

How to fill out the 2 Day View DMC

Refer to the Simple Measures guidelines for full details

At the start of each day, circle the highest ROC rating for drinks, meals and continence. Refer to the ROC Assessment Grid for specific details about level of support for 'vision, hearing, speech, cognition, mobility, mouth care, continence, swallow, assistance and encouragement.

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

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).

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 'O'

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

Urine: O = dry + = damp pad (or small volume passed in toilet/bedpan)
++ = wet (average volume) +++ = very wet/soaked pad (large volume)

Bowels/Vomit: Bowels = B Vomit = V

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

EXAMPLE

Simple Measures™

2 Day View DMC

(Drinks, Meals, Continence - DMC)

ROC Reliance On a Carer

- ☐ (circle)
- ☐ (circle)
- ☐ (circle)
- ☐ (circle)

Date	24hr total mls												765		
Carer's initial	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Night
Time															
Mouth care	✓												✓		
sips							S							W	S
25				S					T						W
50					T					T					
75						C							M		
100				T											T
125															
150															
Feedback Code	21				2	5	10	7	5	15			6	6	9
175															
200															







B'fast	25			40			15		
	Cereal	Cooked	Toast	Soup	Main S/wich	Pud	Soup	Main S/wich	Pud
M'fuls			2		✓				1
1/4					✓				
1/2				✓					
Feedback Code		5	2		11	12	15	2	14
3/4	✓					✓			
All									

Output	NC			NC			JR JR			
0	+	++	+++	0	+	++	+++			
Bowels/Vomit										

Hydration Review	After Breakfast			After Lunch			After Supper			Night		
	Primary carer	Secondary carer	Initial	Primary carer	Secondary carer	Initial	Primary carer	Secondary carer	Initial	Primary carer	Secondary carer	Initial
	A	B	C	A	B	C	A	B	C	A	B	C
Secondary carer	1	2	3	1	2	3	1	2	3	1	2	3

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