

NEXT REVIEW: 09/21/05

SELF-ADMINISTRATION OF MEDICATION: N

DIAGNOSIS:

- 436 CVA
- 787.2 DYSPHAGIA
- 250.01 DMI WO CMP NT ST UNCNTRL

RESIDENT'S IDENTIFIED STRENGTHS:

RESIDENT'S IDENTIFIED RISKS/WEAKNESSES:

ADVANCE DIRECTIVES:

LIVING WILL

DO NOT RESUSCITATE

DISCIPLINE LEGEND: N - NURSING S - SOCIAL SERVICE A - ACTIVITIES D - DIETARY NA - NURSING AIDE RA - REHAB AIDE  
 OT - OCCUPATIONAL THERAPY PT - PHYSICAL THERAPY SP - SPEECH THERAPY RT - REHAB THERAPY C - CLERGY

| RESIDENT NAME | NUMBER | SEX | STA  | ROOM | LEVEL | BIRTHDATE | ADMIT DATE | PHYSICIAN  | REVIEW DATE |                 |          |
|---------------|--------|-----|------|------|-------|-----------|------------|------------|-------------|-----------------|----------|
| CARRINGTON    | ALEXIS | A   | 2005 | F    | 1     | 104       | 2          | 07/12/1916 | 09/01/04    | STROPES GENERAL | 00/00/00 |

I N T E R D I S C I P L I N A R Y R E V I E W P L A N O F C A R E

DATE 06/27/05

PAGE 2

DATE OF REVIEW: 00/00/00

SELF-ADMINISTRATION MEDICATIONS (SAME):

WHY CHANGE:

LEVEL OF CARE (SAME):

CHANGE TO:

DISCHARGE PLAN:

=====

| RESIDENT NAME | NUMBER | SEX | STA | ROOM | LEVEL | BIRTHDATE  | ADMIT DATE | PHYSICIAN       | REVIEW DATE |
|---------------|--------|-----|-----|------|-------|------------|------------|-----------------|-------------|
| CARRINGTON    | A 2005 | F   | 1   | 104  | 2     | 07/12/1916 | 09/01/04   | STROPES GENERAL | 00/00/00    |

| RESIDENT NAME | NUMBER | SEX | STA  | ROOM | LEVEL | BIRTHDATE | ADMIT DATE | PHYSICIAN  | REVIEW DATE |                 |          |
|---------------|--------|-----|------|------|-------|-----------|------------|------------|-------------|-----------------|----------|
| CARRINGTON    | ALEXIS | A   | 2005 | F    | 1     | 104       | 2          | 07/12/1916 | 09/01/04    | STROPES GENERAL | 00/00/00 |

RAP: 01 DELIRIUM

PROBLEM/NEED:

=====

| DATE     | DISCPLN   |
|----------|---|
| 06/01/05 | RESIDENT IS DEMONSTRATING A DECLINE IN COGNITIVE ABILITIES AS SEEN BY FREQUENT UTI'S. |

=====

GOALS:

=====

| DATE     | DISCPLN                              |
|----------|--------------------------------------|
| 00/00/00 | RESIDENT WILL HAVE NO FURTHER UTI'S. |

=====

APPROACHES/INTERVENTIONS:

=====

| DATE     | DISCPLN   |
|----------|---|
| 00/00/00 | WATCH FOR SIGNS OF UTI AND TEST AS NEEDED   |
| 00/00/00 | N   |
| 00/00/00 | ASSESS FOR CAUSE OF DELIRIUM AND TRY TO PREVENT RECURRENCE.                                   |
| 00/00/00 | N   |
| 00/00/00 | REVIEW RESIDENT'S DRUG AND TREATMENT REGIMEN FOR POSSIBLE CAUSES, INTERACTIONS, TOXICITY ETC. |
| 00/00/00 | N   |
| 00/00/00 | CONTINUE TO EVALUATE INTERVENTIONS FOR POSITIVE OR DESIRED RESULTS.                           |
| 00/00/00 | N   |
| 00/00/00 | MONITOR VITAL SIGNS AS INDICATED.   |
| 00/00/00 | N   |
| 00/00/00 | REDUCE ANXIETY PROVOKING SITUATIONS THAT PROMPT ANXIOUS, CONFUSED OR STRESSFUL RESPONSES.     |

