

# PATIENT CARE PLAN

DATE INITIATED \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

NAME OF PATIENT \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

### ALLERGY:

I. NURSING CARE & THERAPY	FREQUENCY		
	DAY	EVE	NIGHT
TRACHEOSTOMY CARE			
OXYGEN			
SUCTIONING			
RESPIRATORY CARE			
WOUND CARE			
CATH/TUBE IRRIGATION			
OSTOMY CARE			
DECUBITUS			
N.G. TUBE FEEDINGS			
TRANSFUSIONS			
PARENTAL FLUIDS			
CHEMOTHERAPY			
DIALYSIS			
OTHER (Specify)			
II. FUNCTIONAL STATUS	CHOOSE LEVEL UTILIZING DEFINITIONS		
	DAY	EVE	NIGHT
WALKING—MOBILITY			
*TRANSFERS			
WHEELING			
EATING/FEEDING			
TOILETING			
BATHING			
DRESSING			
*IF LEVEL 4, STATE MEDICAL REASON			
WHY:			
III. MENTAL STATUS/BEHAVIOR	NEVER	SOME-TIMES	ALWAYS
ALERT			
IMPAIRED JUDGEMENT			
AGITATED/RESTLESS			
HALLUCINATES			
SEVERE DEPRESSION			
PHYSICALLY AGGRESSIVE/ASSAULTIVE			
VERBAL DISRUPTION/ABUSIVE			
INFANTILE			
WANDERS			
IS BEHAVIOR DISRUPTIVE	YES <input type="checkbox"/>		NO <input type="checkbox"/>
IS BEHAVIOR PREDICTABLE	YES <input type="checkbox"/>		NO <input type="checkbox"/>
HAS PSYCHIATRIST SEEN PATIENT	YES <input type="checkbox"/>		NO <input type="checkbox"/>
IV. IMPAIRMENTS	NONE	PARTIAL	TOTAL
SIGHT			
HEARING			
SPEECH			
COMMUNICATIONS			
PACEMAKER			
TRACE DATE			
HEARING AID			
V. ACTIVITY PARTICIPATION			

VI. REHABILITATION	FREQUENCY	THERAPY
P.T.		
O.T.		
SPEECH		
SPECIAL EQUIPMENT		
*MORE THAN ONCE A WEEK: **ONCE A WEEK OR LESS		
VII. INCONTINENT		
URINE: OFTEN* _____ SELDOM** _____ NEVER _____ FOLEY		
STOOL: OFTEN _____ SELDOM _____ NEVER _____		
TOILET SCHEDULE		
BLADDER REHAB. PROG.		
BOWEL REHAB. PROG.		
VIII. SKIN CONDITION (WHERE APPLICABLE)		
<input type="checkbox"/> INTACT		
<input type="checkbox"/> REDDENED		
<input type="checkbox"/> BLUSHED SKIN, DUSTY COLOR (SUPERFICIAL)		
<input type="checkbox"/> CUTANEOUS SKIN BREAKDOWN		
<input type="checkbox"/> NECROTIC		
OTHER COMMENTS:		
IX. RESTRAINTS	WHEN USED	REASON USED
VEST		
LIMB		
BELT		
LAPBOARD		
PELVIC		
GERICHAIR		
OTHER		
ACTIVITY WHEN RELEASED:		
X. SPECIAL ATTENTION-PROBLEMS		
CARE PLAN MUST INDICATE INTERVENTION	CURRENT	POTENTIAL
WALKING		
ACCIDENTS (SAFETY)		
DECUBITUS		
INFECTION		
CONTRACTURES		
TUBE/SYRINGE FEEDING		
WEIGHT CHANGE		
GROOMING & ENVIRONMENT		
TREATMENTS		
BEHAVIOR PROBLEMS		
SLEEP PATTERN		
XI. NUTRITIONAL NEEDS		
DIET		
SUPPLEMENTAL FEEDINGS		