

☐ **Activity Pursuits Altered**

GOAL: Activities as desired until discharge achieved

☐ Introduce to activities offered \_\_\_\_\_

☐ Interview to interests \_\_\_\_\_

☐ \_\_\_\_\_

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DATE: \_\_\_\_\_

☐ **ADL Decline**

GOAL: Improve ADL skills to achieve Discharge Plan

☐ Rehab: \_\_\_\_\_

☐ Grooming: \_\_\_\_\_

☐ Dressing: \_\_\_\_\_ ☐ Dining: \_\_\_\_\_

\_\_\_\_\_

☐ Ambulation: \_\_\_\_\_

☐ Siderails: \_\_\_\_\_

☐ Transfer: \_\_\_\_\_

☐ Toileting: \_\_\_\_\_

DATE: \_\_\_\_\_

☐ **Amputation: BK or AK**

GOAL: Heal without complications

\_\_\_\_\_

☐ Assess wound site \_\_\_\_\_

☐ Rehab: \_\_\_\_\_

☐ Nsg: \_\_\_\_\_

☐ Restorative: \_\_\_\_\_

☐ Dressing: \_\_\_\_\_

☐ Monitor for depression \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE: \_\_\_\_\_

☐ **Anemia**

GOAL: Minimize complications

\_\_\_\_\_

☐ Monitor for complicaitons \_\_\_\_\_

☐ Monitor nutritional intake \_\_\_\_\_

☐ Labs: \_\_\_\_\_

☐ V.S. each shift: \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE: \_\_\_\_\_

Resident: \_\_\_\_\_

☐ **Anticoagulant Therapy**

GOAL: No complications

\_\_\_\_\_

☐ Monitor for s/s bleeding: \_\_\_\_\_

☐ Protect from injury: \_\_\_\_\_

☐ Labs/ Meds as ordered: \_\_\_\_\_

☐ Pro times as ordered: \_\_\_\_\_

☐ Safety measures: \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE: \_\_\_\_\_

☐ **Behavior Symptom**

GOAL: Fewer symptoms

\_\_\_\_\_

☐ Redirect by: \_\_\_\_\_

☐ Assess Internal Contributors: \_\_\_\_\_

☐ Assess External Contributors: \_\_\_\_\_

☐ R/O Delirium: \_\_\_\_\_

☐ \_\_\_\_\_

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☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE: \_\_\_\_\_

☐ **Bladder Training/Foley**

GOAL: Increased continence to achieve Discharge Plan

☐ Encourage fluids \_\_\_\_\_

☐ Foley Cath Care: \_\_\_\_\_

☐ Toilet type: \_\_\_\_\_

☐ Scheduled toileting: \_\_\_\_\_

\_\_\_\_\_

☐ Bladder training: \_\_\_\_\_

☐ R/O cause of incontinence: \_\_\_\_\_

☐ I&O: \_\_\_\_\_

DATE: \_\_\_\_\_

☐ **Bowel Training/Altered Bowel**

**Elimination**

GOAL: Establish bowel routine

\_\_\_\_\_

☐ Dietary referral: \_\_\_\_\_

☐ Meds as ordered: \_\_\_\_\_

☐ Bowel training: \_\_\_\_\_

\_\_\_\_\_

☐ Monitor elimination pattern, color, consistency, odor \_\_\_\_\_

☐ \_\_\_\_\_

DATE: \_\_\_\_\_

Room: \_\_\_\_\_ Adm.# \_\_\_\_\_

☐ **Cancer**

GOAL: Achieve physical & mental comfort

☐ Vital signs: \_\_\_\_\_

☐ Hospice: \_\_\_\_\_

☐ Skin status: \_\_\_\_\_

☐ I&O: \_\_\_\_\_

☐ Weight/Appetite: \_\_\_\_\_

☐ Complications: fatigue, attitude, apprehension,

N/V: \_\_\_\_\_

☐ Pain management: \_\_\_\_\_

DATE: \_\_\_\_\_

☐ **Cardiac**

GOAL: No complications

\_\_\_\_\_

☐ Meds \_\_\_\_\_

☐ Assess heart rate, B/P, resps \_\_\_\_\_

☐ Monitor for edema \_\_\_\_\_

☐ Diet restrictions: \_\_\_\_\_

☐ Elevate: \_\_\_\_\_

☐ O2: \_\_\_\_\_

☐ Monitor endurance/complications \_\_\_\_\_

☐ Rehab: \_\_\_\_\_

DATE: \_\_\_\_\_

☐ **CVA/Stroke Rehab**

GOAL: Achieve Rehab goals for discharge

☐ Rehab: \_\_\_\_\_

\_\_\_\_\_

☐ Grooming: \_\_\_\_\_

☐ Dressing: \_\_\_\_\_

☐ Dining: \_\_\_\_\_

☐ Transfer: \_\_\_\_\_

☐ Ambulation: \_\_\_\_\_

☐ Toileting: \_\_\_\_\_

☐ Siderails: \_\_\_\_\_

DATE: \_\_\_\_\_

☐ **Cognitive Decline**

GOAL: Establish daily routine

\_\_\_\_\_

☐ Task segments \_\_\_\_\_

☐ Cue as needed \_\_\_\_\_

☐ Reality orientation PRN \_\_\_\_\_

☐ Offer choices \_\_\_\_\_

☐ Visual cues: \_\_\_\_\_

☐ Speech therapy: \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE: \_\_\_\_\_

