Edith Cowan University

Research Online

Research outputs 2022 to 2026

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Nurse-led volunteer support care plan

Rosemary Saunders

Edith Cowan University, rosemary.saunders@ecu.edu.au

Kate Crookes

Edith Cowan University, k.crookes@ecu.edu.au

Karen Gullick

Edith Cowan University, k.gullick@ecu.edu.au

Olivia Gallagher

Edith Cowan University, o.gallagher@ecu.edu.au

Karla Seaman

Edith Cowan University, k.seaman@ecu.edu.au

See next page for additional authors

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Authors					
osemary Saunde	rs, Kate Crookes, k	Karen Gullick, Ol	ivia Gallagher, I	Karla Seaman, De	ebra Scaini, Seng G
larcus Ang, Carol	ine Bulsara, Bev E	wens, Jeff Hugh	nes, Bev O'Conn	iell, and Christop	her Etherton-Beer

Patient ID code:	
Patient Preferred Name:	
Admission Date:	
Ward:	Room Number:
Booklet Number:	
Reason for Admission:	

- The Volunteer Support Care Plan details the patient support that can be provided by a volunteer.
- The Volunteer Support Care Plan is developed by the Registered Nurse on admission and reviewed daily.
- The Volunteer Support Care Plan needs to be updated by the Registered Nurse caring for the patient if the patient's care needs change.
- Volunteers and nursing staff are required to complete the signature register below.

Signature Register							
Print Name Signature Initial							

INSTRUCTIONS:

- 1. Read the volunteer support care plan and note any clinical alerts.
- 2. Provide support for the activities identified by the tick \checkmark
- 3. Activities are completed as per the volunteer care plan in consultation with the patient.
- 4. Record the number of minutes for each volunteer support activity that you provide.
- 5. Record 'R' if the patient Refuses or 'W' if volunteer support is Withheld for any reason.
- 6. If R or W is recorded, write the reason in the narrative notes.

Patient Clinical Alerts	Nurse Initial
1.	
2.	
3.	
4.	

WEEK 1 D		Y M	Mon		Tues		Wed		Thurs		ri
	DATE										
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
VOLUNTEER SUPPORT: ✓ = Provide Support			ORD T	HE M	INUTE	S TAK	EN FC	OR EAG	CH AC	TIVITY	,
ORIENTATION SUPPOR	T .										
Orientate patient to ward	I & room										
Place signs in room as pro	ompts (e.g. toilet sign)										
Orientate patient to date	and time										
Situational awareness – lo	ocation										
SENSORY SUPPORT											
Check glasses are clean											
Check glasses are on patie	ent										
Check hearing aids are in	position & turned on										
Place equipment within re	each of patient										
Adjust TV/Radio											
Music therapy, set up/ass	sist (headphones)										
MOBILITY SUPPORT											
Check patient is wearing t	footwear for walking										
Take patient for short wa	lk										
Walk to dining room – lur	nch										
Prompt/encourage exerci	ises										
NUTRITIONAL SUPPOR	Т										
Assist patient to order me	eals (likes/dislikes)										
Encourage patient to sit of	out in chair for meals										
Declutter table and arran	ge tray and utensils										
Set up for meal – open pa	ackets/take lids off										
Cut up food if required											
Encourage patient to eat	and drink										
COGNITIVE SUPPORT											
Read newspaper or maga	zines										
Discuss current events											
Discuss areas of interest (family, photos)										
Play games											
Read a book or set up a to	-										
Reminisce (talking about past)											
Engage in creative activities e.g. colouring											
OTHER SUPPORT			_								
Brush hair											
Give a foot massage											
Give a hand massage											
Refresh Flowers (prompt for conversation)											
Tidy room (safe environm	·										
Assist with using phone if											
Take patient into sunshin	·										
VOLUNTEER INITIAL TO C	CONFIRM MINUTES										

WEEEK 1: NARRATIVE NOTES - TO BE USED AS A DAILY COMMUNICATION TOOL

Date/time	Description of event
1/1/2021	Example: Pt felt dizzy when starting to get out bed, patient advised to stay in bed and nurse
0900	informedJ.Smith

WEEK 2	DAY		on	Tu	ies Wed			Thurs		Fri	
	DATE										
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
VOLUNTEER SUPPORT:	✓ = Provide Support	REC	ORD T	HE M	INUTE	S TAK	EN FC	OR EAG	CH AC	TIVITY	<u>'</u>
ORIENTATION SUPPOR	Т										
Orientate patient to ward	& room										
Place signs in room as pro	ompts (e.g. toilet sign)										
Orientate patient to date	and time										
Situational awareness – lo	ocation										
SENSORY SUPPORT				•		•	•	•	•		
Check glasses are clean											
Check glasses are on patie	ent										
Check hearing aids are in	position & turned on										
Place equipment within re	each of patient										
Adjust TV/Radio											
Music therapy, set up/ass	sist (headphones)										
MOBILITY SUPPORT	<u> </u>										•
Check patient is wearing t	footwear for walking										
Take patient for short wa	lk										
Walk to dining room – lur	nch										
Prompt/encourage exerci	ses										
NUTRITIONAL SUPPOR	T										•
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Give a foot massage											
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Take patient into sunshin											
VOLUNTEER INITIAL TO C	ONFIRM MINUTES										

WEEK 2: NARRATIVE NOTES - TO BE USED AS A DAILY COMMUNICATION TOOL

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