

ONE-SIZE FITS ALL CARE PLAN EXAMPLE

Focus	Goal	Interventions
<p>1/1/17 I might develop pressure sores or other skin disorders because I have DM, CHF, PVD, CKF, Parkinson's Disease, ORIF Left Femur. I also need 1 person assist with bed mobility, am occasionally incontinent, and don't change positions independently.</p>	<p>I will not have any skin breakdown before next review (9/30/17)</p>	<p>Weekly skin assessments (LN) Assist me to turn and reposition (CNA) Remind me to offload weight when up (ALL) Moisturize my skin daily (CNA) Check fit of clothing and shoes prn (CNA) Size Medium Brief Report all skin issues to license nurse (CNA) Peri care with barrier Cream (CNA) Float heels (CNA) Separate bony prominences – don't massage these (CNA) Pressure relieving mattress on bed Pressure redistributing device in chair (CNA) Educate resident/family/caregivers of causative factors and measures to prevent skin injury.(LN) Encourage good nutrition and hydration in order to promote healthier skin. (ALL) Follow facility protocols for treatment of injury. (LN) Use caution during transfers and bed mobility to prevent striking arms, legs, and hands against any sharp or hard surface. (CNA) Identify/document potential causative factors and eliminate/resolve where possible (LN)</p>
<p>3/1/17 I refuse to turn off of my left side while in bed. I am noncompliant with my care plan</p>		<p>3/1/17 Report all noncompliance to licensed nurse (CNA) Educate resident on consequences of refusal to turn and document (LN)</p>

Name: Horton Who Room: 32 Physician: Dr Seuss Date of Birth: 010101
 Diagnoses: DM, CHF, PVD, CKF, Parkinson's Disease, ORIF Left Femur,

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I have impaired mobility of LE	I will not have complications of impaired ROM	PROM per restorative 3 x week
I can't perform my ADLs due to paraplegia	I will keep level of functioning for ADL	Total care for LE ADLs Set up for UE ADLs
I have limited mobility	I will keep current mobility level	Supervision with w/c Foot pedals on w/c Position properly
I have a communication problem as I am deaf	I will communicate needs	Anticipate needs Allow adequate time to respond. Do not rush Make eye contact Face when speaking Put hearing aids in Report changes
I have alteration in my mood	I will not have alteration in moods	Monitor mood for patterns Monitor my labs Monitor for changes in condition Identify strengths Redirect Distract me
I have a catheter due to neurogenic bladder	I will not have a UT	Cath care daily Secure tubing Monitor for s/s UTI
I have trouble chewing and swallowing	I won't lose weight	Med Pass 4 oz tid Honor my food preferences Monitor for signs of choking Provide diet as ordered Weigh according to policy Provide snacks as needed

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I won't stay in my chair, so I fall	I won't injure myself	Bed and chair alarm at all times Monitor my whereabouts Establish a toileting plan Keep me in front of nursing station Check my whereabouts frequently Keep familiar objects within reach

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