Dr. \_\_\_\_\_

# INITIAL CARE PLAN

## ☐ **Communications Decline**

GOAL: Increase ability to communicate

☐ Communication techniques:\_\_\_\_\_

☐ Speech Therapy referral:\_\_\_\_\_

☐ Evaluate hearing loss:\_\_\_\_\_

☐ Check ears for wax:\_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE:\_\_\_\_\_

## ☐ **Dehydration/Risk of**

GOAL: Consume adequate fluids

☐ I&O \_\_\_\_\_

☐ Determine likes/dislikes:\_\_\_\_\_

☐ Offer fluids between meals:\_\_\_\_\_

☐ Monitor for dehydration:\_\_\_\_\_

☐ Specific Gravity \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE:\_\_\_\_\_

## ☐ **Delirium Present**

GOAL: Resolve Acute Condition

☐ Meds:\_\_\_\_\_

☐ R/O for acute illness/Labs:\_\_\_\_\_

☐ Orient PRN \_\_\_\_\_

☐ Assess for pain/constipation/UTI \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE:\_\_\_\_\_

## ☐ **Dental Problems**

GOAL: Resolve

☐ Meds/TX's:\_\_\_\_\_

☐ Monitor appetite:\_\_\_\_\_

☐ Assess oral cavity:\_\_\_\_\_

☐ Evaluate need for dental exam:\_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE:\_\_\_\_\_

Resident:\_\_\_\_\_

## ☐ **Diabetic Alert**

## ☐ **Mood Symptoms**

GOAL: Decreased symptoms

GOAL: No complications

☐ Meds:\_\_\_\_\_

☐ Diet:\_\_\_\_\_

☐ Monitor S/S Hypo/hyperglycemia \_\_\_\_\_

☐ Accuchecks as ordered:\_\_\_\_\_

☐ Labs as ordered:\_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE:\_\_\_\_\_

## ☐ **Discharge Planning**

GOAL: Achieve discharge as planned

☐ Interview Resident \_\_\_\_\_

☐ Interview Family \_\_\_\_\_

☐ Arrange Post-discharge \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE:\_\_\_\_\_

## ☐ **Fall/Safety Risk**

GOAL: No injury falls

☐ Assess for contributors: Bps standing, sitting, pain, need to void, meds gait \_\_\_\_\_

☐ Encourage to use call light \_\_\_\_\_

☐ PT referral \_\_\_\_\_

☐ Instruct on safety measures \_\_\_\_\_

☐ Adaptive Device (OT) \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE:\_\_\_\_\_

## ☐ **Feeding Tube**

GOAL: No complications

☐ I&O \_\_\_\_\_

☐ T.F. Order \_\_\_\_\_

☐ Speech Therapy referral \_\_\_\_\_

☐ Assess for placement:\_\_\_\_\_

☐ Labs:\_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE:\_\_\_\_\_

Room:\_\_\_\_\_ Adm.# \_\_\_\_\_

## ☐ **Fracture/Fractured Hip**

GOAL: No complications

☐ Activities:-\_\_\_\_\_

☐ Cast:\_\_\_\_\_

☐ Positioning:\_\_\_\_\_

☐ Pain:\_\_\_\_\_

☐ Safety Procedures:\_\_\_\_\_

☐ Rehab:\_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE:\_\_\_\_\_

## ☐ **G.I. Disorder**

GOAL: Decreased symptoms

☐ Nutrition:\_\_\_\_\_

☐ Meds:\_\_\_\_\_

☐ Bowel sounds:\_\_\_\_\_

☐ Monitor Bms for consistency, color, odor \_\_\_\_\_

☐ I&O \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE:\_\_\_\_\_

## ☐ **Infection Alert**

GOAL: Resolve infection

☐ Monitor for S.S. for infections \_\_\_\_\_

☐ Tx:\_\_\_\_\_

☐ Wound status and progress \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE:\_\_\_\_\_

## ☐ **I.V. Therapy**

GOAL: No complications

☐ I&O \_\_\_\_\_

☐ I.V. orders:\_\_\_\_\_

☐ \_\_\_\_\_

☐ Weigh every:\_\_\_\_\_

☐ Monitor for complications \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

DATE:\_\_\_\_\_

☐ Depression scale:\_\_\_\_\_

☐ Meds:\_\_\_\_\_

INITIAL CARE PLAN

☐Likes to:\_\_\_\_\_

☐S.S. 1:1\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

DATE:\_\_\_\_\_

☐ **Nausea and Vomiting**

GOAL: Resolve

☐Intake:\_\_\_\_\_

☐Monitor for dehydration:\_\_\_\_\_

☐Document frequency, amount, color/consistency of emesis\_\_\_\_\_

☐Meds:\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

DATE:\_\_\_\_\_

☐ **Nutrition**

GOAL: Achieve/maintain weight of:

☐Intake/Appetite\_\_\_\_\_

☐Diet:\_\_\_\_\_

☐Weigh q:\_\_\_\_\_

☐S.T. Ref.\_\_\_\_\_

☐Determine likes/dislikes\_\_\_\_\_

☐Supplements\_\_\_\_\_

☐\_\_\_\_\_

DATE:\_\_\_\_\_

☐ **Ostomy**

GOAL: Participate in ostomy care

☐Ostomy protocol\_\_\_\_\_

☐Teach self-care\_\_\_\_\_

☐Monitor for complications\_\_\_\_\_

☐Monitor for infections at ostomy site\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

DATE:\_\_\_\_\_

Resident:\_\_\_\_\_

☐ **Pain**

GOAL: Experience less pain

☐Meds:\_\_\_\_\_

☐Non-drug interventions:\_\_\_\_\_

☐Monitor pain q shift\_\_\_\_\_

☐Assess pain tolerance\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

DATE:\_\_\_\_\_

☐ **Physical Restraints**

GOAL: Experience no complications

☐Assess for alternatives\_\_\_\_\_

☐Restraint reduction initiated:\_\_\_\_\_

☐Restraint order:\_\_\_\_\_

☐Alternatives:\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

DATE:\_\_\_\_\_

☐ **Pressure Sore/Skin at Risk**

GOAL: Prevent/heal pressure sores

☐Tx:\_\_\_\_\_

☐Preventive:\_\_\_\_\_

☐Position:\_\_\_\_\_

☐Supplements:\_\_\_\_\_

☐Wound team referral:\_\_\_\_\_

☐\_\_\_\_\_

DATE:\_\_\_\_\_

☐ **Psychosocial Well-being**

GOAL: Express satisfaction

☐Orient to facility:\_\_\_\_\_

☐Activities:\_\_\_\_\_

☐1:1 by Social Service\_\_\_\_\_

☐Customary routine:\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

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☐\_\_\_\_\_

DATE:\_\_\_\_\_

Room:\_\_\_\_\_ Adm.#\_\_\_\_\_

☐ **Psychotropic Drug Use**

GOAL: Benefit without side effects

INITIAL CARE PLAN

☐Monitor for side effects:\_\_\_\_\_

☐Assess for non-drug interventions\_\_\_\_\_

☐Trial reduction:\_\_\_\_\_

☐Monitor Behavior or Mood Symptoms\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

DATE:\_\_\_\_\_

☐ **Renal Failure with Dialysis**

GOAL: Experience no complications

☐Weigh:\_\_\_\_\_

☐Assess for S/S infection, hypovolemia\_\_\_\_\_

☐Observe for S/S bleeding\_\_\_\_\_

☐Dialysis schedule\_\_\_\_\_

☐No BP in shunt arm\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

☐\_\_\_\_\_

DATE:\_\_\_\_\_

☐ **Respiratory/Tracheostomy**

GOAL: Maintain patent airway

☐Lung sounds/cough sounds/Resp.\_\_\_\_\_

☐O2\_\_\_\_\_

☐Suction:\_\_\_\_\_

☐Trach care:\_\_\_\_\_

☐Meds:\_\_\_\_\_

☐\_\_\_\_\_

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DATE:\_\_\_\_\_

☐ **Seizure Disorder**

GOAL: Will not injure self or others

☐Seizure precautions\_\_\_\_\_

☐Meds\_\_\_\_\_

☐Side rails:\_\_\_\_\_

☐\_\_\_\_\_

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DATE:\_\_\_\_\_

Dr.\_\_\_\_\_

☐ **Skin Condition (non-decub)**

GOAL: Resolve

☐ Treatment:

☐ Monitor for infection:

☐ Preventive:

☐ Positioning:

☐

☐

☐

☐

DATE:

☐ **Terminal Care**

GOAL: Death with dignity

☐ Meds:

☐ 1:1

☐ Hospice

☐ Pain Manaagement:

☐ Comfort measures:

☐ Treatment:

☐

☐

DATE:

☐ **TPN Therapy**

GOAL: No complications

☐ Monitor for infection & complications

☐ Line type:

☐ Flow rate:

☐ TX protocol:

☐ Monitor nutriton:

☐ I&O

☐

☐

DATE:

☐ **URI/Pulmonary Disease**

GOAL: Resolve

☐ Lung sounds/resp:

☐ Cough status:

☐ Level of consciousness:

☐ Tx:

☐ Suction:

☐ O2

☐

☐

DATE:

Resident:

☐ **UTI Alert**

GOAL: Resolve

☐ I&O:

☐ Status of continence:

☐ Meds / side effects:

☐ Urine color, frequency, burning

☐

☐

☐

☐

DATE:

☐ **Vision Altered**

GOAL: Participate in ADL's to optimal level

☐ Verbal cues:

☐ Meds:

☐ Eye exam:

☐ Wears

☐ Post-surgical care:

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Dr. \_\_\_\_\_