=====

| RESIDENT NAME     | NUMBER | SEX | STA | ROOM | LEVEL | BIRTHDATE  | ADMIT DATE | PHYSICIAN       | REVIEW DATE |
|-------------------|--------|-----|-----|------|-------|------------|------------|-----------------|-------------|
| CARRINGTON ALEXIS | A 2005 | F   | 1   | 104  | 2     | 07/12/1916 | 09/01/04   | STROPES GENERAL | 00/00/00    |

RAP: 02 COGNITIVE LOSS/DEMENTIA

PROBLEM/NEED:

=====

| DATE     | DISCPLN   |
|----------|---|
| 06/01/05 | RESIDENT DEMONSTRATES CONGNITIVE DEFICITS AS SEEN BY DIFFICULTY FINDING OWN ROOM DAILY. |

=====

GOALS:

=====

| DATE     | DISCPLN  |
|----------|--|
| 06/01/05 | RESIDENT WILL DEMONSTRATE A DECREASE IN WANDERING THROUGHOUT THE FACILITY BY NEXT 90 DAYS.             |
| 06/01/05 | RESIDENT WILL DEMONSTRATE A DECREASE IN REPETITIVE STATEMENTS BY 50% BY ____ OR WITHIN NEXT ____ DAYS. |

=====

APPROACHES/INTERVENTIONS:

=====

| DATE     | DISCPLN  |
|----------|--|
| 00/00/00 | S A ASSIST TO SCHEDULE ACTIVITIES THROUGH THE DAY TO AID IN DECREASED WANDERING.                           |
| 00/00/00 | N D S A NA ONCE TASK IS COMPLETED DIRECT RESIDENT WHERE TO GO NEXT.  |
| 00/00/00 | N S A NA OFFER ACTIVITIES OF INTEREST, INCLUDING: MORNING PAPER, REMINISCING, GAMES AND SOCIAL ACTIVITIES. |
| 06/01/05 | N S A NA PRAISE ALL EFFORTS.   |
| 06/01/05 | S ESTABLISH A CARING RELATIONSHIP WITH RESIDENT THROUGH VISITATION.  |
| 00/00/00 | S A WAIT FOR RESIDENT TO RETURN THE GREETING.  |
| 00/00/00 | N D S A NA RE-INTRODUCE SELF AND REPEAT JOB TITLE AND DUTIES AS OFTEN AS NECESSARY.                        |

=====

| RESIDENT NAME     | NUMBER | SEX | STA | ROOM | LEVEL | BIRTHDATE  | ADMIT DATE | PHYSICIAN       | REVIEW DATE |
|-------------------|--------|-----|-----|------|-------|------------|------------|-----------------|-------------|
| CARRINGTON ALEXIS | A 2005 | F   | 1   | 104  | 2     | 07/12/1916 | 09/01/04   | STROPES GENERAL | 00/00/00    |

RAP: 04 COMMUNICATION

PROBLEM/NEED:

=====

| DATE     | DISCPLN   |
|----------|---|
| 06/01/05 | RESIDENT HAS COMMUNICATION DEFICIT RELATED TO HEARING DIFFICULTIES. |

=====

GOALS:

=====

| DATE     | DISCPLN  |
|----------|--|
| 06/01/05 | RESIDENT WILL ACKNOWLEDGE UNDERSTANDING OF CONVERSATIONS, INSTRUCTIONS ECT. BY VERBALIZING UNDERSTANDING OR NODDING ON A DAILY, ON-GOING BASIS BY _____ OR WITHIN NEXT _____ DAYS. |

