

Adult Inpatient Assessment Data Standards Specification

User Interface Name	Electronic Nursing Application Section	Field Identifier	Cardinality	Definition	Data Display Format	Data Value Format (code or other value)	Value Sets
Hospital Site	Assessment Home	Site_Code	1..1	The organisation code for the site where the patient will be or is treated.	Drop Down List	5 character alpha-numeric	NHS Wales Data Dictionary / WRDS (Site Code of Treatment)
Admission Method	Assessment Home	Adm_Method	1..1	This is the method of admission to a hospital provider spell.	Drop Down List	2 digit numeric	NHS Wales Data Dictionary
Source of admission	Assessment Home	Adm_Source	1..1	This is the source of admission to a hospital	Drop Down List	2 digit numeric	NHS Wales Data Dictionary
Ward/Department/Team	Assessment Home	Ward_Dept_Team	1..*	This is the ward location/department of where the patient is currently being treated or the team the patient is under	Drop down list		
Consultant / Lead GP	Assessment Home	Cons_Code	1..*	Nationally agreed form for consultant code or Independent Nurse. It is the General Medical Council (GMC) code for the Consultant or the GP acting as a Consultant or locum Consultant, which is the unique identifier. The nurse's Registration Number will be used to identify the Independent Nurse.	Look Up	8 character alpha-numeric	NHS Wales Data Dictionary / WRDS (Consultant Code)
Specialty	Assessment Home	Speciality	1..*	A unique code identifying each Main Speciality. Each consultant should be assigned a Main Speciality by the organisation to which the consultant is contracted. For physicians and surgeons with a generalist component to their work, the Main Speciality should be general medicine or general surgery.	Look Up	3 digit numeric	Welsh Reference Data Service
Date of Admission	Assessment Home	Adm_Date	1..*	This is the beginning of a hospital provider spell, or the date of admission. The consultant has assumed responsibility for care following the decision to admit the patient. This may be before formal admission procedures have been completed and the patient is transferred to a ward.	Short Date Format In all instances of clinical usage affecting patient treatment, including patient identification, NHS applications must display dates as short dates in the form DD-MMM-YYYY, where: DD is the two-digit day MMM is the correctly abbreviated month name YYYY is the four-digit year	8 digit numeric, CCYYMMDD	n/a
Time of Admission	Assessment Home	Adm_Time	1..*	This is the beginning of a hospital provider spell, or the time of admission. The consultant has assumed responsibility for care following the decision to admit the patient. This may be before formal admission procedures have been completed and the patient is transferred to a ward.	Exact times display both hours and minutes, but may optionally also display seconds. The required format is HH:mm:ss (this notation follows the .NET Framework Standard DateTime Format Strings specification).	Format: hh:mm:ss	n/a
Date of Transfer	Assessment Home	Transfer_Date	1..*	This is the date the patient was transferred from the ward	Short Date Format In all instances of clinical usage affecting patient treatment, including patient identification, NHS applications must display dates as short dates in the form DD-MMM-YYYY, where: DD is the two-digit day MMM is the correctly abbreviated month name YYYY is the four-digit year	8 digit numeric, CCYYMMDD	n/a

Time of Transfer	Assessment Home	Transfer_Time	1.*	This is the time the patient was transferred from the ward	Exact times display both hours and minutes, but may optionally also display seconds. The required format is HH:mm:ss (this notation follows the .NET Framework Standard DateTime Format Strings specification).	Format: hh:mm:ss	n/a
Estimated Date of Discharge	Assessment Home	Estimated_Discharge_Date	0..1	This is the estimated date of discharge of the patient at the time of the assessment	Short Date Format In all instances of clinical usage affecting patient treatment, including patient identification, NHS applications must display dates as short dates in the form DD-MMM-YYYY, where: DD is the two-digit day MMM is the correctly abbreviated month name YYYY is the four-digit year	8 digit numeric, CCYYMMDD	n/a
Date Fit for Discharge	Assessment Home	Date_Fit_Discharge	1..1	This is the date it is safe for the patient to be discharged or safe to transfer from hospital to home or another setting.	Short Date Format In all instances of clinical usage affecting patient treatment, including patient identification, NHS applications must display dates as short dates in the form DD-MMM-YYYY, where: DD is the two-digit day MMM is the correctly abbreviated month name YYYY is the four-digit year	8 digit numeric, CCYYMMDD	n/a
Actual Date of Discharge	Assessment Home	Actual_Discharge_Date	1..1	Date of discharge from the Hospital Provider Spell. The date on which a patient dies or is discharged from a continuous spell of care using the hospital bed(s) within a single hospital provider. Identical to the end date of the last consultant episode of care and ward stay within a hospital provider spell.	Short Date Format In all instances of clinical usage affecting patient treatment, including patient identification, NHS applications must display dates as short dates in the form DD-MMM-YYYY, where: DD is the two-digit day MMM is the correctly abbreviated month name YYYY is the four-digit year	8 digit numeric, CCYYMMDD	n/a
NHS number	Demographics	NHS_Number	0..1	It is mandatory to record the NHS Number for each patient registered with a GP practice in England and Wales. The NHS number is allocated to an individual, to enable unique identification for NHS health care purposes.	Display the NHS Number for people to read in 3 3 4 format (e.g. 123 456 7890). Allow the NHS Number to be input into the appropriate data input field on the screen as 10 digits with or without spaces.	10 digit numeric	NHS Wales Data Dictionary
Hospital Number	Demographics	Hospital_Number	0..1	This is the patient's case record number which is unique to that patient within a hospital or health care provider.	[CHECK]	10 character alpha-numeric. Do not leave blank spaces - lead with zeros if necessary	NHS Wales Data Dictionary
Surname	Demographics	Person_Family_Name	1..1	This is a persons family name	The Family Name input is in the form of a free-text entry box that accepts a maximum of 35 characters. Name Display (Banner) Family Name, Given Name (Title) SMITH,John(Mr)	an35	n/a
Forename (s)	Demographics	Person_Given_Name	1..1	This is a persons given name. The patient is the arbiter of their name.	Referred to as Given Name. The Given Name input is in the form of a free-text entry box that accepts a maximum of 35 characters. Name Display (Banner) Family Name, Given Name (Title) SMITH,John(Mr)	an35	n/a

Title	Demographics	Person_Title	0..1	A persons title is the standard form of address used to precede a persons name.	Name Display (Banner) Family Name, Given Name (Title) SMITH,John(Mr)	[TBC]	[TBC]
Preferred name	Demographics	Person_PREFERRED_Name	0..1	This is the persons preferred name.	The preferred name is input in the form of a free-text entry box that accepts a maximum of 35 characters. Name Display (Banner) Family Name, Given Name (Title) SMITH,John(Mr)	an35	n/a
Date of Birth	Demographics	Person_Birth_Date	1..1	Date of birth of patient	Short Date Format In all instances of clinical usage affecting patient treatment, including patient identification, NHS applications must display dates as short dates in the form DD-MMM-YYYY, where: DD is the two-digit day MMM is the correctly abbreviated month name YYYY is the four-digit year	8 digit numeric, CCYYMMDD	n/a
Gender	Demographics	Person_StatEd_Gender	0..1	The gender of a client (as stated by the client). Gender identity is a person's sense of identification with either the male or female sex, as manifested in appearance, behaviour, and other	Drop Down List	an1	F - Female M - Male N - Not Specified
Sex at birth	Demographics	Person_Phenotypic_Sex	1..1	Sex at birth; determines how the individual would be treated clinically. A classification of the observed sex of a person, relating to the biological, physiological and physical characteristics that differentiate men and women, determined by endocrine influences. Person sex is observed by a care professional, and is not self-stated.	Drop Down	an1	F - Female M - Male U - Indeterminate (unable to be classified as either male or female)
Religion	Demographics	Religion	0..1	The religious or other belief system affiliation of a person, as specified by the person. Where applicable, religious or other belief system affiliation code is aligned with descriptors for religious and other belief system affiliations in SNOMED CT* as follows: the SNOMED CT Subset: o original ID is 10791000000130 and o name is Religious or Other Belief System Affiliation. Note: Where the person has been asked for their religious or other belief system affiliation but they are unsure what it is: Agnostic should be used ** Where the person has been asked for their religious or other belief system affiliation and it is one that is not listed: Religion (Other Not Listed) should be used *** Where the person has not been asked for their religious or other belief system affiliation: Patient Religion Unknown should be used	Look up	an3	the SNOMED CT Subset: o original ID is 10791000000130 and o name is Religious or Other Belief System Affiliation. Note: Where the person has been asked for their religious or other belief system affiliation but they are unsure what it is: Agnostic should be used ** Where the person has been asked for their religious or other belief system affiliation and it is one that is not listed: Religion (Other Not Listed) should be used *** Where the person has not been asked for their religious or other belief system affiliation: Patient Religion Unknown should be used
Ethnic Group	Demographics	Ethnicity	0..1	The ethnicity of a person, as specified by the person, as per the Office of National Statistics (ONS) 2011 Census Categories	Drop Down	an1	NHS Wales Data Dictionary
Occupation	Demographics	Occupation	0..1	The current and/or previous relevant occupation(s) of the patient/individual.	Text Box / Look up		SNOMED CT Subset - Occupation SNOMED CT Subset ID 73241000000131

Permanent Address	Demographics	Person_Perm_Add	0..1	This is the usual address nominated by the patient at the time of admission or attendance. If patients usually reside elsewhere are staying in hotels, hostels or other residential establishments for a short term, say a week, they should be recorded as staying at their usual place of residence. However if long term, such as at boarding school, the school address must be recorded. University students may nominate either their home address or the address of their university accommodation. Where patients are not capable of supplying this information, because of age or mental illness, for example, then the person responsible for the patient, such as a parent or guardian, should nominate the usual address. Patients not able to provide an address should be asked for their most recent address. If this cannot be established then you should record the address as 'No fixed abode' or 'Address unknown'. These patients are regarded as resident in the local geographical district for contracting purposes. For birth episodes this	Address Input Elements: The minimum number of boxes required for inputting a UK address can vary. Many addresses will only require three input boxes: House number and street Town or city Postcode Up to 5 Lines of 35 characters displayed vertically: 18 Orchard Cottage Kings Road Ipswich Northshire NS33 8KR	175 character alpha-numeric. This is based on 5 lines of 35 characters. This relates to the physical layout of the address, not the logical layout and does not require intelligent intervention when splitting the text string into lines.	n/a
Current Address (if different)	Demographics	Person_Curr_Add	0..1	This is the patients current address if different from their permanent address	Address Input Elements: The minimum number of boxes required for inputting a UK address can vary. Many addresses will only require three input boxes: House number and street Town or city Postcode Up to 5 Lines of 35 characters displayed vertically: 18 Orchard Cottage Kings Road Ipswich Northshire NS33 8KR	175 character alpha-numeric. This is based on 5 lines of 35 characters. This relates to the physical layout of the address, not the logical layout and does not require intelligent intervention when splitting the text string into lines.	
Tel. No. Home	Demographics	Home_Contact_Tel	0..1	Home telephone contact details of the person. Contact details may come from eMPI, or those recorded on the local PAS. Both the actual contact number and its use (work number, home number, mobile number etc.) should be sent. A UK telephone number is a number, including any exchange or location code, at which a person can be contacted in the UK by telephonic means.	For UK telephone numbers, the area code must not be displayed with brackets around it. For UK telephone numbers, if there are more than six digits in the local number, (in other words, not the country code, area code or extension number), then a space must be inserted before the final four digits. *Further guidance available on how to display in a system http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/uiig	Max an35	
Tel. No. Mobile	Demographics	Mobile_Contact_Tel	0..1	Mobile telephone contact details of the person. Contact details may come from eMPI, or those recorded on the local PAS. Both the actual contact number and its use (work number, home number, mobile number etc.) should be sent.	http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/uiig	Max an35	n/a
Email Address	Demographics	Person_Email_Address	0..1	A string of characters that identifies an addressee's mailbox on the internet.		Max an255	n/a
Is the patient wearing a patient identification band and are the details legible and correct?	Patient Identification Band	Patient_id_band	1..1	This is to confirm whether the patient is wearing a patient identification band and whether the details are legible and correct	Radio Button (Yes No)	n1	1 Yes 2 No 3 N/A

	If No or N/A; please enter reasons why below	Patient Identification Band	Patient_id_band_details	0.1	This is to detail the reasons why the patient id band hasn't been checked	Text Box	Free Text	
Remove	Have you verified the demographics?	Demographics	Confirm_Demographics	1.1	Confirmation that demographics have been checked and verified by the patient			
	Preferred method of communication	Communication Needs	Communication_Method	1.1	The preferred method of communication of a person to enable them to participate in the completion	Drop Down	n1	1 - Speech 2 - Sign 3 - Other
	Action	Communication Needs	Communication_method_action	1.1	This is to detail the patients preferred method of communication if 'other'	Text Box	FreeText	
	First Language	Communication Needs	First_Language	1.1	This is the first language of the person	Look up	2 alpha character	(ISO 639-1 Standard)
	Preferred Language	Communication Needs	Preferred_Language	0.1	This is the patients preferred language	Look Up	2 alpha character	(ISO 639-1 Standard)
	Do you want this admission in Welsh?	Communication Needs	Welsh_Language	1.1	Does the patient require a Welsh Speaker?	Radio Button (Yes No)	n1	1 Yes 2 No
	Action	Communication Needs	Welsh_Language_Action	0.1	If the patient requested the admission to be carried out in welsh what action was taken	Text Box	Free Text	
	Is an interpreter required?	Communication Needs	Interpreter	1.1	Is an interpreter required in order to complete this assessment with the patient in the language of their choice?	Radio Button (Yes No)	n1	1 Yes 2 No
	Action	Communication Needs	Interpreter_action	0.1	This is to detail what action has been taken if the patient requires an interpreter	Text Box	Free Text	
	Do you have any concerns about the patients capacity to engage in this assessment?	Cognitive Ability	Capacity	1.1	Assessors concerns regarding the patients capacity to engage with this assessment	Radio Button (Yes No)	n1	1 Yes 2 No
	Does the patient have any known allergies or adverse reactions?	Allergies	Patient_allergies	1.1	This is to indicate whether the patient has any known allergies or adverse reactions	Radio Button (Multiple options)	n1	1 Yes 2 No known allergies 3 Unknown
	Name of Allergen/adverse reactions	Allergies	Allergies_Adverse_Reaction	0.*	The agent such as food, drug or substances that has caused or may cause an allergy, intolerance or adverse reaction in this patient	Text Box	Free Text	
	Type of Reaction	Allergies	Reaction_Type	1.*	This is to indicate the type of reaction that the patient had	Text Box	Free Text	
	Epi pen	Allergies	Epi_Pen_Use	1.1	This is to identify whether a patient uses an Epi-pen if they have identified allergies or adverse reactions	Radio Button (Yes No)	n1	1 Patient Uses Epi-Pen 2 Patient Does Not Use Epi-Pen
	Other	Allergies	Allergy_other_action	1.1	This is to indicate whether any other action is required	Radio Button (Yes No)	n1	1 - Yes other action required 2 - No other action required
	Details	Allergies	Allergy_add_notes	0.1	This is to include any further details regarding the patients allergies / adverse reactions	Text Box	Free Text	
	Has the patient had any healthcare outside of the UK or in another Health Board / Trust in the last 12 months?	Infection Control	Healthcare_Outside_UK	1.1	A flag to identify whether the patient has had any healthcare outside of the UK or in another health board / trust in the last 12 months	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 Not Known
	Does the patient have a history of multi-drug resistant organisms (MDRO) e.g.MRSA, CPD, CPE, VRE?	Infection Control	Multi_Drug_Resistant_Organisms	1.1	A flag to identify whether the patient has previously had a history of multi-drug resistant organisms	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 Not Known

Does the patient have a history of any Alert infection e.g. Clostridium Difficile, Tuberculosis, a Blood borne virus?	Infection Control	Alert_Infection_History	1.1	A flag to identify whether the patient has previously had a history of any Alert Infections	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 Not Known
Are there any current signs / symptoms of infection e.g. Diarrhoea/Vomiting, respiratory like illness, Pyrexia, Covid-19 related symptoms, suspicious rash etc?	Infection Control	Infection_Signs	1.1	A flag to identify whether the patient is showing current signs of infection	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 Not Known
Does the patient have a recent history of exposure to an infectious disease in an environment and/or to a person(s)?	Infection Control	Exposure_infectious_disease	1.1	A flag to identify whether the patient has a recent history of exposure to an infectious disease	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 Not Known
Any travel outside of the UK in the last 3 months?	Infection Control	Travel_outside_UK	1.1	A flag to identify whether the patient has traveled outside of the UK in the last 3 months	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 Not Known
GP Surgery name (Current)	Demographics	GP_Code_Curr	0.1	A code which uniquely identifies the GP Practice of the GP. Codes as listed for practices in the UK. Codes are supplied by the Organisation Data Service (ODS)	GP Practice Name	an 6	Welsh Reference Data Service Default Values: V81997 No Registered GP Practice V81998 Practice Not Applicable i.e. MOD or Prison GP V81999 Practice Code is Unknown
GP Surgery Address	Demographics	GP_Add_Curr	0.1	This is the address of the patient's registered General Practitioner (GP) Practice. This allows the practice to be notified about treatment received by the patient. The registered GP Practice may or may not be the same as the referring GP Practice.		TEXT an175 This is based on 5 lines of 35 characters. This relates to the physical layout of the address, not the logical layout and does not require intelligent intervention when splitting the text string into lines.	Welsh Reference Data Service
GP Surgery Telephone Number	Demographics	GP_Tel_Curr	0.1	This is the telephone number of the patients registered GP practice	For UK telephone numbers, the area code must not be displayed with brackets around it. For UK telephone numbers, if there are more than six digits in the local number, (in other words, not the country code, area code or extension number), then a space must be inserted before the final four digits. *Further guidance available on how to display in a system http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/uiig	an35	
GP Surgery name (Permanent)	Demographics	GP_Code_Perm	0.1	A code which uniquely identifies the GP Practice of the GP. Codes as listed for practices in the UK. Codes are supplied by the Organisation Data Service (ODS)	GP Practice Name	an 6	Welsh Reference Data Service Default Values: V81997 No Registered GP Practice V81998 Practice Not Applicable i.e. MOD or Prison GP V81999 Practice Code is Unknown
GP Surgery Address (Permanent)	Demographics	GP_Add_Perm	0.1	This is the address of the patient's registered General Practitioner (GP) Practice. This allows the practice to be notified about treatment received by the patient. The registered GP Practice may or may not be the same as the referring GP Practice.		TEXT an175 This is based on 5 lines of 35 characters. This relates to the physical layout of the address, not the logical layout and does not require intelligent intervention when splitting the text string into lines.	Welsh Reference Data Service / WCCIS

GP Surgery Telephone Number	Demographics	GP_Tel_Perm	0..1	This is the telephone number of the patients registered GP practice	For UK telephone numbers, the area code must not be displayed with brackets around it. For UK telephone numbers, if there are more than six digits in the local number, (in other words, not the country code, area code or extension number), then a space must be inserted before the final four digits. *Further guidance available on how to display in a system http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/uiig	an35	
Name	Demographics	Contact_One_Name	0..1	The name of the patients first point of contact of whom to contact for information regarding this attendance	The contact name is input in the form of a free-text entry box that accepts a maximum of 35 characters. Name Display (Banner) Family Name, Given Name (Title) SMITH,John(Mr)	an35	n/a
Relationship	Demographics	Contact_One_Relationship	0..1	The relationship of the receiver to the patient, where the receiver has a personal relationship to the patient	Look up		
Address	Demographics	Contact_one_address	0..1	This is the address of the patients first point of contact	Text Box	Free Text	
Daytime Tel. No.	Demographics	Contact_One_Day_Tel	0..1	The daytime telephone number for the patients first point of contact	For UK telephone numbers, the area code must not be displayed with brackets around it. For UK telephone numbers, if there are more than six digits in the local number, (in other words, not the country code, area code or extension number), then a space must be inserted before the final four digits. *Further guidance available on how to display in a system http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/uiig	an35	
Evening Tel. No.	Demographics	Contact_One_Eve_Tel	0..1	The evening telephone number for the patients first point of contact	For UK telephone numbers, the area code must not be displayed with brackets around it. For UK telephone numbers, if there are more than six digits in the local number, (in other words, not the country code, area code or extension number), then a space must be inserted before the final four digits. *Further guidance available on how to display in a system http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/uiig	an35	
Can they be contacted at any time (24hrs/day)?	Demographics	Contact_One_24hr_Contact	1..1	This is to indicate whether this point of contact is contactable at any time 24hrs a day	Radio Button (Yes No)	n1	1 Yes 2 No
Are they aware of this admission?	Demographics	Contact_One_Aware_Admission	1..1	This is to indicate whether this point of contact is aware of the patients admission	Radio Button (Yes No)	n1	1 Yes 2 No
Name	Demographics	Contact_Two_Name	0..1	The name of the patients second point of contact of whom to contact for information regarding this attendance	The contact name is input in the form of a free-text entry box that accepts a maximum of 35 characters. Name Display (Banner) Family Name, Given Name (Title) SMITH,John(Mr)	an35	n/a
Relationship	Demographics	Contact_Two_Relationship	0..1	The relationship of the receiver to the patient, where the receiver has a personal relationship to the patient, for example, carer or parent	Look Up		

