PATIENT LABEL

INTERDISCIPLINARY PLAN OF CARE

ADMITTING DIAGNOSIS: ______________________________

DATE: ____________________ SIGNATURE OF NURSE ADMITTING PATIENT: ____________________

PATIENT GOALS FOR THIS HOSPITALIZATION: ______________________________

NURSING DATE/INITIALS		PATIENT PROBLEMS	EXPECTED OUTCOME/GOALS	INTERVENTIONS/APPROACHES	ANCILLARY DATE/INITIALS	
ENTRY	RESOLVED				ENTRY	RESOLVED
		ANXIETY R/T ☐ Hospitalization ☐ Disease process ☐ Operative/other procedures ☐ Perceived threat to self concept or health status ☐ Alteration in body image ☐ Ineffective coping ☐ Other ______	☐ Patient/family/significant other will verbalize decreased feelings of anxiety during hospitalization ☐ Other ______	☐ Encourage pt/family/significant other to verbalize feelings ☐ Give information re: operative/other procedures as patient is ready to learn ☐ Answer questions appropriately and concisely ☐ Encourage pt/family/significant other input into plan of care ☐ Offer appropriate reassurance and support ☐ Refer to Case Manager ☐ Refer to Behavioral Medicine ☐ Other ______		
		ASPIRATION, POTENTIAL R/T ☐ Alteration in level of consciousness ☐ Depressed cough & gag reflex ☐ Presence of tracheostomy or ET tube ☐ Tube feedings ☐ Gastric problems ☐ Swallowing difficulties ☐ Other ______	☐ Patient will not aspirate during hospitalization ☐ Other ______	☐ HOB elevated at least 45 degrees ☐ Order foods of appropriate consistency ☐ Give nothing by mouth if swallowing is severely impaired ☐ Provide rest periods during meals ☐ Have suction equipment at bedside. Stay with pt during meals ☐ Teach patient/family/significant other methods to prevent and/or treat aspiration ☐ Refer to Speech Therapy ☐ Refer to Nutrition Services ☐ Other ______		
		BLEEDING, POTENTIAL R/T ☐ Medication ☐ Operative/other procedures ☐ Trauma ☐ Disease process ☐ Procedure ☐ Other ______	☐ Patient's bleeding will be controlled & vital signs returned to baseline within normal limits ☐ Other ______	☐ Observe for changes in mental status ☐ Monitor vital signs ☐ Observe for changes in skin color, turgor, and temperature ☐ Monitor for tachycardia/hypotension ☐ Increase fluid intake as per Physician order ☐ Monitor & record blood loss ☐ Monitor CBC ☐ Monitor PT/PTT ☐ Monitor procedural site for further signs/symptoms of bleeding ☐ For bleeding apply direct manual pressure to procedural site & notify physician ☐ Report any changes of VS and/or procedural site to physician ☐ Other ______		
		BOWEL FUNCTION ALTERED R/T ☐ Constipation ☐ Diarrhea ☐ Incontinence ☐ Other ______	☐ Patient will return to normal elimination patterns prior to discharge ☐ Other ______	☐ Administer meds as ordered ☐ Offer appropriate diet as per physician order ☐ Increase fluid intake as per physician order ☐ Per order assist to commode or provide bedpan ☐ Encourage ambulation if activity permits ☐ Provide privacy ☐ Other ______		
		CIRCULATION, IMPAIRED R/T ☐ Trauma ☐ Disease process ☐ Operative/other procedures ☐ Invasive lines ☐ Medication ☐ Other ______	☐ Patient's circulation will return to optimal level prior to discharge ☐ Other ______	☐ Assess vital signs, B/P and peripheral pulses & report changes to physician ☐ Monitor skin color, turgor and temperature & report any changes to physician ☐ Position for comfort ☐ Administer medications as ordered ☐ Maintain strict I&O ☐ Daily weight as ordered ☐ Monitor electrolytes ☐ Antiembolic hose as ordered/SCD ☐ Other ______		

NAME	TITLE	INIT	NAME	TITLE	INIT	NAME	TITLE	INIT	NAME	TITLE	INIT