

Table of Contents

PRINCIPLES AND STANDARDS OF CARE PLANNING

Comprehensive Care Planning	1
Components of a Care Plan	4
Individualizing the Care Plan	7
Significant Change in Status Checklist	8
The Care Plan Conference	9
Care Conference Notes and Signatures	11

CARE AREA ASSESSMENTS CAAs

Care Area Assessments and Triggers	12
Section V Notes Sample	14
CAA Module Summary Notes Sample	15
Activities	16
ADL Functional / Rehabilitation Potential	17
Behavioral Symptoms	18
Cognitive Loss / Dementia	19
Communication	20
Dehydration / Fluid Maintenance	21
Delirium	22
Dental Care	23
Falls	24
Feeding Tubes	25
Mood State	26
Nutritional Status	27
Pain	28
Physical Restraints	29
Pressure Ulcer	30
Psychosocial Well-Being	31
Psychotropic Drug Use	32
Return to Community Referral	33
Urinary Incontinence and Indwelling Catheter	34
Visual Function	35

CARE PLAN TEMPLATES

Blank Care Plan	37
Abusive, Physically	38
Abusive, Verbally	40

Activities, Dependent on Staff 42
Activity Intolerance 43
Airway Clearance, Ineffective 44
Allergies 45
Allergies, Food 46
Anemia 47
Anger 48
Angina 49
Anxiety 50
Arrhythmia 52
Blepharitis 53
Blood Clotting Unstable 54
Blood Sugars, Unstable 55
Breathing Patterns, Ineffective 56
Cardiac Output, Decreased 57
Cataracts 58
Chewing Problem 59
Cognitive Deficit, Decision-Making Impaired 60
Cognitive Deficit, Disordered Thinking 61
Cognitive Deficit, Memory Problem 62
Colostomy / Ileostomy 63
Communication, Hearing Impaired 64
Communication, Speech Impaired 65
Conflict with Family / Friends 66
Conflict with Staff 67
Constipation, Chronic 68
Dental Care 69
Depression 70
Diarrhea, Chronic 72
Discharge Planning 73
Fall Risk 74
Family, Coping Ineffective 76
Fluid Volume Deficit 77
Fluid Volume Excess 78
Gastrointestinal Discomfort 79
Grief over Lost Status, Roles 80
Hoards Objects 81
Hypertension 82
Hypotension 83
Hypothyroidism 84
Incontinence, Bowels 85
Incontinence, Functional Urinary 86
Incontinence, Stress Urinary 87
Incontinence, Urge Urinary 88
Knowledge Deficit / Health Literacy 89
Manipulative Behaviors 90

Medication, Antibiotic 91
Medication, Anticholesterol 92
Medication, Antihypertensive 93
Medication, NSAID 94
Medication, Pain 95
Medication, Polypharmacy 96
Medication, Psychotropic 97
Medication, Respiratory 98
Medication, Self Administration 99
Non-compliance 100
Obesity 101
Pain 102
Pain, Cognitively Impaired 104
Paranoia 106
Parkinson's Disease 107
Physical Mobility, Ambulation 108
Physical Mobility, Bed Mobility 109
Physical Mobility, Locomotion 110
Physical Mobility, Range of Motion 111
Physical Mobility, Transfers 112
Prefers Own Routine 112
Refuses to Eat / Drink 114
Rejects Care 115
Restraint 116
Rheumatoid Arthritis 118
Room change 119
Seizures 120
Self Care Deficit, Bathing 121
Self Care Deficit, Dressing and Grooming 122
Self Care Deficit, Eating 123
Self Care Deficit, Hygiene 124
Sensory Deprivation 125
Sensory Perception, Altered 126
Skin Breakdown, Pressure Ulcer 127
Skin Breakdown, Peripheral Arterial Disease 129
Skin Breakdown, Peripheral Vascular Disease 130
Skin, Fragile 131
Sleep Pattern Disturbance 132
Smoking 133
Social Isolation 134
Socially Inappropriate Behavior 135
Strengths 137
Swallowing Problem 138
Terminal Prognosis 140
Tracheostomy 141
Trauma 143

Tube Feeding 145
Unhappy with Roommate / Other Resident 146
Urinary Retention 147
Urinary Tract Infection 148
Visual Impairment 149
Wandering 150
Weight Loss, Unintended 152
Withdrawal from Care/Activities 154

INDEX

REFERENCES

PRESSURE ULCER

CAA Module

Resident _____

Date _____

Triggers:		Check if applicable
GG0130	Requires assistance with bed mobility	
H0300, H0400	Incontinence	
I0900	Peripheral vascular disease	
K0300	Weight loss	
M0150	Risk of pressure ulcers	
M0300	Pressure ulcer	
M0800	Worsening in pressure ulcer status since last assessment	
P0100B, E	Trunk restraint	
Evaluate:		
B	Sensory or Communication deficit	
B0100	Comatose	
C	Cognitive deficit, Delirium	
D	Mood disorder	
GG	Decreased mobility, Decreased range of motion	
I	Cancer, Circulatory, Diabetes, Neurological, Respiratory, Renal, Infection, Terminal Illness diagnosis	
J	Pain, Shortness of breath, Dehydration	
M1030	Venous or arterial ulcer	
M1200	Skin and ulcer treatments	
N0415	Psychotropic medication	
P0100	Restraint	
Bedfast most of the time		
Edema		
Proceed with care-planning		
Do not proceed with care-planning		
Underlying Causes / Complicating factors / Risks / Referrals		
Comments:		

RESIDENT _____					
DATE	PROBLEM	GOAL	TO DATE	INTERVENTIONS	RESP DISC
	Fall risk Potential for Injury: related to Unsteady gait Cognitive deficits Impaired safety awareness Weakness Dizziness Polypharmacy Use of psychotropic medications Impaired mobility Balance problem Impaired vision Postural hypotension Use of restraint Risky behaviors As evidenced by: History of falls Unable to ambulate without assistance Forgets to use assistive devices Verbalizes dizziness Unable to transfer without assistance	Resident will remain free from injuries Resident will verbalize understanding of the need for assistance Resident will demonstrate ability to use assistive device safely and consistently		<u>Resident</u> Educate resident in safety awareness Remind resident to call when needing assistance Instruct resident to sit on side of bed for one minute before standing Keep call light and most frequently used personal items within reach Keep glasses clean and fit with adequate prescription Assess medications for contributing factors <u>Identification</u> Maintain record of falls, and evaluate for patterns Make sure that all staff members are aware that resident is at high risk for falls Move to room closer to nurse's station if necessary Falling Star or other symbol on door <u>Clothing</u> Shorten all clothing resident might trip on Shoes well fitting with non-slip soles Gripper socks <u>Mobility</u> PT evaluation for strength training, gait, or transfer OT evaluation as indicated See Transfers care plan See Physical Mobility care plan	