**BASELINE CARE PLAN**

Please complete this plan within 48 hours of admission by admission nurse. Review by DON.

All problems and goals and interventions will be reviewed and replaced by a comprehensive care plan (21 days after admission).

### ADMITTED FOR:
- Skilled services due to weakness post-surgery
- Long-term care due to safety require daily nursing care
- Disease/illness management:

#### ADMISSION GOAL:
- Participate in treatment for:
- Participate in therapy
- Display progress in:

### DISEASE/ ILLNESS MANAGEMENT

<table>
<thead>
<tr>
<th>Diabetic</th>
<th>Hypertension</th>
<th>Post-surgical care</th>
<th>Seizure</th>
<th>Respiratory</th>
<th>Pain</th>
<th>Hemiplegia</th>
<th>GI problem</th>
<th>Cather</th>
<th>Weight loss</th>
<th>Comatose</th>
<th>O2 catheter</th>
<th>Wound</th>
<th>Pressure injury</th>
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**Goal:** Disease/ Illness will be monitored and managed using standards of nursing practices until further instructions.

#### Interventions:
- Following order for treatments
  - Monitor medications: side effects, effectiveness
  - Provide safety environment, properly use devices
  - Monitor for complications of illness

### ADL/DIETARY MANAGEMENTS

#### ADL
- Problems (circle): require assistance of Grooming
- Hygiene (Toileting Bathing Dressing Eating)

#### DIETARY
- Problems: Tube feeding
- Problem: Regular diet
- Mechanical diet (circle): Soft Pureed Clear liquid
- Therapeutic diet (circle): NAS NCS other:

**Goal:** Follow dietician’s recommendations & physician order for dietary care to assist nutritional intake.

#### Interventions:
- Monitor for safety and assist with meals, food consumption
- Monitor intake record & weight. Encourage cooperation
- Provide diet as ordered. Monitor for safety (swallowing)
- Provide supportive device(s)

### SAFETY CARE

#### Problems:
- Fall
- Elopement
- Wandering
- Ambulation
- Transfer
- Balance
- Locomotion
- Using mobility devices (circle): manual/ electric wheelchair
- Walker
- Can

**Goal:** Safety measurement will be monitored and managed until further instruction of an official care plan.

#### Interventions:
- Monitor physical safety; follow physician order
- Provide informed consent to family and resident safety instruction
- Transfer with staff assist
- Independence
- Lift
- Gait belt
- Weight bearing (circle that apply): R: L: Encourage
- Discourage
- Assist/encourage bed mobility

### PSYCHO SOCIAL WELL/ILL-BEING CARE

#### Problems:
- Sad / crying
- Verbal abuse
- Physical abuse
- Agitation
- Combative
- Blind
- Deaf
- Non-English
- Confused
- Non-verbal
- Sexual inappropriate
- Others

**Goal:** Mood and behavior will be monitored and managed medically through nursing care until further instructions by CP/QA team.

#### Interventions:
- Provide emotional support for new environment, life style and monitor for safety related to behaviors
- Visit and encourage ventilate feelings. Referral to special care
- Provide instruction, redirection for episode of behavior
- Communication board

### OTHER SPECIAL CARE INSTRUCTIONS

#### Therapy service:
- PT
- OT
- ST
- RT

#### Follow the medication administrations and treatment(s) as ordered by physician/ NP (attached POS).

#### Review the MAR and TAR prior administering dietary orders by physician or NP (attached POS)

### RESIDENT: ROOM: PHYSICIAN:

- Informed and deliver to resident or representative via: MAIL FAX EMAIL HANDOFF by: __________________________

PHYSICIAN ORDERS

[ ] CPR  [ ] DNR  [ ] ADVANCED DIRECTIVE

<table>
<thead>
<tr>
<th>Admitting diagnosis</th>
<th>Allergies (including food, medications)</th>
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PHYSICIAN ORDER FOR THERAPY

- PT  [ ] screening  [ ] Evaluation  [ ] Treatment
- OT  [ ] screening  [ ] Evaluation  [ ] Treatment
- ST (speech)  [ ] screening  [ ] Evaluation  [ ] Treatment
- RT (respiratory)  [ ] screening  [ ] Evaluation  [ ] Treatment

PHYSICIAN ORDER FOR DIETARY

- Regular
- Mechanical soft
- Pureed
- Bland diet
- Renal diet
- Clear liquid
- Thickened liquid (circle consistency): honey, nectar, thin pudding
- No concentrated sweet
- No added salt
- Tube feeding
- Fluid restriction

PHYSICIAN ORDER FOR ACTIVITY/MOBILITY/LABS

**ACTIVITY/MOBILITY**
- Bed rest
- Up ad lib
- Up with assistance
- Weight bearing
- Non weight bearing
- Limited weight bearing on L R
- As tolerated
- Comfort care; end-of-life care

**LABS**
- CBC
- Chemistry panel
- Metabolic panels
- EKG
- Finger stick
- INR
- Digoxin
- Serum K
- Anticonvulsant
- Culture for

PHYSICIAN ORDER FOR SPECIAL NURSING CARE

Follow the nursing care protocols/policies & procedures or manufacturer recommendations for clinical care on (check what applies)

- Oxygen therapy
- PEG tube
- Colostomy
- central line
- Immunizations
- Ostomy
- Foley catheter
- Port-a-Cath
- TB test
- Tracheostomy
- Suprapubic catheter
- Pacemaker
- Fole cath
- Central cath
- PTG cath
- Other

PHYSICIAN ORDER FOR MEDICATIONS/TREATMENT

Send the orders to pharmacy. Licensed nurses to establish the schedule of administration on the MAR and TAR

<table>
<thead>
<tr>
<th>MEDICATIONS</th>
<th>DOSAGE</th>
<th>ROUTE</th>
<th>FREQUENCY</th>
<th>DIAGNOSIS</th>
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RESIDENT: ROOM: PHYSICIAN:

♥ Informed and deliver to resident or representative via: [ ] MAIL  [ ] FAX  [ ] EMAIL  [ ] HANDOFF by: ______________________