Daytime Tel. No.	Demographics	Contact_Two_Day_Tel_Num	0..1	The daytime telephone number for the patients second point of contact	For UK telephone numbers, the area code must not be displayed with brackets around it. For UK telephone numbers, if there are more than six digits in the local number, (in other words, not the country code, area code or extension number), then a space must be inserted before the final four digits. *Further guidance available on how to display in a system http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/uiig	an35	
Evening Tel. No.	Demographics	Contact_Two_Eve_Tel_Num	0..1	The evening telephone number for the patients second point of contact	For UK telephone numbers, the area code must not be displayed with brackets around it. For UK telephone numbers, if there are more than six digits in the local number, (in other words, not the country code, area code or extension number), then a space must be inserted before the final four digits. *Further guidance available on how to display in a system http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/uiig	an35	
Can they be contacted at any time (24hrs/day)?	Demographics	Contact_Two_24hr_Contact	1..1	This is to indicate whether this point of contact is contactable at any time 24hrs a day	Radio Button (Yes No)	n1	1 Yes 2 No
Are they aware of this admission?	Demographics	Contact_Two_Admission_Aware	1..1	This is to indicate whether this point of contact is aware of the patients admission	Radio Button (Yes No)	n1	1 Yes 2 No
Main Carer Surname	Demographics	Main_carer_surname	1..1	This is the patients main carer surname	Text Box	Free Text	
Forename	Demographics	Main_carer_forename	1..1	This is the patients main carer forename	Text Box	Free Text	
Relationship	Demographics	Main_carer_relationship	0..1	The relationship of the receiver to the patient, where the receiver has a personal relationship to the patient	Look up		
Daytime Tel. No.	Demographics	Maincarer_Day_Tel_Num	0..1	The daytime telephone number for the patients main carer	For UK telephone numbers, the area code must not be displayed with brackets around it. For UK telephone numbers, if there are more than six digits in the local number, (in other words, not the country code, area code or extension number), then a space must be inserted before the final four digits. *Further guidance available on how to display in a system http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/uiig	an35	
Evening Tel. No.	Demographics	Maincarer_Eve_Tel_Num	0..1	The evening telephone number for the patients main carer	For UK telephone numbers, the area code must not be displayed with brackets around it. For UK telephone numbers, if there are more than six digits in the local number, (in other words, not the country code, area code or extension number), then a space must be inserted before the final four digits. *Further guidance available on how to display in a system http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/uiig	an35	
Can they be contacted at any time (24hrs/day)?	Demographics	Maincarer_24hr_Contact	1..1	This is to indicate whether the patients main carer is contactable at any time 24hrs a day	Radio Button (Yes No)	n1	1 Yes 2 No

	Are they aware of this admission?	Demographics	Miancarer_Admission_Aware	1.1	This is to indicate whether the patients main carer is aware of the patients admission	Radio Button (Yes No)	n1	1 Yes 2 No
	Additional Contact Name	Demographics	Additional Contact	1.1	This is to detail an additional contact for the patient	Text Box	Free Text	
	Relationship	Demographics	Additional_Contact_Relationship	0.1	The relationship of the receiver to the patient, where the receiver has a personal relationship to the patient	Look up		
	Daytime Tel. No.	Demographics	Add_Contact_Day_Tel_Num	0.1	The daytime telephone number for the patients additional contact	For UK telephone numbers, the area code must not be displayed with brackets around it. For UK telephone numbers, if there are more than six digits in the local number, (in other words, not the country code, area code or extension number), then a space must be inserted before the final four digits. *Further guidance available on how to display in a system http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/ui	an35	
	Evening Tel. No.	Demographics	Add_Contact_Eve_Tel_Num	0.1	The evening telephone number for the patients additional contact	For UK telephone numbers, the area code must not be displayed with brackets around it. For UK telephone numbers, if there are more than six digits in the local number, (in other words, not the country code, area code or extension number), then a space must be inserted before the final four digits. *Further guidance available on how to display in a system http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/ui	an35	
	Can they be contacted at any time (24hrs/day)?	Demographics	Add_Contact_24hr_Contact	1.1	This is to indicate whether the patients additional contact is contactable at any time 24hrs a day	Radio Button (Yes No)	n1	1 Yes 2 No
	Are they aware of this admission?	Demographics	Add_contact_Admission_Aware	1.1	This is to indicate whether the patients additional contact is aware of the patients admission	Radio Button (Yes No)	n1	1 Yes 2 No
	Contact details not provided	Demographics	No_contact_details	0.1	This is to detail why no contact details have been provided of whom to contact regarding this patients admission	Text Box	Free text	
Remove?	Do you receive care support? If Yes, tick below	Care Support	Support_Received	1.1	This is to indicate whether the patient currently receives care support?	Radio Button (Multiple Options)	n1	No Family Friends Carer Paid Carer Community Health Social Care Agency 3rd Sector Care Home Residential Home
	Details	Care Support	Support_Details	0.1	This is to detail what support the patient receives and who from	Text Box	Free text	
	Do you have carer responsibilities?	Care Support	Carer_Responsibilities	1.1	This is to indicate whether the patient has carer responsibilities	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, specify	Care Support	carer_responsibilities_details	0.1	This is to specify what carer responsibilities the patient has	Text Box	Free text	
	Does the patient wish to be referred for a carers assessment?	Care Support	Over_18_carers_assessment_referral	1.1	This is to identify whether the patient wishes to be referred for a carers assessment	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 Not Applicable
	Referral details	Care Support	Referral_details	0.1	This is to document details of any referral that has been made	Text Box	Free text	

	Does your admission / condition directly affect care of children / relatives/ pets / assistance animal / others?	Care Support	condition_affect_others	1.1	This is to indicate whether the patients admission / condition directly affects care of others	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, specify:	Care Support	specify_how_affects_others	0.1	This is to specify who is affected by the patients admission / condition and how they are affected	Text Box	Free text	
	Do you have any concerns regarding continuity of care for dependents?	Care Support	Continuity_of_care_concerns	1.1	This is to indicate whether the patient has any concerns regarding continuity of care for dependents	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, actions taken	Care Support	continuity_of_care_actions	0.1	This is to detail what action has been taken if there is a concern regarding continuity of care for dependents	Text Box	Free Text	
	Is there a concern that there may be "an adult or child at risk" of abuse or neglect?	Safeguarding	Adult_Child_Risk	1.1	This is to indicate whether there may be an adult / child at risk due to the patient being admitted into hospital	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, details	Safeguarding	Risk_actions	0.1	This is to detail what action has been taken should there be a concern that there may be an adult / child at risk	Text Box	Free text	
	Are there any signs of abuse? (consider physical, emotional, sexual, financial and neglect)	Safeguarding	Safeguarding_abuse	1.1	This is to indicate whether there are any signs of abuse	Radio Button (Multi Select)	n1	1 Yes 2 No
	If Yes, Details	Safeguarding	Safeguarding_abuse_details	0.1	This is to include details if there are signs of abuse	Text Box	Free Text	
	Does the patient have any concerns for their safety?	Safeguarding	Patient_safety	1.1	This is to indicate whether the patient has any concerns regarding their own safety	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, Details	Safeguarding	Safety_details	0.1	This is to detail any concerns the patient has for their safety	Text Box	Free Text	
	Are there any concerns about domestic abuse?	Safeguarding	Safeguarding_domestic_abuse	1.1	This is to indicate whether there are concerns about domestic abuse	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, details	Safeguarding	Domestic_abuse_details	0.1	This is to detail any concerns about domestic abuse	Text Box	Free Text	
	Do you need to report any concerns to another agency (Social Services or the Police)?	Safeguarding	Reporting_concerns	1.1	This is to indicate whether any concerns need to be reported to another agency (social services or the police)	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, details	Safeguarding	Reporting_concerns_details	0.1	This is to include details on the concerns that need reporting to another agency	Text Box	Free Text	
Remove	Are there any concerns about domestic abuse?	Safeguarding	Domestic_abuse	1.1	This is to indicate whether there are concerns about domestic abuse	Radio Button (Yes No)	n1	1 Yes 2 No
Remove	Are there any concerns about violence against women?	Safeguarding	Violence_against_women	1.1	This is to indicate whether there are concerns about violence against women	Radio Button (Yes No)	n1	1 Yes 2 No
Remove	Are there any concerns about sexual abuse?	Safeguarding	Sexual_abuse	1.1	This is to indicate whether there are any concerns about sexual abuse	Radio Button (Yes No)	n1	1 Yes 2 No
Remove	Do you have any concerns for your own safety?	Safeguarding	Safety_concerns	1.1	This is to indicate whether the patient has any concerns regarding their own safety	Radio Button (Yes No)	n1	1 Yes 2 No
	Presenting Complaint / Reason for Admission	Admission Reason	Presenting_Complaint	1.1	This is the presenting complaint with which the patient attended the hospital / The list and description of the health problems and issues experienced by the patient resulting in their attendance	Text Box	Free text	
	Presenting Complaint / Reason for Admission	Admission Reason	Reason_for_admission	1.1	This is the presenting complaint with which the patient attended the hospital / The list and description of the health problems and issues experienced by the patient resulting in their attendance	Text Box	Free text	
Merge	Relevant Medical / Surgical History	Medical History	Relevant_Medical_History_Condition	0.*	This is to indicate the patients medical condition	Text Box	Free text	
Merge	Relevant Medical / Surgical History	Medical History	Medical_History_Comment	0.*	This is to provide comments on the patients medical condition	Text Box	Free Text	

