Is my resident unwell?

Have you noticed any of the following?

| -0- | Are they becoming restless or agitated? | ??? | Are they more confused or drowsy? |
|-----|--|----------|---|
| | Are they flushed, sweating hot or cold, or clammy? | | Do they have cold hands or feet? |
| | Are they more or less mobile than usual, or unsteady? | (T) | Are they feeling sick, or being sick? |
| | Is there new, or worrying, pain? | | Are they off their food or drinking less fluid? |
| | Are there changes in skin colour or condition? | M | Any changes in urine colour or smell? |
| | Are they short of breath or breathing harder than usual? | | Any changes in bowel habits? |

Are you worried enough to want a review?

If so, use the 'Is my resident unwell?' communication tool to pass on your concerns.

