


DISCHARGE PLANNING NEEDS:		
Goals: Discharge to an appropriate safe environment which meets the patient's needs.		
Primary Responsibility: Case Management, Nursing	Date	Staff Signature
Consult with family/SO to assist with discharge plans.		
Assessment of patient's discharge needs.		
Consult with MD and staff for recommendations.		
Provide education on community resources.		

ALTERATION IN SKIN INTEGRITY RELATED TO: <input type="checkbox"/> Altered nutritional status <input type="checkbox"/> Immobility <input type="checkbox"/> impaired circulation <input type="checkbox"/> Incontinence <input type="checkbox"/> Surgical incision <input type="checkbox"/> Draining wound <input type="checkbox"/> Mechanical factors (restraints, shearing force, pressure <input type="checkbox"/> Other:		
Goals: Provide environment to facilitate tissue oxygenation, tissue nutrition and remove cellular waste.		
Primary Responsibility: Nursing	Date	Staff Signature
Complete skin risk assessment tool on admission		

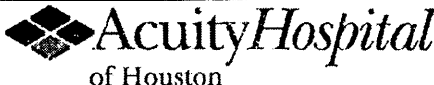
HIGH INFECTION RISK OR INFECTION PROCESS		
Goals: Decrease risk of hospital acquired infection. Provide environment to facilitate decrease in bacterial load		
Primary Responsibility: Nursing	Date	Staff Signature
Universal Precautions		
Follow Labs		
Isolation:		

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ALTERATION IN PULMONARY STATUS RELATED TO: <input type="checkbox"/> CHF <input type="checkbox"/> Medications <input type="checkbox"/> Lung Disease <input type="checkbox"/> Pneumonia <input type="checkbox"/> Decreased energy/fatigue <input type="checkbox"/> Bronchial secretions <input type="checkbox"/> Post-operative <input type="checkbox"/> Other:		
Goals: 1. Maximize oxygen exchange 2. Maximize ventilation		
Primary Responsibility: Respiratory Therapy	Date	Staff Signature

APPROPRIATE MEDICATION USAGE:		
Goals: Medications will be appropriate for disease process(es) and individualized for each patient.		
Primary Responsibility: Nursing, Pharmacy	Date	Staff Signature
Patient demographics (height, weight, age) labs, allergies and appropriate drug levels are monitored.		
Review drug regimen for potential drug-drug or drug disease interactions, therapeutic duplication.		
P. O. route used when appropriate.		
Appropriate dosage adjustments made for renal/hepatic function., age & wt.		
Antibiotic therapy reviewed for appropriate coverage and duration.		


ALTERNATION IN SELF CARE		
Goals: Maximize ability to communicate needs. Maximize functional independence in self care tasks/care needs will be met.		
Primary Responsibility: Rehabilitation Therapy, Nursing	Date	Staff Signature
ADL training		

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MANAGEMENT OF PAIN		
Goals: Pain relief as evidence through improved functional performance; and reduction of pain as described by patient.		
Primary Responsibility: Nursing, Pharmacy	Date	Staff Signature
Level of pain is assessed		
Modalities such as hot / cold packs, ultrasound, massage		
Patient/Family understanding of their roles in managing pain as well as the potential limitations and side effects of pain treatment.		
Patient understands appropriate use of drugs & therapeutic goals.		
Relaxation techniques		

ALTERATION IN COMMUNICATION RELATED TO: <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Speech impairment <input type="checkbox"/> Language Barrier <input type="checkbox"/> Incontinence <input type="checkbox"/> Other:		
Goals: Maximize ability to communicate needs.		
Primary Responsibility: Rehabilitation Therapy, Nursing	Date	Staff Signature

ALTERATION IN SWALLOWING		
Goals: Maximize safe swallow potential/prevent aspiration.		
Primary Responsibility: Rehabilitation Therapy, Nursing	Date	Staff Signature
Aspiration precautions		

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ALTERATION IN MOBILITY: <input type="checkbox"/> Pain/discomfort <input type="checkbox"/> musculoskeletal impairment <input type="checkbox"/> neuromuscular impairment <input type="checkbox"/> post operative status <input type="checkbox"/> Other:		
Goals: Maximize independence.		
Primary Responsibility: Nursing	Date	Staff Signature
Strengthening		
Functional mobility training		

NUTRITION RISK FACTORS: <input type="checkbox"/> Cachectic and/or malnourished <input type="checkbox"/> difficulty chew/swallow <input type="checkbox"/> persistent vomiting or diarrhea > 3 days <input type="checkbox"/> tube feeding required <input type="checkbox"/> TPN required <input type="checkbox"/> Decreased Albumin or Pre albumin <input type="checkbox"/> NPO or CLQ > 3 days <input type="checkbox"/> Stage 2, 3, 4, pressure ulcer <input type="checkbox"/> oral or tube Dilantin with tube feeding <input type="checkbox"/> Poor p.o. intake < 50% meals <input type="checkbox"/> Weight loss/gain of 10% in the past 6 months <input type="checkbox"/> Other:		
Goals: <input type="checkbox"/> Maintain / improve body weight <input type="checkbox"/> Decrease diarrhea or vomiting <input type="checkbox"/> Tolerate modified texture of food <input type="checkbox"/> Tube feeding provides adequate nutrition <input type="checkbox"/> TPN provides adequate nutrition <input type="checkbox"/> Maintain/improve visceral protein stores <input type="checkbox"/> Resume p.o. intake by _____ <input type="checkbox"/> Wound shows healing <input type="checkbox"/> Hold tube feed around dilantin <input type="checkbox"/> p.o. intake > 50% meals <input type="checkbox"/> Supplement / snack intake > 50%		
Primary Responsibility: Dietitian	Date	Staff Signature
Monitor weight		
Monitor nausea/vomiting/diarrhea		
Consider modified texture diet:		
Monitor tube feeding tolerance and goal		
Monitor TPN tolerance and goal		
Monitor Albumin and Prealbumin		
MD note re: NPO/CL! > 3 days		
MD note re: Dilantin and tube feeding		
Encourage p.o. intake		
Provide nutritional supplement and/or snack		