Merge	Relevant Medical / Surgical History	Medical History	Medical_History_From	1..1	This is to indicate the date the patients medical condition started	Date Picker (Calendar)		
Merge	Relevant Medical / Surgical History	Medical History	Medical_History_To	0..1	This is to indicate the date the patients medical condition ended	Date Picker (Calendar)		
Merge	Relevant Medical / Surgical History	Surgical History	Surgical_procedure	0..*	This is to record the patients surgical procedure	Text Box	Free text	
Merge	Relevant Medical / Surgical History	Surgical History	Surgical_procedure_comment	0..1	This is to provide comments on the patients surgical_procedure	Text Box	Free Text	
Merge	Relevant Medical / Surgical History	Surgical History	Date_of_procedure	0..1	This is to record the date of the patients medical procedure	Date Picker (Calendar)		
	Any Mental Health history?	Mental Health	Mental_Health_History	1..1	This is to indicate whether the patient has any mental health history	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 Not Known
	History	Mental Health	Mental_Health_History_Details	0..1	A record of the patient's significant mental health history.	Text Box	Free text	
	Are you receiving or have you received support from a mental health specialist team?	Mental Health	Mental_Health_Support	1..1	This is to indicate whether the patient is or has receiving support from a mental health specialist team	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 Not Known
	If yes, details:	Mental Health	MentalHealth_Support_Details	0..1	This is to detail what support the patient has received or is currently receiving from a mental health specialist team	Text Box	Free text	
	Who is the patient's MHA Responsible Clinician?	Mental Health	MHA_Responsible_Clinician	0..1	This is to indicate who the patients MHA Responsible Clinician is	Text Box	Free text	
	Contact Details	Mental Health	MH_Contact_Details	0..1	This is to provide the contact details for the patient's MHA Responsible Clinician	Text Box	Free text	
	Is the patient detained under the Mental Health Act (MHA)?	Mental Health	Patient_detained	1..1	This is to indicate whether the patient is detained under the Mental Health Act (MHA)	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, which section of the MHA?	Mental Health	MHA_Section	0..1	This is to indicate which section of the Mental Health Act the patient is detained under	Text Box	Free text	
	Is the patient on Section.17 MHA leave to this ward?	Mental Health	s17_MHA_leave	1..1	This is to indicate whether the patient is on s.17 MHA leave to this ward?	Radio Button (Yes No)	n1	1 Yes 2 No
	Do you currently take any medications?	Medication	Medications	1..1	This is to indicate whether the patient is currently taking any medications	Radio Button (Yes No)	n1	1 Yes 2 No
	Do you self-administer medication?	Medication	Self_Administer_Meds	1..1	This is to indicate whether the patient self administers their medication	Radio Button (Yes No)	n1	1 Yes 2 No
	If no, who administers your medication?	Medication	Who_administers_meds	0..1	This is to detail who administers the patients medication if they don't self administer	Text Box	Free text	

Do you use a pill / medication organiser / dosette box / multi-compartment compliance aid (MCA)?	Medication	Meds_box	1.1	This is to indicate whether the patient uses a multi compliance aid (MCA)	Radio Button (Yes No)	n1	1 Yes 2 No
Do you have your medication with you?	Medication	Meds_with_patient	1.1	This is to indicate whether the patient has their medication with them	Radio Button (Yes No)	n1	1 Yes 2 No
If yes, can we use them for this admission	Medication	Meds_use_on_admission	1.1	This is to confirm whether the hospital staff can use the patients own medication for this hospital admission	Radio Button (Yes No)	n1	1 Yes 2 No
Details: (incl disclaimer (where relevant))	Medication	Meds_details	0.1	This is to provide further details on the patients medication	Text Box	Free text	
Do you have any reason to doubt the patient's mental capacity to make decisions about their care and treatment?	Mental Capacity	Mental_capacity	1.1	This is to indicate whether the assessor has reason to doubt the patients capacity to make decisions about their care and treatment	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, details of reasons / cognitive impairment	Mental Capacity	Capacity_reasons	0.1	This is to provide further details on the reasons for doubting the patient's mental capacity	Text Box	Free Text	
Is this due to a pre-existing diagnosis? (e.g. learning disability, dementia, stroke, other cognitive impairment) OR	Mental Capacity	Pre_existing_diagnosis	1.1	This is to indicate whether the doubts on the patients capacity is due to a pre-existing condition	Radio Button (Yes No)	n1	1 Yes 2 No
Is it a new presentation? (e.g. delirium, confusion, new head injury, new stroke)	Mental Capacity	New_presentation	1.1	This is to indicate that doubts on the patients mental capacity is due to a new presentation	Radio Button (Yes No)	n1	1 Yes 2 No
Do you think the patient lacks capacity to consent to their hospital stay i.e. could they be deprived of their liberty?	Mental Capacity	Hospital_stay_consent	1.2	This is to indicate whether the assessor thinks the patient lacks capacity to consent to their hospital stay	Radio Button (Yes No)	n1	1 Yes 2 No
Is there / has anyone made you aware that the patient has an Advance or Future Care Plan?	Mental Capacity	Advance_future_careplan	1.1	This is to indicate whether anyone has made the assessor aware that the patient has an Advance or Future Care Plan	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, is there a copy in the notes?	Mental Capacity	ACP_in_notes	1.1	This is to confirm whether there is a copy of the Advance Care Plan in the patients medical notes	Radio Button (Yes No)	n1	1 Yes 2 No
Is there / has anyone made you aware that the patient has an Advance Decision to Refuse Treatment (ADRT)?	Mental Capacity	Advance_decision_to_refuse_treatment	1.1	This is to indicate whether anyone has made the assessor aware that the patient has an Advance Decision to Refuse Treatment	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, is there a copy of a written ADRT in the notes or has a verbal ADRT been recorded in the notes?	Mental Capacity	ADRT_in_notes	1.1	This is to confirm whether there is a written copy of the ADRT in the patients medical notes or a verbal ADRT has been recorded in the notes	Radio Button (Yes No)	n1	1 Yes 2 No

Does the ADRT refuse life-sustaining treatment? (must be in writing, signed, witnessed and state that the refusal applies even if life is at risk)	Mental Capacity	Lifesustaining_treatment_refusal	1.1	This is to indicate whether the ADRT refuses life-sustaining treatment	Radio Button (Yes No)	n1	1 Yes 2 No
Is there / has anyone made you aware that the patient has a Health and Welfare Lasting Power of Attorney (LPA) or Court Appointed Deputy? (Note: LPA must be registered with the Office of the Public Guardian)	Mental Capacity	Health_and_welfare_LPA_CAD	1.1	This is to indicate that the assessor is aware that patient has a Health and Welfare Lasting Power of Attorney (LPA) or Court Appointed Deputy	Radio Button (Multiple Options)	n1	1 Yes 2 No
If yes, is there a copy in the notes?	Mental Capacity	Health_Welfare_LPA_in_notes	1.1	This is to indicate whether there is a copy of the Health and Welfare LPA or CAD in the patients notes	Radio Button (Multiple Options)	n1	1 Yes 2 No
Is there / Has anyone made you aware that the patient has a Property and Finance Lasting Power of Attorney (LPA) or Court Appointed Deputy? (Note: LPA must be registered with the Office of the Public Guardian)	Mental Capacity	Property_and_finance_LPA_CAD	1.1	This is to indicate that the assessor is aware that the patient has a Property and Finance Lasting Power of Attorney (LPA) or Court Appointed Deputy	Radio Button (Multiple Options)	n1	1 Yes 2 No
If yes, is there a copy in the notes?	Mental Capacity	Property_and_finance_LPA_in_notes	1.1	This is to indicate whether there is a copy of the Property and Finance LPA or CAD in the patients notes	Radio Button (Multiple Options)	n1	1 Yes 2 No
Does the patient have a learning disability?	Mental Capacity	Learning_Disability	1.1	This is to identify whether the patient has a learning disability as stated by the patient	Radio Button (Yes No)	n1	1 Yes 2 No
Does the patient have a learning disability passport with them?	Mental Capacity	Learning_Passport	1.1	If the patient states that they have learning disabilities confirm whether the patient has a learning disability passport with them	Radio Button (Yes No)	n1	1 Yes 2 No
If yes, is there a copy in the notes?	Mental Capacity	Learning_passport_in_notes	1.1	This is to indicate whether there is a copy of the patients learning disability passport in the patients notes	Radio Button (Yes No)	n1	1 Yes 2 No
Does the patient have any specialist involvement with regards to Mental Capacity or Learning Disability?	Mental Capacity	Mental_capacity_specialist_involvement	1.1	This is to indicate whether the patient has any specialist involvement regarding their capacity	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 Not Known
If yes, details	Mental Capacity	Mental_capacity_details	0.1	This is to detail the specialist involvement the patient has regarding their capacity	Text Box	Free Text	
Admission Height	Measurements	Admission_height	1.1	This is the patients height on admission in metres / feet inches	Text box	Free text	
Is the value for Height: Measured, Reported, Estimated, Unable to measure	Measurements	Height_value	1.1	This is to indicate whether the patients height on admission is measured, reported, estimated or unable to measure	Radio Button (Multiple Options)	n1	1 - Measure 2 - Reported 3 - Estimated 4 - Unable to measure
Admission Weight	Measurements	Admission_weight	1.1	This is the patients weight on admission in kilograms / stone pounds	Text box	Free text	
Is the value for Weight: Measured, Reported, Estimated, Unable to measure	Measurements	Weight_value	1.1	This is to indicate whether the patients weight on admission is measured, reported, estimated or unable to measure	Radio Button (Multiple Options)	n1	1 - Measure 2 - Reported 3 - Estimated 4 - Unable to measure
If unable to measure, details	Measurements	Unable_to_measure_details	1.1	This is to indicate the reason for being unable to measure the patient	Text Box	Free text	
BMI	Measurements	BMI	1.1	This is to indicate the patients body mass index			

