

Transfer Checklist Including Swallowing Additions ppm+

Swallowing Difficulties, Dietary Requirements/Preferences and Additional Needs or Requirement Of Reasonable Adjustment questions have been added to the Transfer Checklist, along with FiO2 when recording e-Obs within the Transfer Checklist.

The **Transfer Checklist** eForm can be completed via the **PPM+ mobile app** and the **desktop version** of PPM+.



SpO2 * 98	FiO2 35
Does the patient have swallowing difficulties? * No <input checked="" type="button" value="Yes"/>	What are the patient's swallowing recommendations? * B I U Make sure to cut food into small pieces and that it is soft enough for the patient to eat.
Does the patient have any dietary requirements/preferences? * No <input checked="" type="button" value="Yes"/> (e.g. gluten free, lactose intolerant, cultural preferences)	Dietary information * B I U Lactose Intolerant.
Does the patient have any additional needs or require reasonable adjustments? e.g. due to learning disabilities / dementia / autism / cognitive impairment / mental health / delirium / communication impairment * No <input checked="" type="button" value="Yes"/>	
What additional support is required - e.g enhanced care, hospital passport etc Supervision is required when the patient is eating.	

