunch	After Supper	Night Shift
08.00	Porridge and Cream	Primary Caretaker	Primary Caretaker	Primary Caretaker	Primary Caretaker
10.00	Biscuits	Primary Caretaker	Primary Caretaker	Primary Caretaker	Primary Caretaker
12.30	Cottage Pie and Peas	Primary Caretaker	Primary Caretaker	Primary Caretaker	Primary Caretaker
16.00	Jelly and Ice Cream	Primary Caretaker	Primary Caretaker	Primary Caretaker	Primary Caretaker
18.00	Fruit Cake	Primary Caretaker	Primary Caretaker	Primary Caretaker	Primary Caretaker
	Soup - Chicken	Primary Caretaker	Primary Caretaker	Primary Caretaker	Primary Caretaker
	Sandwich - Cheese	Primary Caretaker	Primary Caretaker	Primary Caretaker	Primary Caretaker







Hydration Review

Secondary carer	1	2	3	Initial	1	2	3	Initial	1	2	3	Initial

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

Feedback Tool

A reference guide to help explain why a person is declining or refusing their drink or meal or mouthcare.

Observed body language feedback	Feedback Code	<ul style="list-style-type: none"> From the descriptions below select one that best explains why you have chosen not to continue to offer or encourage anymore food, drink or mouth care for that particular episode of care Enter the feedback code on the daily monitoring chart (DMC)
	1	Problems swallowing e.g. gurgling, coughing*
	2	Not opening mouth when drink or food is offered
	3	Accepts drink or food but makes no attempt to swallow
	4	Spits it out / vomiting
	5	Turns head away when drink or food offered
	6	Shakes head from side to side
	7	Keeps falling asleep when drinking or eating
	8	Appears unmotivated to want to drink or eat
	9	Too sleepy to safely drink or eat
	10	Puts hand up in front of mouth
	11	Pushes drink or food away
	12	Throws drink or food
	13	Hits out at carer
	14	Becomes agitated and appears vocally distressed
	15	Verbally abusive to carer
	16	Walks away when drink or food offered
	17	Does not want to sit down to drink or eat
	18	Kicks out at carer
	19	Difficulty with posture and positioning

Points to always consider when assisting and encouraging a person to drink and eat:

- Check the individual's ROC Assessment Grid and their person centred care plan
- Observe how they respond when you first offer drink or food

Check:

- is it too hot or cold?
- is it to their liking?
- are you offering too much with each mouthful?
- are you offering it too quickly?
- are you offering the right level of assistance?
- do you feel you are giving the right level of encouragement?
- respect the person's wishes if you feel their body language indicates that they do not want any more.

Verbal Feedback If the person can tell you: Select the description that best matches their response	20	I am not hungry / thirsty	Remind them that they can have something later
	21	I have had enough	Check if the portion size was too much
	22	I don't like it	Try to establish why and offer something else. Update preferences and inform catering if needed
	23	I don't feel well enough* (e.g. nausea /pain / sore mouth)	Inform allocated nurse, so their symptoms can be reviewed
	24	I had problems chewing	Check if problem is with teeth / dentures or the texture of food
	25	I am worried about needing toilet*	Reassure that staff will provide timely support
	26	I fell asleep	Ask if they would like something fresh
Staff Feedback	27	It's gone cold	Ask if they would like something fresh
	28	Person asleep and unable to tell me	Do not wake person, just record code on DMC
	29	Person away for drink or meal	Offer food or drink on their return
	30	Other*	Enter details in the Hydration Communication Chart