Remove	Do you have any sensory loss?	Communication	Sensory_loss	1.1	This is to indicate whether the patient has any sensory loss	Radio Button (Yes No)	n1	1 Yes 2 No
Remove	If yes, details	Communication	Sensory_loss_details	0.1	This is to detail what sensory loss the patient has	Text Box	Free Text	
	Do you have a hearing problem?	Communication	Hearing_problem	1.1	This is to indicate whether the patient has a hearing problem	Radio Button (Yes No)	n1	1 Yes 2 No
	Are you registered as deaf?	Communication	Deaf	1.1	This is to indicate whether the patient is registered deaf	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, details	Communication	Hearing_details	0.1	This is to add further details on the patients hearing problems / deafness	Text Box	Free Text	
	Do you wear hearing aids?	Communication	Hearing_aids	1.1	This is to indicate whether the patient wears hearing aids	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, are they with patient?	Communication	Hearing_aids_with_patient	1.1	This is to indicate whether the patient has their hearing aids with them	Radio Button (Yes No)	n1	1 Yes 2 No
	Do you wear other?	Communication	Other_comm_aids	1.1	This is to indicate whether the patient wears any other form of communication aids	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, are they with patient	Communication	Other_comm_aids_patient	1.1	This is to indicate whether the patient has their other form of communication aid with them	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, provide details of Other	Communication	Other_comm_aids_details	1.1	This is to indicate what the other form of communication aids is	Text Box	Free Text	
	Do you have a sight problem?	Communication	Sight_problem	1.1	This is to indicate whether the patient has a sight problem	Radio Button (Yes No)	n1	1 Yes 2 No
	Are you registered as blind?	Communication	Blind	1.1	This is to indicate that the patient is registered blind	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, details	Communication	Sight_details	0.1	This is to detail what the patients sight deficit is	Text Box	Free Text	
	Do you wear spectacles?	Communication	Spectacles	1.1	This is to indicate whether the patient wears spectacles	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, are they with patient?	Communication	Spectacles_with_patient	1.1	This is to indicate whether the patient has their spectacles with them	Radio Button (Yes No)	n1	1 Yes 2 No
	Do you wear contact lenses?	Communication	Contact_lenses	1.1	This is to indicate whether the patient wears contact lenses	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, are they with patient?	Communication	Patient_contact_lenses	1.1	This is to indicate whether the patient has their contact lenses with them	Radio Button (Yes No)	n1	1 Yes 2 No
	Do you wear other?	Communication	Other_comm_aids	1.1	This is to indicate whether the patient wears any other form of communication aids	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, are they with patient	Communication	Other_comm_aids_patient	1.1	This is to indicate whether the patient has their other form of communication aid with them	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, provide details of Other	Communication	Other_comm_aids_details	1.1	This is to indicate what the other form of communication aids is	Text Box	Free Text	
	Do you have difficulties reading?	Communication	Reading_difficulties	1.1	This is to indicate whether the patient has difficulty reading	Radio Button (Yes No)	n1	1 Yes 2 No
	Do you have difficulties writing?	Communication	Writing_difficulties	1.1	This is to indicate whether the patient has difficulty writing	Radio Button (Yes No)		1 Yes 2 No
	If yes, details:	Communication	Reading_writing_details	0.1	This is to detail what the patients difficulties are with reading and writing	Text Box	Free Text	
	Do you need any equipment to help you to hear or understand written information?	Communication	Comm_equipment	1.1	This is to indicate whether the patient needs any equipment to help them hear or understand written information	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, details	Communication	Equipment_details	0.1	This is to detail what equipment the patient needs to help them to hear or understand written information	Text Box	Free Text	

Do you feel that you can communicate clearly and make your needs understood?	Communication	Communication	1.1	This is to identify whether the patient feels that they can communicate clearly and make their needs understood	Radio Button (Yes No)	n1	1 Yes 2 No
If No, details	Communication	Comm_details	0.1	This is to details the reasons why the patient feels they are unable to communicate clearly nor are they able to make their needs understood	Text Box	Free Text	
Is this normal for you?	Communication	Comm_normal	1.1	This is to indicate whether the patients communication on admission is normal	Radio Button (Yes No)	n1	1 Yes 2 No
If no, details:	Communication	Comm_normal_details	0.1	This is to detail the patients normal communication and whether or not they differ from that on admission	Text Box	Free Text	
Do you have any specialist involvement?	Communication	Comm_specialist_involvement	1.1	This is to indicate whether the patient has any specialist involvement	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 Not Known
If yes, details	Communication	Comms_details	0.1	This is to detail the specialist involvement the patient has regarding communication	Text Box	Free Text	
Do you have any difficulties breathing?	Breathing	breathing_difficulties	1.1	This is to indicate whether the patient has any difficulties breathing	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, details	Breathing	Patient_breathing_difficulties_details	0.1	This is to include what difficulties the patient has breathing	Text Box	Free Text	
Is this normal for you?	Breathing	breathing_normal	0.1	This is to indicate whether it is normal for the patient to have breathing difficulties	Radio Button (Yes No)	n1	1 Yes 2 No
If no, Details	Breathing	breathing_normal_details	0.1	This is to include further details on whether or not this is normal for the patient	Text Box	Free Text	
Are you on home oxygen?	Breathing	Home_oxygen	1.1	This is to indicate whether the patient is on home oxygen	Radio Button (Yes No)	n1	1 Yes 2 No
If yes, Details:	Breathing	Home_oxygen_details	0.1	This is to record details of the patients home oxygen	Text Box	Free Text	
Do you use any specialist equipment relating to your condition?	Breathing	Breathing_specialist_equipment	1.1	This is to indicate whether the patient uses any specialist equipment relating to their condition	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, details	Breathing	Breathing_equipment_details	0.1	This is to detail any specialist equipment the patient uses relating to their condition	Text Box	Free Text	
Do you have any specialist involvement?	Breathing	Breathing_specialist_involvement	1.1	This is to indicate whether the patient has any specialist involvement regarding their breathing	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 No Known
Details:	Breathing	Breathing_spec_inolv_details	0.1	This is to detail any specialist involvement the patient has regarding their breathing	Text Box	Free Text	
Do you currently do any of the following? Smoke	Breathing	Smoker	1.1	This is to indicate whether patient currently smokes	Radio Button (Yes No)	n1	1 Yes 2 No 3 X-smoker
Vape	Breathing	Vaper	1.1	This is to indicate whether the patient currently vapes	Radio Button (Yes No)	n1	1 Yes 2 No
Use Nicotine replacement	Breathing	Nicotine_replacement_use	1.1	This is to indicate whether the patient currently uses nicotine replacement	Radio Button (Yes No)	n1	1 Yes 2 No
If yes, do you require a nicotine replacement whilst in hospital?	Breathing	Nicotine_replacement_required	1.1	This is to indicate whether the patient requires a nicotine replacement whilst in hospital	Radio Button (Yes No)	n1	1 Yes 2 No
If yes, do you agree to a referral to Help Me Quit services?	Breathing	Helpmequit_referral	1.1	This is to indicate whether the patient agrees to a referral to the Help Me Quit services	Radio Button (Yes No)	n1	1 Yes 2 No

	Has the patient been informed that it is illegal to smoke or vape within a hospital and its grounds?	Breathing	Hospital_grounds_smoking	1.1	This is to indicate whether the patient has been informed that it is illegal to smoke within a hospital and its grounds	Radio Button (Yes No)	n1	1 Yes 2 No
Remove	Admission Height	Nutrition and Hydration	Admission_height	1.1	This is the patients height on admission in metres / feet inches	Text box	Free text	
Remove	Admission Weight	Nutrition and Hydration	Admission_weight	1.1	This is the patients weight on admission in kilograms / stone pounds	Text box	Free text	
Remove	Is the value for Weight: Measured, Reported, Estimated, Unable to measure	Nutrition and Hydration	Weight_value	1.1	This is to indicate whether the patients weight on admission is measured, reported, estimated or unable to measure	Radio Button (Multiple Options)	n1	1 - Measure 2 - Reported 3 - Estimated 4 - Unable to measure
	Do you have any problems eating?	Nutrition and Hydration	Eating_problems	1.1	This is to indicate whether the patient has any problems eating?	Radio Button (Yes No)	n1	1 Yes 1 No
	If Yes, details (consider equipment, enteral or parenteral nutrition support)	Nutrition and Hydration	Eating_details	0.1	This is to detail what problems the patient has eating	Text Box	Free Text	
	Is this normal for you?	Nutrition and Hydration	Eating_norm	1.1	This is to indicate whether the patients problems eating is normal for them	Radio Button (Yes No)	n1	1 Yes 2 No
Remove	If no, Details	Nutrition and Hydration	Eating_norm_details	0.1	This is to include further details about whether this is normal for the patient	Text Box	Free Text	
	Do you have any problems drinking?	Nutrition and Hydration	Drinking_problems	1.1	This is to indicate whether the patient has any problems drinking	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, details	Nutrition and Hydration	Drinking_problems_details	0.1	This is to detail what problems the patient has drinking	Text Box	Free Text	
	Is this normal for you?	Nutrition and Hydration	Drink_norm	1.1	This is to indicate whether the patients problems drinking is normal for them	Radio Button (Yes No)	n1	1 Yes 2 No
Remove	If no, Details	Nutrition and Hydration	Drink_norm_details	0.1	This is to include further details about whether this is normal for the patient	Text Box	Free Text	
	Do you have any problems swallowing?	Nutrition and Hydration	Swallowing_problems	1.1	This is to indicate whether the patient has any problems swallowing	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, details	Nutrition and Hydration	Swallowing_probs_details	0.1	This is to detail what problems the patient has swallowing	Text Box	Free Text	
	Is this normal for you?	Nutrition and Hydration	Swallowing_norm	1.1	This is to indicate whether the patients problems swallowing is normal for	Radio Button (Yes No)	n1	1 Yes 2 No
Remove	If no, Details	Nutrition and Hydration	Swallowing_details	0.1	This is to include further details regarding the patients swallowing problems	Text Box	Free Text	
	Do you need help to eat or drink?	Nutrition and Hydration	Eat_drink_help	1.1	This is to indicate what the patient needs help to eat or drink	Radio Button (Multiple Options)	n1	1 Yes 2 No
	If yes, details	Nutrition and Hydration	Eat_drink_details	0.1	This is to detail what help the patient needs to eat and drink	Text Box	Free Text	
	Do you require a specific diet or nutritional supplements?	Nutrition and Hydration	Diet	1.1	This is to indicate whether the patient requires a special diet or nutritional supplements	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, Details	Nutrition and Hydration	Diet_details	0.1	This is to details what special diet or nutritional supplements the patient requires	Text Box	Free Text	
	Do you have any food allergies or intolerances?	Nutrition and Hydration	Food_allergies	1.1	This is to indicate whether the patient has any food allergies or intolerances	Radio Button (Yes No)	n1	1 Yes 2 No

