## Assessment Form: Toilet and shower chairs



## 1. Information about the person

First Name:					Family Name:				Weight:		
Gender:	Ма	le 🗌	Female	Other [		Age:	0-5	6-18	19-39 🗌	40-54	55+
Telephone:					Ad	dress:					

## 2. Assessment interview

Why do you have difficulty going to the toilet or washing yourself?         Yes									
Environment	The dist	tance to the toilet and/or was		If any -> A toilet					
	The way	y to the toilet or wash area is	not	accessible		and/or shower chair is likely to be useful.			
	Cannot	get into the toilet or wash are	ea			Action: Complete			
Physical	Physica	I difficulty getting to toilet or wa	ash a	area		the assessment interview to help			
	Difficulty	/ squatting (squat toilet) or sitti	ing d	down/standing up (sitting toilet)		select a product and plan for its use.			
	Frail / ha	as fallen more than once in the	e las	t year / afraid of falling		and plan for ite dee.			
	Cannot	stand, or difficulty with standin	ig to	wash					
	Difficulty	vundressing and dressing		Explore dressing aids and/or	rent methods to dress				
		y controlling bowel and/or (incontinence)		A toilet chair may be useful. <b>Action:</b> Discuss, and if n sure 🕝 <b>Refer for incontinence advice</b>					
	Pain wh	en going to the toilet		Action: 👉 Refer to health	care	professional			
	Cannot s	sit upright without support		This person may need a toilet and/or shower chair with postural support. They may also need incontinence products <b>Action</b> : <b>() Refer</b>					
Other reasons	Ø			Action: Discuss possible solutions and/or					
How and when	re will yc	ou use your toilet or showe	r ch	air?					
Toilet chair		Will it be used Over the toilet In a different location - needs buck							
Toilet or showe	er chair	ir       Will you need to be moved while using it?       Yes       → needs wheels       No							
Transferring		Do you need help to trans	sfer	on and off the toilet?	Yes	No 🗌			
Check for risk	of pres	sure wounds							
Do you have a	pressur	re wound? Yes		Grefer to a heath care p	rofes	ssional No			
Have you had a pressure wound before, or at risk of a pressure wound?Yes→ needs padded surfacesNo									
3. Plan									
Provide toilet     Bucket     Backrest       chair with:     Bucket     Backrest			Arm	nrest Wheels Pa	dding	9 Weight limit:			
Provide showe chair with:	er E	Bucket Backrest Armrest Wheels Padding							
Provide or refe another servic	V	Wheelchair 🗌 Walking aid	g aid	s Follow up date:					
		lome changes 🗌 Incontine	al						
	C	Other 🖉	Ø						

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## Selection Table: Toilet and shower chairs



Step 1: Se	elect		Features								
Always select a shower or toilet chair with the person. To select the right features, take into account the person's health, ability, environment and choice.			Removable bucket (toilet chair)	Backrest	Armrests	Castor wheels	Height adjustable, swing away footrests	Walking frame			
Physical	Difficult	y sitting or squatting down or up			$\checkmark$						
abilities	Difficult	y with standing to wash		$\checkmark$	$\checkmark$						
	Feels w	orried about falling over		$\checkmark$	$\checkmark$						
		or no feeling (sensation); f a pressure wound						$\checkmark$			
Use	Toilet chair	Away from toilet	$\checkmark$			$\checkmark$					
		Always over a toilet	Х								
	Both	Will be moved while person is sitting on it			$\checkmark$	$\checkmark$	$\checkmark$				

o be safe and effective, toilet and shower	Signs of a pressure wound					
hairs should:	$\checkmark$ Red or dark marks on skin, where skin has been in contact with a hard or weight bearing surface					
/ Be strong and durable	$\checkmark$ Open wound on skin, where skin has been in contact with a hard or weight bearing surface					
/ Be rust and water resistant						
Smooth finish to prevent injury	People who may be at risk of a pressure wound are those who:					
<ul> <li>Have rubber stoppers on legs (if they have legs, not wheels)</li> </ul>	Have reduced feeling (sensation) in their buttocks, thighs, back or any other area in contact with the toilet or shower chair					
<ul> <li>Have brakes (if they have wheels, not legs)</li> </ul>	$\checkmark$ Have had a previous pressure wound in the past					
/ Be height adjustable	✓ Are very thin or frail					
/ Be specified to carry the weight of the user	$\checkmark$ Cannot easily shift their weight themselves while on the toilet or shower chair					