

**INTERDISCIPLINARY PLAN OF CARE**

**PATIENT INFORMATION**

PROBLEM IDENTIFIED Date/Initials	PROBLEM (Check problems)	DESIRED OUTCOME	PLAN OF CARE (Check interventions)	PROBLEM RESOLUTION Date/Initials
	<input type="checkbox"/> <b>PROTECTION</b> Skin integrity – actual or potential Impairment -Braden Score<16 Potential for injury to self or others	Skin integrity maintained or improved during stay  No injury during stay  Provide a safe environment  Involvement of family/significant others whenever possible  Create a restraint free environment Alternatives that were effective: _____ _____ _____	1 <input type="checkbox"/> Elevate heels off mattress 2 <input type="checkbox"/> Treat Incontinence 3 <input type="checkbox"/> Nutrition Referral 4 <input type="checkbox"/> Turn and reposition q 2 hours 5 <input type="checkbox"/> Institute Pressure Ulcer Care Algorithm 6 <input type="checkbox"/> Braden assessment daily 7 <input type="checkbox"/> Neurochecks/assessments and record findings 8 <input type="checkbox"/> Implement restraint alternatives 9 <input type="checkbox"/> Identify patient as a risk for falls and implement fall precautions 10 <input type="checkbox"/> Bed Alarm 11 <input type="checkbox"/> Reorientation to environment for confused/agitated patients 12 <input type="checkbox"/> Reduce environmental hazards 13 <input type="checkbox"/> Elopement precautions 14 <input type="checkbox"/> Additional needs _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____
	<input type="checkbox"/> <b>PATIENT EDUCATION</b> Need for information on disease process and management Medication Adherence	Patient/family will demonstrate knowledge of disease process and pharmacological therapy	1 <input type="checkbox"/> Initiate diagnosis specific Teaching Record _____ 2 <input type="checkbox"/> Explain procedures and treatment plans 3 <input type="checkbox"/> Additional needs _____ _____	1 _____ 2 _____ 3 _____
	<input type="checkbox"/> <b>MANAGEMENT OF HEALTH</b> Need for information on disease process and management Drug Information	Patient will achieve optimal level of independence and receive level of required care during hospitalization.  Involvement of family/significant others whenever possible	1 <input type="checkbox"/> Full assist with meals and hygiene 2 <input type="checkbox"/> Partial assist with meals and hygiene 3 <input type="checkbox"/> Case Management referral for discharge planning 4 <input type="checkbox"/> Physical therapy referral 5 <input type="checkbox"/> Occupational therapy referral 6 <input type="checkbox"/> Additional needs _____ _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____
	<input type="checkbox"/> <b>COMFORT</b> Pain related to diagnosis or symptom of disease	Patient will verbalize acceptable level of comfort	1 <input type="checkbox"/> Patient/Family education related to assessment and management of pain 2 <input type="checkbox"/> Assess discomfort according to intensity and document 3 <input type="checkbox"/> Provide appropriate analgesia as ordered or consult with physician 4 <input type="checkbox"/> Re-assess relief from pain medication and document 5 <input type="checkbox"/> Implement relieving interventions; massage, ice or heat to relieve pain 6 <input type="checkbox"/> Additional needs _____ _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____
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	<input type="checkbox"/> <b>NUTRITION</b>  Alteration in nutrition status, fluid and electrolyte balance  Frequent coughing or choking while eating	Provide adequate nutrition during hospitalization  No significant weight loss during hospitalization  Control of nausea and vomiting	1 <input type="checkbox"/> Dietitian referral 2 <input type="checkbox"/> Speech referral 3 <input type="checkbox"/> Intake and output recorded and assessed 4 <input type="checkbox"/> Weigh as ordered 5 <input type="checkbox"/> Administer IV, or PO therapies as ordered 6 <input type="checkbox"/> Assess diagnostic results and skin turgor and color 7 <input type="checkbox"/> Monitor caloric intake as ordered 8 <input type="checkbox"/> NG, PEG or gastric tube care 9 <input type="checkbox"/> Administer emetic agents as required 10 <input type="checkbox"/> Additional needs _____	
	<input type="checkbox"/> <b>ELIMINATION</b>  Alteration in bowel or bladder functioning	Patient will void and have bowel movement as "normal" for them.  No signs and symptoms of distress	1 <input type="checkbox"/> Daily GI assessment 2 <input type="checkbox"/> Record output from catheter or drainage tubes 3 <input type="checkbox"/> Catheter care 4 <input type="checkbox"/> Additional needs _____	
	<input type="checkbox"/> <b>OXYGENATION</b>  Difficulty breathing, shortness of breath on exertion, airway obstruction, inadequate oxygenation or ischemia	Patient will maintain patent air-way, ease of respiration, and signs of adequate oxygenation and circulation	1 <input type="checkbox"/> Assess respiratory status 2 <input type="checkbox"/> Monitor diagnostic results 3 <input type="checkbox"/> Administer therapeutic modalities 4 <input type="checkbox"/> Encourage post-op coughing and deep breathing 5 <input type="checkbox"/> Elevate head of bed for ease of respiration 6 <input type="checkbox"/> Endotracheal or trach tube care 7 <input type="checkbox"/> Administer thrombolytic therapy per protocol 8 <input type="checkbox"/> Additional needs _____	
	<input type="checkbox"/> <b>ACTIVITY</b>  Alteration in ability to ambulate, turn from side to side or actively move extremities	Patient will maintain or improve pre-hospital mobility status.  Involvement of family/significant others whenever possible	1 <input type="checkbox"/> Active range of motion 2 <input type="checkbox"/> Passive range of motion 3 <input type="checkbox"/> Physical therapy referral 4 <input type="checkbox"/> Occupational therapy referral 5 <input type="checkbox"/> Assist to chair transfer or ambulate 6 <input type="checkbox"/> Bed rest 7 <input type="checkbox"/> Functional transfers, functional ambulation, ADL's 8 <input type="checkbox"/> Additional needs _____	
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	<input type="checkbox"/> <b>COPING AND COMMUNICATION</b>  Problem coping with disease process, communication barriers Hearing Problems	Patient will express thoughts and feelings  Patient will be able to effectively communicate  Reduction or management of anxiety	1 <input type="checkbox"/> Obtain interpreter (sign language) 2 <input type="checkbox"/> Offer clergy 3 <input type="checkbox"/> Explain all treatments and procedures 4 <input type="checkbox"/> Suicide precautions 5 <input type="checkbox"/> Therapeutic communications 6 <input type="checkbox"/> Social Work referral 7 <input type="checkbox"/> Additional needs _____	
	<input type="checkbox"/> <b>GROWTH AND DEVELOPMENT</b>  Consideration of age and developmentally appropriate strategies	Care and education based on Developmental level	1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Adolescent 3 <input type="checkbox"/> Adult 4 <input type="checkbox"/> Geriatric 5 <input type="checkbox"/> Other _____	
	<input type="checkbox"/> <b>PATIENT SAFETY</b>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
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