If yes, Details	Nutrition and Hydration	Food_details	0.1	This is to detail what food allergies or food intolerances the patient has	Text Box	Free Text	
Do you have any specialist involvement?	Nutrition and Hydration	Nutrition_involvement	1.1	This is to indicate whether the patient had any specialist involvement with regards to nutrition and hydration	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 No Known
If yes, Details	Nutrition and Hydration	Nutrition_involvement_details	0.1	This is to detail what specialist involvement the patient has with regards to nutrition and hydration	Text Box	Free Text	
Do you have any difficulties mobilising?	Mobility	Mobilising_difficulties	1.1	This is to indicate whether the patient has difficulties mobilising	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, details	Mobility	Mobilising_difficulties_details	0.1	This is to detail the difficulties the patient has mobilising	Text Box	Free Text	
Is this normal for you?	Mobility	norm_mobility	1.1	This is to indicate whether the patients difficulties mobilising is normal for them	Radio Button (Yes No)	n1	1 Yes 2 No
If no, details	Mobility	norm_mobility_details	0.1	This is to provide further details on the patients difficulties mobilising	Text Box	Free Text	
Do you have any difficulties with your balance?	Mobility	Balance_difficulties	1.1	This is to indicate whether the patient has any difficulties with their balance	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, details	Mobility	balance_details	0.1	This is to detail the difficulties the patient has with their balance	Text Box	Free Text	
Is this normal for you?	Mobility	norm_balance	1.1	This is to indicate whether the patients difficulties with their balance is normal for them	Radio Button (Yes No)	n1	1 Yes 2 No
If no, details	Mobility	norm_balance_details	0.1	This is to provide further details on the patients difficulties balancing	Text Box	Free Text	
Do you normally use a mobility aid?	Mobility	Mobility_aid_use	1.1	This is to indicate whether the patient normally uses a mobility aid	Radio Button (Yes No)	n1	1 Yes 2 No
If yes, details	Mobility	Mobility_aid_details	0.1	This is to detail what mobility aid the patient normally uses	Text Box	Free Text	
Do you have them with you?	Mobility	Mobility_aids_in_posession	1.1	This is to indicate whether the patient has their mobility aid with them	Radio Button (Yes No)	n1	1 Yes 2 No
Do you have any specialist involvement?	Mobility	Mobility_specialist_involvement	1.1	This is to indicate whether the patient has any specialist involvement regarding their mobility	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 No Known
If Yes, details	Mobility	Mobility_specialist_involvement_details	0.1	This is to detail the specialist involvement the patient has regarding their mobility	Text Box	Free Text	
Have you fallen in the last 12 months?	Mobility	Falls_in_12months	1.1	This is to indicate whether the patient has fallen within the last 12 months	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, details (to include number of times)	Mobility	Falls_details_number	0.1	This is to detail the patients falls that have occurred within the last 12 months to include the number of times they have fallen	Text Box	Free Text	
Do you have anxiety or fear of falling?	Mobility	Falls_fear_anxiety	1.1	This is to indicate whether the patient has anxiety or fear of falling	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, details	Mobility	Falls_fear_anxiety_details	0.1	This is to include details regarding the patients anxiety or fear of falling	Text Box	Free Text	

	Have you brought appropriate footwear with you?	Mobility	Footwear	1.1	This is to indicate whether the patient has brought appropriate footwear with them	Radio Button (Yes No)	n1	1 Yes 2 No
	If no, details	Mobility	Footwear_details	0.1	This is to detail what appropriate footwear the patient has with them	Text Box	Free Text	
	Do you have have any foot or lower limb problems?	Mobility	Foot_problems	1.1	This is to indicate whether the patient has any foot or lower limb problems	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, details	Mobility	Foot_problem_details	0.1	This is to include details of any foot or lower limb problems the patient has	Text Box	Free Text	
amend	What is your normal bowel pattern?	Bladder and Bowel	Bowel_pattern	1.1	This is to detail the patients normal bowel pattern	Text box	Free Text	
	Do you currently have any problems or concerns with your bowels?	Bladder and Bowel	Bowel_concerns	1.1	This is to indicate whether the patient currently has any problems or concerns with their bowels	Radio Button (Yes No)	n1	1 Yes 2 No
amend	If Yes, details:	Bladder and Bowel	Bowel_problem_details	0.1	This is to detail what bowel problems the patient experiences	Text Box	Free Text	
Remove	Is this normal for you?	Bladder and Bowel	Bowel_norm	1.1	This is to indicate whether the patients bowel problems are normal for them	Radio Button (Yes No)	n1	1 Yes 2 No
	If no, details	Bladder and Bowel	Bowel_norm_details	0.1	This is to provide further details on whether or not this is normal for the patient	Text Box	Free Text	
	Do you have, or experience any bladder problems?	Bladder and Bowel	Bladder_problems	1.1	This is to indicate whether the patient experiences any bladder problems	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, details:	Bladder and Bowel	Bladder_problem_details	0.1	This is to detail what bladder problems the patient experiences	Text Box	Free Text	
	Is this normal for you?	Bladder and Bowel	Bladder_norm	1.1	This is to indicate whether the patients bladder problems are normal for them	Radio Button (Yes No)	n1	1 Yes 2 No
	If No, details	Bladder and Bowel	Bladder_details	0.1	This is to provide further details on the patients bladder problems	Text Box	Free Text	
	Do you have any of the following: Colostomy	Bladder and Bowel	Colostomy	1.1	This is to indicate whether the patient has a Colostomy	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, details	Bladder and Bowel	Colostomy_details	0.1	This is to include further details if the patient has a colostomy	Text Box	Free Text	
	Ileostomy	Bladder and Bowel	Ileostomy	1.1	This is to indicate whether the patient has an ileostomy	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, details	Bladder and Bowel	Ileostomy_details	0.1	This is to include further details if the patient has a ileostomy	Text Box	Free Text	
	Urostomy	Bladder and Bowel	Urostomy	1.1	This is to indicate whether the patient has a Urostomy	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, details	Bladder and Bowel	Urostomy_details	0.1	This is to include further details if the patient has a urostomy	Text Box	Free Text	

Catheter	Bladder and Bowel	Catheter	1.1	This is to indicate whether the patient has a Catheter	Radio Button (Yes No)	n1	1 Yes 2 No
If yes, details:	Bladder and Bowel	Catheter_details	0.1	This is to include further details on whether the patient has a catheter	Text Box	Free Text	
Do you have any specialist involvement?	Bladder and Bowel	Bladder_bowel_specialist_involvement	1.1	This is to indicate whether the patient has any specialist involvement with regards to bladder and bowel	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 No Known
If Yes, details	Bladder and Bowel	Bladder_bowel_nvovement_details	0.1	This is to detail what specialist involvement the patient has with regards to bladder and bowel	Text Box	Free Text	
Can you normally attend to your own personal hygiene needs?	Personal Care	Personal_hygiene_needs	1.1	This is to indicate whether the patient normally attends to their own personal hygiene needs	Radio Button (Multiple Options)	n1	1 Yes 2 No
If no - in what areas do you require assistance: Washing	Personal Care	Washing	1.1	This is to indicate that the patient requires assistance with washing	Radio Button (Yes No)	n1	1 Yes 2 No
Showering	Personal Care	Showering	1.1	This is to indicate that the patient requires assistance with showering	Radio Button (Yes No)	n1	1 Yes 2 No
Bathing	Personal Care	Bathing	1.1	This is to indicate that the patient requires assistance with bathing	Radio Button (Yes No)	n1	1 Yes 2 No
Dressing	Personal Care	Dressing	1.1	This is to indicate that the patient requires assistance with dressing	Radio Button (Yes No)	n1	1 Yes 2 No
Mouth Care	Personal Care	Mouth Care	1.1	This is to indicate that the patient requires assistance with washing	Radio Button (Yes No)	n1	1 Yes 2 No
Foot and Nail Care	Personal Care	Foot and Nail Care	1.1	This is to indicate that the patient requires assistance with mouth care	Radio Button (Yes No)	n1	1 Yes 2 No
Other	Personal Care	Other	1.1	This is to indicate that the patient requires assistance with other	Radio Button (Yes No)	n1	1 Yes 2 No
Personal Care Details	Personal Care	Personal_care_details	0.1	This is to include further detail about the patient requiring assistance with personal hygiene	Text Box	Free text	
Do you use equipment to support personal care?	Personal Care	Personal_care_equipment	1.1	This is to indicate whether the patient requires equipment to support their personal care	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, details:	Personal Care	Personal_care_equipment_details	0.1	This is to detail what equipment the patient requires to support their personal care	Text Box	Free text	
Do you have any specialist involvement?	Personal Care	Personal_care_specialist_involvement	1.1	This is to indicate whether the patient has any specialist involvement with regards to their personal care	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 No Known
If yes, details	Personal Care	Personal_care_specialist_involvement_detail	0.1	This is to detail what specialist involvement the patient has with regards to their personal care	Text Box	Free text	
Are you able to eat and drink unaided?	Mouth Care	Eat_drink_unaided	1.1	This is to indicate whether the patient is able to eat and drink unaided	Radio Button (Yes No)	n1	1 Yes 2 No

Would you describe your mouth as comfortable (e.g. no pain, not dry, no soreness)	Mouth Care	Comfortable_mouth	1..1	This is to indicate whether the patient describes their mouth as feeling comfortable	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 No Known
Are you able to clean your teeth and mouth without assistance?	Mouth Care	Mouth_care_assistance	1..1	This is to indicate whether the patient is able to clean their teeth and mouth without assistance	Radio Button (Yes No)	n1	1 Yes 2 No
Do you wear dentures?	Mouth Care	Dentures	1..1	This is to indicate whether the patient wears dentures	Radio Button (Yes No)	n1	1 Yes 2 No
Do you have your dentures with you?	Mouth Care	Dentures_with_patient	1..1	This is to indicate whether the patient has their dentures with them	Radio Button (Yes No)	n1	1 Yes 2 No
Do you have any specialist involvement?	Mouth Care	Mouth_care_specialist_involvement	1..1	This is to indicate whether the patient has any specialist involvement with regards to their mouth care	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 No Known
If Yes, details:	Mouth Care	Mouth_care_involvement_details	0..1	This is to detail what specialist involvement the patient has with regards to their mouth care	Text Box	Free Text	
Are you in pain?	Pain and comfort	Pain	1..1	This is to indicate whether the patient is in pain	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, details:	Pain and comfort	Pain_details	0..1	This is to detail what pain the patient is in	Text Box	Free Text	
Is this normal for you?	Pain and comfort	Pain_normal	1..1	This is to indicate whether this pain is normal for the patient	Radio Button (Yes No)	n1	1 Yes 2 No
If no, Details:	Pain and comfort	Pain_details	0..1	This is to include further details on whether the pain is or isn't normal for the patient	Text Box	Free Text	
Are there things that you usually do to alleviate your pain?	Pain and comfort	Alleviate_pain	1..1	This is to indicate whether the patient usually does anything to alleviate their pain	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, details:	Pain and comfort	alleviate_pain_details	0..1	This is to detail what the patient usually does to alleviate their pain	Text Box	Free Text	
Does the pain affect any of the following: Mobility	Pain and comfort	Mobility	1..1	This is to indicate whether the pain affects the patients mobility	Radio Button (Yes No)	n1	1 Yes 2 No
Sleep	Pain and comfort	Sleep		This is to indicate whether the pain affects the patients sleep	Radio Button (Yes No)	n1	1 Yes 2 No
Breathing	Pain and comfort	Breathing		This is to indicate whether the pain affects the patients breathing	Radio Button (Yes No)	n1	1 Yes 2 No
Eating and Drinking	Pain and comfort	Eating and Drinking		This is to indicate whether the pain affects the patients eating and drinking	Radio Button (Yes No)	n1	1 Yes 2 No
Toileting	Pain and comfort	Toileting		This is to indicate whether the pain affects the patients toileting	Radio Button (Yes No)	n1	1 Yes 2 No
Other	Pain and comfort	Other		This is to indicate whether there is anything else that the patients pain affects	Radio Button (Yes No)	n1	1 Yes 2 No
Details:	Pain and comfort	pain_affect_details	0..1	This is to include further details of what the patients pain affects if other or any of the above	Text Box	Free Text	
Do you have any specialist involvement?	Pain and comfort	Pain_specialist_involvement	1..1	This is to indicate whether the patient has any specialist involvement with regards to their pain	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 No Known
If Yes, details	Pain and comfort	Pain_specialist_involvement_details	0..1	This is to detail what specialist involvement the patient has with regards to their pain	Text Box	Free Text	
Do you have existing wounds/ulcers or other skin problems?	Skin	Wound_Ulcers_Skin_Problems	1..1	This is to indicate whether the patient has any existing wounds/ulcers or other skin conditions	Radio Button (Yes No)	n1	1 Yes 2 No
If yes, details	Skin	Skin_problems_details	0..1	This is to detail the patients existing wounds/ulcers or other skin problems	Text Button	Free Text	

