|  |  |  |
| --- | --- | --- |
| **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 |
|  |