=====

APPROACHES/INTERVENTIONS:

=====

| DATE     | DISCPLN |
|----------|---------|
| 06/01/05 | N       |
| 06/01/05 | N A     |
| 06/01/05 | N       |
| 06/01/05 | N D S A |

=====

| RESIDENT NAME | NUMBER | SEX | STA  | ROOM | LEVEL | BIRTHDATE | ADMIT DATE | PHYSICIAN  | REVIEW DATE |                 |          |
|---------------|--------|-----|------|------|-------|-----------|------------|------------|-------------|-----------------|----------|
| CARRINGTON    | ALEXIS | A   | 2005 | F    | 1     | 104       | 2          | 07/12/1916 | 09/01/04    | STROPES GENERAL | 00/00/00 |

RAP: 05 ADL FUNCTIONAL/REHABILITATION POTENTIAL

| PROBLEM/NEED:   | GOALS:   | APPROACHES/INTERVENTIONS:   |         |          |         |
|---|--|---|---------|----------|---------|
| DATE  | DISCPLN  | DATE  | DISCPLN | DATE     | DISCPLN |
| 06/01/05  |  | 06/01/05  |         | 00/00/00 | N       |
| RESIDENT'S ABILITY TO PERFORM ADL'S HAS DECLINED AS SEEN BY PROGRESSING ALZHEIMERS DISEASE. | RESIDENT WILL CONTINUE TO REQUIRE SUPERVISION ONLY IN ADL'S WITHIN NEXT 90 DAYS. | PROVIDE ADAPTATION ACCORDING TO PHYSICAL AND MENTAL DISABILITIES. |         | 00/00/00 | N       |
|   |  | PROVIDE SET-UP AS NEEDED.   |         | 00/00/00 | N       |
|   |  | PLACE BATHING, GROOMING AND PERSONAL ARTICLES WITHIN EASY REACH.  |         | 00/00/00 | N       |
|   |  | PROVIDE SIMPLE INSTRUCTIONS AS NEEDED.                            |         | 00/00/00 | N       |
|   |  | ELIMINATE DISTRACTIONS TO ALLOW RESIDENT TO CONCENTRATE ON TASKS. |         | 00/00/00 | N       |
|   |  | BREAK ADL'S DOWN IN TO SHORT, SIMPLE TASKS.                       |         |          |         |
|   |  |   |         |          |         |
|   |  |   |         |          |         |
|   |  |   |         |          |         |

R E S I D E N T P L A N O F C A R E

DATE 06/27/05

PAGE 7

| RESIDENT NAME     | NUMBER | SEX | STA | ROOM | LEVEL | BIRTHDATE  | ADMIT DATE | PHYSICIAN       | REVIEW DATE |
|-------------------|--------|-----|-----|------|-------|------------|------------|-----------------|-------------|
| CARRINGTON ALEXIS | A 2005 | F   | 1   | 104  | 2     | 07/12/1916 | 09/01/04   | STROPES GENERAL | 00/00/00    |

RAP: 07 PSYCHOSOCIAL WELL-BEING

PROBLEM/NEED:

=====

| DATE     | DISCPLN  |
|----------|--|
| 06/01/05 | RESIDENT HAS DIFFICULTY INTERACTING WITH OTHERS DUE TO COGNITIVE DEFICITS. |

=====

GOALS:

=====

| DATE     | DISCPLN  |
|----------|--|
| 06/01/05 | RESIDENT WILL CONVERSE WITH STAFF DURING CARE AND ALL INTERACTION DAILY TO INCREASE SOCIAL CONTACT AND PRACTICE. |

=====

APPROACHES/INTERVENTIONS:

=====

| DATE     | DISCPLN   |
|----------|---|
| 00/00/00 | N D S A NA<br>TREAT RESIDENT WITH RESPECT; DO NOT ACT BORED OR UPSET. |
| 00/00/00 | N D S A NA<br>REMAIN POLITE AND RESPECTFUL EVEN IF RESIDENT IS NOT.   |
| 00/00/00 | S<br>ENCOURAGE RESIDENT TO EXPRESS FEELINGS.                          |

=====

| RESIDENT NAME     | NUMBER | SEX | STA | ROOM | LEVEL | BIRTHDATE  | ADMIT DATE | PHYSICIAN       | REVIEW DATE |
|-------------------|--------|-----|-----|------|-------|------------|------------|-----------------|-------------|
| CARRINGTON ALEXIS | A 2005 | F   | 1   | 104  | 2     | 07/12/1916 | 09/01/04   | STROPES GENERAL | 00/00/00    |

RAP: 08 MOOD STATE

PROBLEM/NEED:

=====

| DATE   | DISCPLN |
|--|---------|
| 00/00/00   |         |
| RESIDENT HAS EXPERIENCED A DECLINE IN MOOD AS EVIDENCED BY LACK OF MOOD DUE TO ADVANCING ALZHEIMERS DISEASE. |         |
|  |         |
|  |         |
|  |         |

GOALS:

=====

| DATE   | DISCPLN |
|--|---------|
| 00/00/00   |         |
| RESIDENT WILL DEMONSTRATE AN INCREASE IN FACIAL EXPRESSIONS DURING GROUP ACTIVITIES. |         |
|  |         |
|  |         |
|  |         |

APPROACHES/INTERVENTIONS:

=====

| DATE  | DISCPLN  |
|---|----------|
| 00/00/00  |          |
| ENCOURAGE RESIDENT TO EXPRESS FEELINGS AND MIRROR FACIAL EXPRESSIONS LIKE SMILES.   |          |
| 06/01/05  | N S A NA |
| OBTAIN A DETAILED HISTORY OF RESIDENT'S MOODS AND ABILITY TO COPE WITH DIFFICULT SITUATIONS IN THE PAST.                                      |          |
| 06/01/05  | N D S    |
| BE AWARE OF ANY HOLIDAYS, ANNIVERSARIES, ETC. THAT MAY BE PARTICULARLY SAD OR STRESSFUL TO RESIDENT. OFFER ADDITIONAL SUPPORT AT THESE TIMES. |          |
|   |          |
|   |          |
|   |          |
|   |          |

| RESIDENT NAME | NUMBER | SEX | STA  | ROOM | LEVEL | BIRTHDATE | ADMIT DATE | PHYSICIAN  | REVIEW DATE |                 |          |
|---------------|--------|-----|------|------|-------|-----------|------------|------------|-------------|-----------------|----------|
| CARRINGTON    | ALEXIS | A   | 2005 | F    | 1     | 104       | 2          | 07/12/1916 | 09/01/04    | STROPES GENERAL | 00/00/00 |

RAP: 11 FALLS

PROBLEM/NEED:

=====

| DATE     | DISCPLN |
|----------|---------|
| 06/21/05 | N       |

RESIDENT HAS POTENTIAL FOR ADDITIONAL FALLS SECONDARY TO A HISTORY OF FALLING IN THE PAST 30 DAYS.

=====

=====

=====

GOALS:

=====

| DATE     | DISCPLN |
|----------|---------|
| 06/21/05 | N       |

RESIDENT WILL HAVE RISK OF FALLS MINIMIZED AS SEEN BY ACCEPTANCE OF ASSISTANCE FROM STAFF AS NEEDED FOR TRANSFER ACTIVITIES ON A DAILY BASIS BY \_\_\_\_\_ OR WITHIN THE NEXT \_\_\_\_\_ DAYS.