	Do you have any specialist involvement?	Skin	Skin_specialist_involvement	1.1	This is to indicate whether the patient has any specialist involvement with regards to their skin	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 No Known
	If Yes, details	Skin	Skin_details	0.1	This is to detail what specialist involvement the patient has with regards to their skin	Text Box	Free Text	
	Can you describe your normal sleep pattern including anything you do to help you sleep?	Sleep	Sleep_pattern	1.1	This is to describe the patients normal sleep pattern	Text Box	Free Text	
	Do you currently have difficulty sleeping?	Sleep	Sleep_difficulty	1.1	This is to indicate whether the patient has difficulty sleeping	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, Details	Sleep	Sleep_difficulty_details	0.1	This is to detail what difficulties the patient has sleeping	Text Box	Free Text	
Remove	Is this normal for you?	Sleep	Sleep_normal	1.1	This is to indicate whether the patients	Radio Button (Yes No)	n1	1 Yes
Remove	If no, Details	Sleep	Sleep_normal_details	0.1	This is to include further details about whether or not the pain is normal for the patient	Text Box	Free Text	
	Do you have any specialist involvement?	Sleep	Sleep_specialist_involvement	1.1	This is to indicate whether the patient has any specialist involvement with regards to their sleep	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 No Known
	If Yes, details:	Sleep	Sleep_involv_details	0.1	This is to indicate what specialist involvement the patient has with regards to their sleep	Text Box	Free Text	
	Do you have any specific cultural or spiritual beliefs that we need to consider?	Spiritual Beliefs	Beliefs	1.1	This is to indicate whether the patient has any specific cultural or spiritual beliefs that need to be considered	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, Details:	Spiritual Beliefs	Beliefs_details	0.1	This is to detail what specific cultural or spiritual beliefs the patient has that need to be considered	Text Box	Free Text	
	Would you like a visit from the chaplain or another faith leader?	Spiritual Beliefs	Chaplain_visit	1.1	This is to indicate whether the patient would like a visit from the chaplain or another faith leader	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, details:	Spiritual Beliefs	Chaplain_visit_details	0.1	This is to include further details if the patient would like a visit from the chaplain or another faith leader	Text Box	Free Text	
	Do you use recreational drugs?	Health and Wellbeing	drug_use	1.1	This is to indicate whether the patient uses recreational drugs	Radio Button (Yes No)	n1	1 Yes 2 No
	If yes, details	Health and Wellbeing	Drug_use_details	0.1	This is to include further details if the patient uses recreational drugs	Text Box	Free text	
	Do you want information or advice on how to stop or take them safely?	Health and Wellbeing	Drug_advice	1.1	This is to indicate whether the patient would like information or advice on how to stop or take them safely	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, details	Health and Wellbeing	Drug_advice_details	0.1	This is to include further details if the patient would like information or advice on how to stop or take them safely	Text Box	Free text	
	Do you have any specialist involvement?	Health and Wellbeing	Drug_specialist_involvement	1.1	This is to indicate whether the patient has any specialist involvement with regards to the use of recreational drugs	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 No Known
	If yes, details	Health and Wellbeing	Drug_specialist_involvement_details	0.1	This is detail what specialist involvement the patient has with regards to recreational drugs	Text Box	Free text	
	Do you drink alcohol?	Health and Wellbeing	Alcohol	1.1	This is to indicate whether the patient drinks alcohol	Radio Button (Yes No)	n1	1 Yes 2 No
	If Yes, how many units per week?	Health and Wellbeing	Alcohol_units	0.1	This is to indicate how many units of alcohol the patient consumes per week	Text Box	Free text	

Do you wish to receive information / advice for reducing or stopping?	Health and Wellbeing	Alcohol_advice	1.1	This is to indicate whether the patient wishes to receive information / advice for reducing or stopping their alcohol consumption	Radio Button (Yes No)	n1	1 Yes 2 No
If Yes, details:	Health and Wellbeing	Alcohol_advice_details	0.1	This is to include further detail if the patient wishes to receive information / advice for reducing or stopping alcohol consumption	Text Box	Free text	
Do you have any specialist involvement?	Health and Wellbeing	Alcohol_specialist_involvement	1.1	This is to indicate whether the patient has any specialist involvement with regards to alcohol	Radio Button (Multiple Options)	n1	1 Yes 2 No 3 No Known
If Yes, details:	Health and Wellbeing	Alcohol_specialist_involvement_details	0.1	This is to detail what specialist involvement the patient has with	Text Box	Free text	
What is important to me at the moment?	What matters to me	important_to_patient	0.1	This is to detail what is important to the patient at the moment	Text Box	Free text	
What is preventing me from achieving this?	What matters to me	prevention	0.1	This is to detail what is preventing the patient from achieving what is important to them at the moment	Text Box	Free text	
I would like to achieve the following from this admission:	What matters to me	achievements	0.1	This is to indicate what the patient would like to achieve from this admission	Text Box	Free text	
My carer, advocate, family members could support me in the following ways:	What matters to me	patient_support	0.1	This is what the patient feels their carer, advocate, family members could do to support them	Text Box	Free text	
Has a property disclaimer been completed?	Possessions	Property_disclaimer	1.1	This is to confirm whether a property disclaimer has been completed	Radio Button (Yes No)	n1	1 Yes 2 No
Comments:	Possessions	Property_disclaimer_comments	0.1	This is to include any comments regarding the property disclaimer	Text Box	Free Text	

Business Rules	Additional Information/definitions/formats	Source
WPAS ADT Web Services		
WPAS ADT Web Services		
WPAS ADT Web Services		
<p>WPAS ADT Web Services</p> <p>If user has selected their ward once they want a button to choose to default to the same ward when next log in</p>		
<p>Consultant name MUST be displayed as per the GMC Registration</p>		
WPAS ADT Web Services	http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/uiig	Professional Records Standards Body (PRSB)
WPAS ADT Web Services	http://webarchive.nationalarchives.gov.uk/20160921150545/http://systems.digital.nhs.uk/data/cui/uiig	Professional Record Standards Body (PRSB)
WPAS ADT Web Services		

WPAS ADT Web Services		
Demographic Web Services		
Demographic Web Services		
Demographic Web Services	<p>Referred to as Family Name. The display must present the Family Name in all uppercase letters to clearly distinguish it from the Given Name. Family Name components must consist of UPPERCASE alphabetic characters only, for example, SMITH. Multiple Family Name components must be separated by a hyphen or a single space, for example, LIDMAN-SUN-DEWAR or EVANS WEST. The Family Name input is in the form of a free-text entry box that accepts a maximum of 35 characters.</p>	HSCIC
Demographic Web Services		HSCIC

Demographic Web Services		HSCIC
		NHS PDS FS 10.00 and the UK Government Data Standards Catalogue (UK GDSC)
Demographic Web Services		
Demographic Web Services - This field is pulled through from demographic web services so may differ to what is described in this specification until systems have been updated		
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Demographic Web Services		
Demographic Web Services		
Demographic Web Services		
Demographic Web Services		

Question should only appear if field id 'patient_id_band' = 2 or 3		
Note - the patients demographics will be verified through the assessor pressing the 'Save and Continue' button at the end of the section		
Only display if field id 'communication_method' = 3		
ISO Reference List is substantive and therefore would need to have a look up field		
ISO Reference List is substantive and therefore would need to have a look up field		
Only display if field ID 'Welsh_Language' = 1		
Only display if field id 'Interpreter' = 1		
If yes, PROMPT to Consider: dementia, capacity, delirium and deprivation of Liberty (DoLs) assessments What support can be provided to help the patient participate in this assessment Whether patient has capacity to make decisions about care and treatment – see mental capacity section		
If field id 'patient_allergies' = 1 then allergies section will appear		
If field ID 'Healthcare_outside_uk' = 1 PROMPT to follow local and national policies and guidelines		
If field ID 'Multi_drug_resistant_organisms' = 1 PROMPT to follow local and national policies and guidelines		

		Professional Record Standards Body (PRSB)
		Professional Record Standards Body (PRSB)

PROMPT: If carer identified consider a carers assessment		
Question should only appear if field id support_received = 1		
If field id 'carer_responsibilities' = 1 PROMPT: consider a carers assessment		
Question should only appear if field id 'Carer_responsibilities' = 1		
Question should only appear if field id Carer_Responsibilities = 1		
Question should only appear if field id over_18, under_18 = 1		

