|  |  |  |  |
| --- | --- | --- | --- |
| **DNR:** \_\_\_ In Place \_\_\_ Not In- Place | | **Date of Plan** |  |
| **Patient name:** |  | **Review Update/ Initial:** |  |
| **Patient’s Nurse Name:** |  | **Telephone:** |  |
| **Hours/ Days of Service:** |  | **Allergies:** |  |
| **Physician’s Name** |  | **Telephone:** |  |
| **Responsible Person:** |  | **Telephone:** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Services to be provided**: | | | | | | | | | | |
| **Personal Care** | | | **Special Instructions/ Safety Precautions:** | | | | | | | |
| 1 |  | Assist with transfers from chairs, toilet, bath, etc. |  | Allergy | | | | | | |
| 2 |  | Assist with toileting |  | Bleeding | | | | | | |
| 3 |  | Assist with walking |  | Cognitive Deficits | | | | | | |
| 4 |  | Assist with personal grooming |  | Diabetic; Hypo/ Hyperglycemia | | | | | | |
| 5 |  | Assist with bathing |  | Fall precaution | | | | | | |
| 6 |  | Assist with dressing |  | Oxygen | | | | | | |
| 7 |  | Assist with exercises |  | Remind to take medication: \_\_AM \_\_Noon\_\_Bedtime | | | | | | |
| 8 |  | Record any health or behavior changes |  | Seizure- See ATTACHED PROTOCOL | | | | | | |
| **Meals and Nutrition** | | | **In Case of Emergency Call 911, then Office: 516-373-1516** | | | | | | | |
| 9 |  | Plan\_\_ meals and \_\_ snacks a day |  | | | | | | | |
| 10 |  | \_\_\_Breakfast \_\_Lunch\_\_\_Dinner\_\_ Snack |  | COMMENTS: | | | | | | |
| 11 |  | Feeding: \_\_\_Self \_\_\_Assist \_\_\_Feed |  | \_\_\_\_Never Leave Alone | | | | | | |
| 12 |  | Prepare and serve food |  | \_\_\_\_Left \_\_\_\_Right sided weakness | | | | | | |
| 13 |  | Clean, dry and put away dishes |  | Apply Leg Brace | | | | | | |
| 14 |  | Grocery shopping |  | Blind in \_\_\_\_Left \_\_\_Right Eye | | | | | | |
| **Homemaking** | | |  | Difficulty speaking clearly | | | | | | |
| 15 |  | Change bed sheets, make bed, straighten room |  | \_\_\_\_Short-Term \_\_\_\_Long-Term memory Loss | | | | | | |
| 16 |  | Wash, dry, fold and put away laundry | **GOALS** | | | | | | | |
| 17 |  | Clean bathtub, toilet and sink |
| 18 |  | General dusting and cleaning of home surfaces | Goal #1 | | Participate in Personal care Activities Daily | | | | | |
| 19 |  | Vacuum carpets and sweep floors | Goal #2 | | Household Cleaning/ organized | | | | | |
| 20 |  | Sort recycling items | Goal #3 | | Meal planning/ preparation | | | | | |
| 21 |  | Empty trash cans and take -out garbage | Goal #4 | | Community Integration | | | | | |
| 22 |  | Shopping/ errands | Goal #5 | | Maintain medication schedule | | | | | |
| **Social Pursuits** | | |  | |  | | | | | |
| 23 |  | Going on walks or sitting outside | Care Plan reviewed with Patient and/or Family | | |  | | Yes |  | No |
| 24 |  | Playing card or board games | And Employee | | | |  | Yes |  | No |
| 25 |  | Reading out loud |  | | | | | | | |
| 26 |  | General companionship and conversation |
| Comments: | | | Nurse Signature | | | Date | | | | |
|  | | | | | | | | | | |