=====

=====

=====

APPROACHES/INTERVENTIONS:

=====

| DATE     | DISCPLN |
|----------|---------|
| 00/00/00 | N       |

TRY TO IDENTIFY CAUSES OF PREVIOUS FALLS; ENVIRONMENTAL HAZARDS, TYPE OF ACTIVITY, CHANGES IN VITAL SIGNS, ADMINISTRATION OF A MED OR TREATMENT, ETC.

00/00/00 N

IDENTIFY RISK FACTORS AND ELIMINATE.

00/00/00 N

MONITOR/ASSESS RESIDENT'S ABILITY TO AMBULATE EFFECTIVELY AND PROVIDE NECESSARY ASSISTANCE BASED ON OBSERVATIONS.

=====

=====

=====

=====

| RESIDENT NAME     | NUMBER | SEX | STA | ROOM | LEVEL | BIRTHDATE  | ADMIT DATE | PHYSICIAN       | REVIEW DATE |
|-------------------|--------|-----|-----|------|-------|------------|------------|-----------------|-------------|
| CARRINGTON ALEXIS | A 2005 | F   | 1   | 104  | 2     | 07/12/1916 | 09/01/04   | STROPES GENERAL | 00/00/00    |

RAP: 12 NUTRITIONAL STATUS

PROBLEM/NEED:

=====

| DATE     | DISCPLN  |
|----------|--|
| 00/00/00 | RESIDENT IS AT RISK FOR NUTRITIONAL DEFICIENCY DUE TO DIAGNOSIS OF ALZHEIMERS AND NEED FOR ALTERED DIET. |

=====

GOALS:

=====

| DATE     | DISCPLN  |
|----------|--|
| 00/00/00 | RESIDENT WILL CONSUME AN ADEQUATE FOOD AND FLUID INTAKE TO SUSTAIN WEIGHT AT 140 TO 150 LBS. |

=====

APPROACHES/INTERVENTIONS:

=====

| DATE     | DISCPLN  |
|----------|--|
| 00/00/00 | N D  |
| 00/00/00 | INCORPORATE FOOD PREFERENCES INTO MENU.                                    |
| 00/00/00 | N D  |
| 00/00/00 | MONITOR AND RECORD CHOKING EPISODES.                                       |
| 00/00/00 | N NA   |
| 00/00/00 | ASSESS ORAL/DENTAL STATUS. PROVIDE INTERVENTION OF DENTAL OR DENTURE CARE. |

=====

| RESIDENT NAME | NUMBER        | SEX | STA | ROOM | LEVEL | BIRTHDATE  | ADMIT DATE | PHYSICIAN       | REVIEW DATE |
|---------------|---------------|-----|-----|------|-------|------------|------------|-----------------|-------------|
| CARRINGTON    | ALEXIS A 2005 | F   | 1   | 104  | 2     | 07/12/1916 | 09/01/04   | STROPES GENERAL | 00/00/00    |

RAP: 14 DEHYDRATION FLUID MAINTENANCE

PROBLEM/NEED:

=====

| DATE     | DISCPLN   |
|----------|---|
| 06/01/05 | POTENTIAL FOR DECREASED FLUID INTAKE SECONDARY TO DECREASED COGNITIVE STATUS AND LACK OF ABILITY TO REALIZE LIQUIDS SHOULD BE CONSUMED. |
|          |   |
|          |   |

GOALS:

=====

| DATE     | DISCPLN  |
|----------|--|
| 06/01/05 | RESIDENT WILL BE FREE OF SIGNS AND SYMPTOMS OF DEHYDRATION AS SEEN BY ABSENCE OF DRY SKIN AND MUCOUS MEMBRANES, UNUSUAL WEAKNESS, THIRST, ETC. BY ____ OR WITHIN THE NEXT ____ DAYS. |
|          |  |
|          |  |

APPROACHES/INTERVENTIONS:

=====

| DATE     | DISCPLN   |
|----------|---|
| 00/00/00 | NA  |
|          | MONITOR RESIDENT FOR SIGNS AND SYMPTOMS OF DEHYDRATION SUCH AS TACHYCARDIA, DRY SKIN AND MUCOUS MEMBRANES, THIRST, AMBER-COLORED URINE, OR DECREASE IN BLOOD PRESSURE.                        |
| 00/00/00 | NA  |
|          | REPORT TO CHARGE NURSE S/S OF HYPERGLYCEMIA: DROWSINESS, DRY SKIN, CONFUSION, THIRST, FRUITY BREATH, FREQUENT URINATION, BLURRED VISION, NAUSEA, VOMITING, ABDOMINAL PAIN, LABORED BREATHING. |
| 00/00/00 | NA  |
|          | MONITOR INTAKES AND OUTPUTS.  |
|          |   |
|          |   |
|          |   |

| RESIDENT NAME     | NUMBER | SEX | STA | ROOM | LEVEL | BIRTHDATE  | ADMIT DATE | PHYSICIAN       | REVIEW DATE |
|-------------------|--------|-----|-----|------|-------|------------|------------|-----------------|-------------|
| CARRINGTON ALEXIS | A 2005 | F   | 1   | 104  | 2     | 07/12/1916 | 09/01/04   | STROPES GENERAL | 00/00/00    |

RAP: 16 PRESSURE ULCER

PROBLEM/NEED:

=====

| DATE     | DISCPLN  |
|----------|--|
| 06/01/05 | AT RISK FOR SKIN BREAKDOWN DUE TO DECREASED FLUID INTAKE AND FREQUENT UTI'S DUE TO ADVANCED ALZHEIMER'S DISEASE. |

=====

GOALS:

=====

| DATE     | DISCPLN  |
|----------|--|
| 06/01/05 | RESIDENT WILL REMAIN FREE OF SKIN BREAKDOWN DURING THE NEXT 90 DAYS. |

=====

APPROACHES/INTERVENTIONS:

=====

| DATE     | DISCPLN                               |
|----------|---------------------------------------|
| 00/00/00 | N NA                                  |
| 00/00/00 | PROVIDE CARE AS ORDERED BY PHYSICIAN. |
| 00/00/00 | N NA                                  |
| 00/00/00 | OBTAIN LABS AND CULTURES AS ORDERED.  |

=====

| RESIDENT NAME | NUMBER | SEX | STA  | ROOM | LEVEL | BIRTHDATE | ADMIT DATE | PHYSICIAN  | REVIEW DATE |                 |          |
|---------------|--------|-----|------|------|-------|-----------|------------|------------|-------------|-----------------|----------|
| CARRINGTON    | ALEXIS | A   | 2005 | F    | 1     | 104       | 2          | 07/12/1916 | 09/01/04    | STROPES GENERAL | 00/00/00 |

SIGNATURES OF THOSE ATTENDING MEETING:

RESIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

RESPONSIBLE PARTY: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE AND TITLE OF THOSE ATTENDING MEETING:

DIRECTOR OF NURSING: \_\_\_\_\_ DATE: \_\_\_\_\_

ASS'T DIRECTOR OF NURSING: \_\_\_\_\_ DATE: \_\_\_\_\_

CARE PLAN COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SERVICES: \_\_\_\_\_ DATE: \_\_\_\_\_

ACTIVITIES: \_\_\_\_\_ DATE: \_\_\_\_\_

DIETARY: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICAL THERAPY: \_\_\_\_\_ DATE: \_\_\_\_\_

OCCUPATIONAL THERAPY: \_\_\_\_\_ DATE: \_\_\_\_\_

SPEECH THERAPY: \_\_\_\_\_ DATE: \_\_\_\_\_

SPECIALIZED SERVICES: \_\_\_\_\_ DATE: \_\_\_\_\_

PSYCHOLOGICAL SERVICES: \_\_\_\_\_ DATE: \_\_\_\_\_

PASTORAL SERVICES: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_