BASELINE CARE PLAN

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

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ADMITTED FOR:				ADMISSION GOAL:					
☐ Skilled services due to weakness post-surgery				☐ Participate in treatment for					
Others:			☐ Participate in therapy						
☐ long-term care due to safety require daily nursing care				☐ Display progress in					
☐ Disease/illness management:									
		DISEASE/ ILL	NESS	MANA	SEMENT				
☐ Diabetic	☐ Catheter	□ weight loss		☐ Nutriti		☐ Wound	☐ pressure	iniurv	
☐ Hypertension	□ comatose	□ cerebral palsy		□ Weakness					
☐ Post-surgical care	☐ septicemia	☐ multiple scleros	is	☐ Post 0		1	DIO DIO		
☐ Seizure	□ quadriplegia	☐ Parkinson's dise		11/01/1					
☐ Respiratory	□ pneumonia	☐ Alzheimer/ dem							
	☐ Pain ☐ O2 therapy ☐ on psych medica			11/1/1					
☐ hemiplegia									
☐ GI problem	□ vomiting								
Goal: Disease/ Illness will be monitored and managed using standards of nursing practices until further instructions									
Interventions: Follow								OON/	
Monitor medications: side effects, effectiveness				 Monitor conditions, progress of illness. Report changes to DON/ physician 					
Provide safety environment, properly use devices					alues and repo	rt to the phys	sician		
Monitor for complications of illness					ort and care:				
Wierinter for complica		ADL/DIETAR							
	ADI	AUL/DIE I AI	X I IVIA	MAGEN		DIETADY			
ADL				DIETARY Problem: ☐ Tube feeding ☐ Regular diet					
Problems (circle): require assistance of Grooming									
Hygiene Toileting Bathing Dressing Eating							Clear liquid Regul	ar	
Goal: All ADL care will be assisted or encouraged for					diet 9circle): N			fo.,,	
independence until re-evaluated upon comprehensive CP							& physician order	ior	
Interventions: Assist with ADL and assess for restorative					assist nutritiona		st with meals, food		
care					MOTILOT TOT San	ety ariu assis	st with meals, 1000		
Encourage self-care/participation Setup and monitor Maintain safety precautions due toweakness				consumption					
■ Maintain salety precautions due toweakness ■ Provide supportive devices: catheter_other:				Monitor intake record &weight. Encourage cooperation Provide diet as ordered Monitor for safety (swallowing)					
 Provide supportive devices: catheter other: Toileting as needed. Monitor for skin issue Provide diet as ordered. Monitor for safety (swallowing) Provide supportive device(s) 									
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• rolleting as needed.	INIONITOL TOL SKIN ISS		•		ortive device(s)				
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Problems: ☐ Fall ☐ ☐ Using mobility device	Elopement Wande	SAI ring □ Ambulation	Tran	CARE sfer □ Ba	lance 🗆 Locor	notion □ Us	ing brace/splint		
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PHYSICIAN ORDERS ☐ DNR ☐ ADVANCED DIRECTIVE Admitting diagnosis Allergies (including food, medications) PHYSICIAN ORDER FOR THERAPY ☐ screening ☐ Evaluation ☐ Treatment ST(speech) □ screening □ Evaluation □ Treatment ☐ screening ☐ Evaluation ☐ Treatment RT (respiratory) ☐ screening ☐ Evaluation ☐ Treatment OT PHYSICIAN ORDER FOR DIETATY ☐ Renal diet □ No concentrated sweet □ Regular ■ Mechanical soft ☐ Clear liquid ■ No added salt ☐ Thicken liquid (circle consistency) honey nectar thin pudding ☐ Pureed □ Tube feeding □ Bland diet ☐ Fluid restriction PHYSICIAN ORDER FOR ACTIVITY/MOBILITY/LABs ACTIVITY/MOBILITY **LABS** ☐ Bed rest ☐ Up ad lib ☐ Up with assistance ☐ weight bearing ☐ ☐ CBC ☐ Chemistry panel ☐ Metabolic panels ☐ EKG non weight bearing □ limited weight bearing on L R ☐ Finger stick ☐ INR ☐ Digoxin ☐ Serum K ☐ ☐ As tolerated Anticonvulsant ☐ Comfort care ; end-of life care □ Culture for PHYCIAN ORDER FOR SPECIAL NURSING CARE Follow the nursing care protocols/policies &procedures or manufacturer recommendations for clinical care on (check what applies) ☐ PEG tube □ Oxygen therapy □ Colostomy ☐ central line ☐ immunizations □ Ostomy ☐ Foley catheter ☐ Port-a-Cath □ TB test □ Tracheostomy ☐ Suprapubic catheter □ Pacemaker PHYSICIAN ORDER FOR MEDICATIONS/TREATMENT Send the orders to pharmacy. Licensed nurses to establish the schedule of administration on the MAR and TAR **MEDICATIONS** DOSAGE ROUTE | FREQUENCY **DIAGNOSIS RESIDENT: ROOM: PHYSICIAN:** ▼ Informed and deliver to resident or representative via: □ MAIL □ FAX □ EMAIL □ HANDOFF by: