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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL VISIT INFORMATION:** | | | | | | | | |
| **Volunteer Name:** | | | | **Ward/Unit visited:** | | | | **Date:** |
| **Patient Name:** | | |  | | | | | |
| **Visit Information:** | PATIENT ALONE FAMILY/FRIENDS PRESENT FAMILY/FRIENDS ARRIVED  PATIENT DECEASED PATIENT DISCHARGED | | | | | | | |
| **Time spent with patient:** | | | | | | **Time spent with family/friends:** | | |
| **Patient Observations:** | | PATIENT CONSCIOUS PATIENT SEMI-CONSCIOUS PATIENT UNCONSCIOUS | | | | | | |
| **SUPPORT PROVIDED:** | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | HELD CONVERSATION | HELD HAND | MASSAGED HAND | ADJUSTED PILLOWS/ BLANKETS/ BED | | COMFORTED VERBALLY | READ TO | BRUSHED HAIR | SOURCED EXTRA BLANKETS/ PILLOWS | | SAT IN SILENCE | LISTENED TO | SANG/HUMMED TO | ASKED WARD STAFF TO REPOSITION PATIENT | | SPOKE TO FAMILY | FOOD GIVEN | DRINK GIVEN | | WENT ON ERRAND | MOUTHCARE | WASHED FACE | Respite for Relatives | | OTHER | | | | | | | | | | | | |
| **Were there any concerns that you had to raise with ward staff on your visit?** | | | **YES:** | | **NO:** | | If yes, detail the nature of the issue below | |
| **Nature of the issue raised:** | | | | | |

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| --- | --- | --- | --- | --- |
| **Patient Follow-up Request:** | | | | |
| **Do you feel the patient or family would benefit from further support?** | | | **YES:** | **NO:** |
| **If yes,** please indicate the type(s) of support required by ticking any boxes below that apply: | | Please briefly indicate here any relevant details regarding support required and any information regarding steps you have already taken to refer to appropriate staff. | | |
| Clinical nursing support  (ideally this should be raised at the time of your visit with the nursing staff) |  |
| Further Rose volunteer  support | |
| Pastoral Care Support (Chaplaincy) | |
| Other | |

|  |  |  |
| --- | --- | --- |
| **WHAT TO DO IF YOU HAVE URGENT CONCERNS:**   1. **Speak to the Nurse in Charge** 2. **Contact the on call Chaplain:**  * **Mon – Fri 9-5 07776 598704** * **Out of hours, call switchboard 01923 244 366 and ask to be connected to the on call Chaplain.** | | |
| **Volunteer Follow-up Request:** | | |
| **Would you like a follow up call from a supervisor?** | **YES:** | **NO:** |
| **If yes, please indicate the urgency of your need for a follow up call:**  **within 1 working day within 1 working week**  ***If you are severely personally affected by anything that has happened during your shift today, please do not leave without speaking to one of the following supervisors:***  Voluntary Services Manager - 07407121428  Chaplaincy Manager – 07876526935  End of Life Care Volunteers Project Manager – 07958492506 | | |

**Visiting procedure**

1. **Upon arrival at the hospital, please visit the Volunteer Hub office to collect a list of patients who may benefit from a visit or support. You must do this before going to the wards.**
2. **Please ensure correct identification worn (ID badge, volunteer lanyard, Rose badge and yellow name badge).**
3. **When you arrive on the ward please wash your hands and use the hand gel.**
4. **Please ensure you make yourself known to the Nurse in Charge and that they are aware that you are on the ward and explain why you are there.**
5. **Introduce yourself to patient and or family as a Rose volunteer using your first name “Hello my name is….”**
6. **Support the patient and or family/carer(s) as you have been trained to do.**
7. **Ensure you use the hand gel before and after each patient.**
8. **Inform the Nurse in Charge when you are leaving and mention any concerns.**
9. **Sign out of using the volunteer signing in/out folder.**
10. **Complete and return this form to chaplaincy and place in the EOLC folder**

***Thank you***