Question should only appear if field id 'condition_affects_others' = 1		
Question should only appear if field id continuity_care_concerns = 1		
PROMPT (always on show): See Wales Safeguarding Procedures http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/		
Question should only appear if field id adult_child_risk = 1 MANDATORY details box		
PROMPT (always on show): See Wales Safeguarding Procedures http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/		
MANDATORY details box Question should only appear if field id 'safeguarding_abuse' = 1		
MANDATORY details box Question should only appear if field id 'patient_safety' = 1		
MANDATORY details box PROMPT: Follow the local Ask and Act pathway www.welshwomensaid.org.uk/what-we-do/our-services/live-fear-free-helpline/ Question should only appear if field id 'safeguarding_domestic_abuse' = 1		
MANDATORY details box PROMPT: See Local Procedures Question should only appear if field id 'reporting_concerns' = 1		
If field id 'domestic_abuse' = 1, PROMPT: must follow local safeguarding policies and procedures		
If field id 'violence_against_women' = 1, PROMPT: must follow local safeguarding policies and procedures		
If field id 'sexual_abuse' = 1, PROMPT: must follow local safeguarding policies and procedures		
If field id 'sexual_abuse' = 1, PROMPT: must follow local safeguarding policies and procedures		
Guidance Text : Include chronic conditions and significant life events		

Guidance Text : Include chronic conditions and significant life events		
Question should only appear if field id 'mental_health_history' = 1		
If Yes, PROMPT - Consider Mental Health Advocacy referral		
Question should only appear if field id 'mental_health_support' = 1		
Question should only appear if field id 'mental_health_support' = 1		
Question should only appear if field id 'Patient_detained' = 1		
If Yes, PROMPT: Refer to Mental Health Act 1983: Code of Practice for information relating to section 17 PROMPT: If the patient is currently receiving inpatient assessment / treatment for mental disorder, then offer referral to Independent Mental Health Advocacy (IMHA), unless you are aware that the patient already has IMHA		
Question should only appear if field id 'Medications' = 1		
Question should only appear if field id Self_Administer_Meds = 2		

Question should only appear if field id 'Medications' = 1		
Question should only appear if field id 'Medications' = 1		
Question should only appear if field id meds_with_patient = 1		
Question should only appear if field id meds_with_patient = 1 PROMPT AT END OF MEDICATION SECTION: Consider medication as a risk to falls		
PROMPT (before initial question): Consider Dementia, Capacity, Delirium and Deprivation of Liberty Assessments		
Question should only appear if field id 'Mental_capacity' = 1 PROMPT: Consider care plan PROMPT: follow MCA code of practice		
Question should only appear if field id 'Mental_capacity' = 1		
PROMPT: Consider what support can be provided to help the patient make decisions for themselves		
PROMPT (before question): Consider what support can be provided to help the patient make decisions for themselves If field id 'Hospital_stay_consent' = 1, PROMPT: make a Deprivation of Liberty Safeguards referral if the deprivation is likely to be ongoing		
Question should only appear if field id 'Advance_future_careplan' = 1		
		Professional Record Standards Body (PRSB) / HSCIC
Question should only appear if field id 'Advance_decision_to_refuse_treatment' = 1		

Question should only appear if field id 'Advance_decision_to_refuse_treatment' = 1		
		Professional Record Standards Body (PRSB)
Question should only appear if field id 'Health_and_welfare_LPA_CAP' = 1		
If field id 'property_and_finance' = 1 PROMPT: Referral to an Independent Mental Capacity Advocate (IMCA) may be required if the patient has no family, friends, Attorney or Deputy to consult regarding best interests decisions		
Question should only appear if field id 'Property_and_finance_LPA_CAD' = 1 Referral to an Independent Mental Capacity Advocate (IMCA) may be required if the patient has no family, friends, Attorney or Deputy to consult regarding best interests decisions		
If yes trigger a user notification to consider the Learning Disability Care Bundle / Assessment		
Only display this question if field id 'Learning Disability' = 1		
Only display this questions if field id 'Learning_Passport' = 1		
Only display if field id 'Mental_capacity_specialist_involvement' = 1		
If field id 'admission_height' populated field id 'height_value' is mandatory		
If field id 'admission_weight' populated field id 'weight_value' is mandatory		

		PRSB / HSCIC
Question should only appear if field id sensory_loss = 1		
Question should only appear if field id 'Hearing_problem' = 1		
Question should only appear if field id 'Hearing_problem' or 'deaf' = 1 MANDATORY details box		
Question should only appear if field id 'hearing_problem' = 1		
Question should only appear if field id 'hearing_aids' = 1		
Question should only appear if field id 'hearing_problem' = 1		
Question should only appear if field id 'other_comm_aids' = 1		
Question should only appear if field id 'Sight_problem' = 1		
Question should only appear if field id 'Sight_problem' or 'blind' = 1		
Question should only appear if field id 'sight_problem' = 1		
Question should only appear if field id 'spectacles' = 1		
Question should only appear if field id 'contact lenses' = 1		
Question should only appear if field id 'other_comm_aids' = 1		
Question should only appear if field id 'reading_difficulties' or 'writing_difficulties' = 1		
Question should only appear if field id Comm_equipment = 1		

Question should only appear if field id communication = 2		
Question should only appear if field id 'comm_normal' = 1 PROMPT: Consider Care Plan		
Question should only appear if field id 'comm_specialist_involvement' = 1		
Question should only appear if field id breathing_difficulties = 1		
Question should only appear if field id breathing_normal = 2 PROMPT: Consider care plan		
Question should only appear if field id 'breathing_difficulties' = 1 or field id 'breathing_normal' = 2		
Question should only appear if field id home_oxygen = 1 PROMPT: Consider care plan		
Question should only appear if field id 'breathing_difficulties' = 1 or field id 'breathing_normal' = 2		
Question should only appear if field id breathing_specialist_equipment = 1		
Question should only appear if field id breathing_specialist_involvement = 1		
Question should only appear if field id smoker =1, vaper = 1 or nicotine =1		
If yes https://www.helpmequit.wales/professional-referral-form/ Question should only appear if field id smoker =1 or vaper = 1 or nicotine = 1		

These fields should be pulled through from the measurements section		
These fields should be pulled through from the measurements section		
If field id 'admission_weight' is populated field id 'weight_value' is mandatory		
Question should only appear if field id eating_problems = 1		
Question should only appear if field id eating_problems = 1		
Question should only appear if field id 'eating_norm' = 2 PROMPT: consider care plan		
Question should only appear if field id drinking_problems = 1		
Question should only appear if field id drinking_problems = 1		
Question should only appear if field id 'drink_norm' = 2 PROMPT: consider care plan		
Question should only appear if field id swallowing_problems = 1		
Question should only appear if field id swallowing_problems = 1		
Question should only appear if field id 'swallowing_norm' = 2 PROMPT: consider referral to Speech and Lnaguage Therapy (SALT) PROMPT: consider care plan		
Question should only appear if field id eat_drink_help = 1 PROMPT: consider care plan		
Question should only appear if field id 'diet' = 1 PROMPT: consider care plan		

Question should only appear if field id food_allergies = 1 PROMPT: consider care plan		
Question should only appear if field id nutrition_involvement = 1		
Question should only appear if field id mobilising_difficulties = 1		
Question should only appear if field id 'norm_mobility' = 2 PROMPT: consider care plan		
Question should only appear if field id balance_difficulties = 1		
Question should only appear if field id 'norm_balance' = 2 PROMPT: consider care plan		
Question should only appear if field id mobility_aid_use = 1		
Question should only appear if field id mobility_aid_use = 1		
Question should only appear if field id mobility_specialist_involvement = 1		
Question should only appear if field id falls_in_12months = 1		
Question should only appear if field id falls_fear_anxiety = 1		

Question should only appear if field id footwear = 2		
Question should only appear if field id foot_problems = 1 PROMPT: Consider Care Plan		
MANDATORY details box		
Question should only appear if field id 'bowel_concerns' = 1 MANDATORY details box PROMPT: Consider Care Plan		
Question should only appear if field id 'bowel_norm' = 1		
Question should only appear if field id bladder_problems = 1		
Question should only appear if field id bladder_norm = 1		
Question should only appear if field id 'Colostomy' = 1 PROMPT: Consider care plan		
Question should only appear if field id Ileostomy = 1 PROMPT: Consider care plan		
Question should only appear if field id Catheter = 1 PROMPT: Consider care plan		

Question should only appear if field id Colostomy_Ileostomy_Catheter = 1, 2, 3, 4 PROMPT: Consider care plan		
Question should only appear if field id bladder_bowel_specialist_involvement = 1 MANDATORY details box		
Question should only appear if field id 'personal_hygiene_needs' = 2		
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Question should only appear if field id 'personal_hygiene_needs' = 2 PROMPT: Consider Care Plan NON-MANDATORY details box		
Question should only appear if field id personal_care_equipment = 1		
Question should only appear if field id personal_care_specialist_involvement = 1		
If field id 'eat_drink_unaided' = 1 or 3 PROMPT user to complete all wales mouth care assessment PROMPT: consider care plan		

If field id 'comfortable_mouth' = 2 or 3 PROMPT user complete all wales mouth care assessment		
If field id 'mouth_care_assistance' = 2, PROMPT user to complete All Wales mouth care assessment		
Question should only appear if field id Dentures = 1		
Question should only appear if field id mouth_care_specialist_involvement = 1		
Question should only appear if field id pain = 1 PROMPT: complete appropriate pain risk assessment		
Question should only appear if field id 'pain_normal' = 2		
Question should only appear if field id pain = 1 Question should only appear if field id pain = 2 and pain_normal = 2		
Question should only appear if field id alleviate_pain = 1		
Question should only appear if field id pain = 1		
Question should only appear if field id pain = 1		
Question should only appear if field id pain = 1		
Question should only appear if field id pain = 1		
Question should only appear if field id pain = 1		
Question should only appear if field id pain = 1		
Details box should only appear if field id 'Mobility, Sleep, Breathing, Eating/Drinking, Toileting or Other' = 1 PROMPT: Consider care plan		
Question should only appear if field id 'pain_specialist_involvement' = 1		
If field id 'Wound_ulcers_skin_problems' = 1 PROMPT user to complete body map and pressure ulcer risk assessment		
Question should only appear if field id 'wound_ulcers_skin_problems' = 1 NON-MANDATORY details box		

Question should only appear if field id skin_specialist_involvement = 1		
MANDATORY details box		
Question should only appear if field id 'sleep_difficulty' = 1 PROMPT: Consider care plan MANDATORY details box		
Question should only appear if field id 'sleep_normal' = 2 PROMPT: Consider care plan		
Question should only appear if field id sleep_specialist_involvement = 1		
Question should only appear if field id 'sleep_difficulty' = 1 PROMPT: Consider care plan		
Question should only appear if field id chaplain_visit = 1		
Question should only appear if field id drug_use = 1		
Question should only appear if field id drug_use = 1		
Question should only appear if field id drug_advice = 1		
Question should only appear if field id 'drug_specialist_involvement' = 1		
Question should only appear if field id Alcohol = 1 (If possible include an alcohol units chart)		

