



MR#
 LW Acct#
 Name

Interdisciplinary Plan of Care

Complete or Imprint with Address-O-Plate

Admission Date 2/4/03 Significant Other's Name Mary Jones Phone Number 215-923-6015

All Identified needs addressed Yes No Explain cataracts

Care Priorities/Goals <small>(specific details of assessments/goals during hospitalization are to be included in the discipline specific documentation of the medical record)</small>		Date Initiated	Initials	Date Revised/ Resolved	Initials
1	Pain Management- Patients pain will be <4	2/4/03	CD		
2	Management of falls- Patients will be free of falls during hospitalization	2/4/03	CD		
3	Respiratory Management - Patients pulse Ox will be > 95%. Pt will not experience S.O.B.- difficulty breathing	2/4/03	DS		
4	Patient able to transfer independently out of bed	2/5/03	MM		
5	Nutrition: Patient to meet nutrition needs through oral vs: PEG feedings.	2/5/03	LG		
6	Psychosocial: Patient will have decreased anxiety regarding diagnosis/hospitalization	2/5/03	CPS		
7	Patients risk of harming him/herself will be reduced by the proper application of restraints.	2/5/03	PB		
8					

IMPORTANT: DO NOT WRITE IN MARGINS



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Education Record

Learner Patient Other (specify) _____ Name **Mary Jones** Relationship to Patient **Daughter**

Barriers To Learning

Primary Language of Person(s) Involved with Instruction English Other (specify) _____
 Interpreter Available Yes No Name/Phone _____
 Are there major barriers to learning? Yes see below No major barriers to learning, patient motivated to learn

On Admission

	Date	Init
Cognitive/ Emotional <input type="checkbox"/> Unresponsive <input checked="" type="checkbox"/> Uncooperative <input type="checkbox"/> Confused <input type="checkbox"/> Other (specify) _____		
Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/> Pain <input checked="" type="checkbox"/> Fatigue <input type="checkbox"/> Other (specify) _____		
Psychosocial Barriers <input checked="" type="checkbox"/> Anxious <input type="checkbox"/> Refuses/Denies Need <input type="checkbox"/> Other (specify) _____		
Motivation Level <input type="checkbox"/> Asks Questions <input type="checkbox"/> Eager to Learn <input type="checkbox"/> Extremely Anxious <input type="checkbox"/> Uncooperative <input type="checkbox"/> Seems Disinterested <input type="checkbox"/> Denies Need		

Changes

	Date	Init
Cognitive/ Emotional <input type="checkbox"/> Unresponsive <input type="checkbox"/> Uncooperative <input type="checkbox"/> Confused <input type="checkbox"/> Other (specify) _____		
Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/> Pain <input type="checkbox"/> Fatigue <input type="checkbox"/> Other (specify) _____		
Psychosocial Barriers <input type="checkbox"/> Anxious <input type="checkbox"/> Refuses/Denies Need <input type="checkbox"/> Other (specify) _____		
Motivation Level <input type="checkbox"/> Asks Questions <input type="checkbox"/> Eager to Learn <input type="checkbox"/> Extremely Anxious <input type="checkbox"/> Uncooperative <input type="checkbox"/> Seems Disinterested <input type="checkbox"/> Denies Need		

Anticipated Learning Needs

- Date _____ Initials _____ Self care activities
- Date 2/4/03 Initials PB Safe and effective use of medical equipment Other (specify) _____
- Date 2/4/03 Initials PB Pain risks, assessments or treatment
- Date 2/4/03 Initials PB Safe and effective use of medication
- Date _____ Initials _____ Potential food-drug interaction Other (specify) _____
- Date _____ Initials _____ Counseling on nutrition and modified diet
- Date _____ Initials _____ Access to community resources Other (specify) _____
- Date _____ Initials _____ Determining need for further treatment
- Date _____ Initials _____ Rehab or habilitation techniques to adapt/function independently in the discharge environment

Financial Implications No Yes (explain) _____

Patient/Other Learns Best By: Written Materials Discussion Audiovisual Demonstration Groups Other

Teaching Materials Used/Classes Attended

Title	Date	Initials	Title	Date	Initials
CHF- MicroMedex CareNotes	2/5/03	TM			

Topic/Teaching Outcomes Teaching Sessions / Learner Evaluation	Response	Date	Initials	Response	Date	Initials	Response	Date	Initials	Response	Date	Initials	Patient/Other Feedback
Orientation to Hospital/Unit	5	2/4	TM										
Advance Directives (if applicable)	5	2/4	TM										
Fall Prevention (if applicable)	5	2/4	TM										

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Patient Name

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Topic/Teaching Outcomes	Teaching Sessions / Learner Evaluation												Patient/Other Feedback
	Response	Date	Initials	Response	Date	Initials	Response	Date	Initials	Response	Date	Initials	
Diagnosis/Disease/Symptoms													
a.													
b.													
c.													
Meds, purpose, dose, schedule, S/E and any food drug interactions (if applicable)													
a. Flagyl	1	2/5	PB										
b. Clindamycin	1	2/5	PB										
c. Aspirin	1	2/5	PB										
d. Reglan	1	2/5	PB										
Pain Management													
a. Pain rights and responsibilities	1	2/5	PB										
b. Types and symptoms of pain	1	2/5	PB										
c. Know the importance of effective pain management	1	2/5	PB										
d. Know the pain assessment process	1	2/5	PB										
e. Understand methods of pain management as part of treatment	1	2/5	PB										
f. How to manage pain after discharge	1	2/5	PB										
Treatments/Procedures (if applicable)													
a. Trach Care	5	2/5	PB										
b.													
Counseling on nutrition and modified diets (if applicable)													
Appropriate community resources (if applicable).													
Need for further treatment.													
Rehab or habilitation techniques to adapt/function independently in the discharge environment (if applicable).													
a. Transfer, ambulates	5	2/5	MM										
b.													
Risk factor reduction/wellness/prevention													
a. Smoking Cessation	5	2/5	PB										
b.													
Other													
Other													

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Init.	Signature	Dept.	Init.	Signature	Dept.	Init.	Signature	Dept.
PB	Patty Berkes	N						
DS	Doris Smith	RT						
MM	Mary Miller	PT						
TM	Therese McGurkin	N						

Response to Education Key	Department Key
1 = Requires Reinforcement 2 = Demonstrates with Assistance 3 = Explains Independently 4 = Demonstrates Independently 5 = Offered and Refused Teaching 6 = Unable to Teach/Learn 7 = Requests More Information	ET = Enterostomal Therapy HC = HomeCare OT = Occupational Therapy JHIS = Jeff Home Infusion Service PS = Psychology ND = Nutrition/ Dietetics PC = Pastoral Care CT = Cast Room Tech CM = Case Manager Pharm = Pharmacy PT = Physical Therapy NS = Nutritional Support DE = Diabetic Education SLP = Speech Language Pathology SW = Social Work N = Nursing / P= Physician RT = Respiratory Therapy