Plan reviewed with patient ☐ Yes ☐ No
Plan reviewed with family ☐ Yes ☐ No
Plan reviewed with significant other ☐ Yes ☐ No
If NO, Explain: _____

Your Hospital's Logo Here

PLAN OF CARE

PATIENT IDENTIFICATION

DATE / INITIAL	PROB. NO.	PROBLEMS RELATED TO (NURSING DIAGNOSIS)	EXPECTED OUTCOME (SHORT TERM GOAL)	NURSING INTERVENTION (NURSING ORDERS)	FREQUENCY	DATE RESOLVED	INITIAL
	1	☐ Physiologic Problems					
		☐ Lack of Knowledge Regarding Health / Illness State	☐ Pt will demonstrate an increase in knowledge related to health / illness state	☐ Patient teaching plan initiated	q 24 hr or as indicated		
			☐ Pt will verbalize knowledge about selfcare activities				
		☐ Not Applicable	☐ Pt will demonstrate application of health teaching into daily activities				
		☐ Discharge Planning	☐ Pt will have appropriate supportive care at time of discharge	☐ Resources Required / Date contracted:	As indicated		
				☐ Social Services			
			☐ Self care	☐ Home Care Agency:			
			☐ Family Care	☐ Equipment			
			☐ Home Care Agency	☐ Continuity of Care Coordinator			
			☐ Placement in long term care facility				
				☐ Assess home support system	As indicated		
				☐ Discuss patient needs at discharge planning rounds	Weekly		

PART OF THE MEDICAL RECORD

DATE / INITIAL	PROB. NO.	PROBLEMS RELATED TO (NURSING DIAGNOSIS)	EXPECTED OUTCOME (SHORT TERM GOAL)	NURSING INTERVENTION (NURSING ORDERS)	FREQUENCY	DATE RESOLVED	INITIAL
		☐ Alteration in Bowel	☐ Bowel sounds are present by:	☐ Assess for presence of bowel	q shift or as		
		Elimination related to:		sounds & abd. distention	indicated		
				☐ Record number of BM's			
			☐ Normal elimination pattern	☐ Monitor diet for proper			
		☐ Not Applicable	is re-established	roughage			
				Obtain order for☐laxative			
				☐ Antidiarrheal as needed			
				Give cc fluid per 24 hours			
				☐ Obtain dietary consult			
				☐ Encourage mobility by			
				q			
				i.e., ambulation, turning,			
				OOB / chair			
		☐ Alteration in Urinary	☐ Pt will have a normal	☐ Monitor and maintain accurate	q shift		
		Elimination related to:	pattern of urinary elimination	intake & output			
			by:	☐ Palpitate bladder for distention	q shift		
			☐ Voiding spontaneously	☐ Monitor for symptoms and	q shift		
			6 - 8 hours after surgery	signs of distention: (sm.			
		☐ Not Applicable		freq. Amt of urine, abd			
			☐ Removal of catheter	discomfort, character of urine			
				☐ Offer bedpan ☐ Offer urinal			
			☐ Absence of bladder distention	☐ BSC ☐ Bathroom q			
				☐ Provide means to induce			
				voiding			
		☐ Potential for: or	☐ Patient's skin will remain	☐ Skin Care Protocol Started	q shift or as		
		Alteration in: Skin Integrity	intact	☐ Pressure Ulcer Progress	indicated		
			☐ Patient will exhibit evidence	Chart initiated			
			of wound healing				
		☐ Not Applicable					
		☐ Potential for injury	☐ Patient will be free of	☐ Fall Prevention Protocol	q shift or as		
			physical injury	initiated	indicated		

PART OF THE MEDICAL RECORD

DATE / INITIAL	PROB. NO.	PROBLEMS RELATED TO (NURSING DIAGNOSIS)	EXPECTED OUTCOME (SHORT TERM GOAL)	NURSING INTERVENTION (NURSING ORDERS)	FREQUENCY	DATE RESOLVED	INITIAL
		☐ Alteration in Comfort /	☐ Patient will verbalize decreased	☐ Assess onset of pain	q shift or as		
		pain related to:	discomfort and / or pain	(location, duration, intensity)	indicated		
			☐ Patient will perform ADL	☐ Change position of patient	As indicated		
			with minimal difficulty	to facilitate comfort			
				☐ Allow patient to verbalize	As indicated		
		☐ Not Applicable		feelings about pain			
				☐ Administer analgesics as per	As indicated		
				physician's order & evaluate			
				/ record effectiveness			
		☐ Alteration in Mobility	☐ Pt will demonstrate maximum	☐ Maintain proper positioning	As indicated		
			mobility for their physical	☐ Perform passive ROM [ ]			
			condition as evidence by	☐ Encourage patient to perform			
			☐ Transfers with assistance	active ROM [ ]			
			☐ Transfers independently	☐ Encourage use of assistive			
		☐ Not Applicable	☐ Turning independently	device			
			☐ Ambulating with assistance	☐ Turn q2 hours			
			☐ Ambulating independently	☐ Maintain g safe environment			
				☐ Collaborate with PT / OT for			
				rehab			
				☐ Place call light and bedside			
				table within reach			

PART OF THE MEDICAL RECORD

DATE / INITIAL	PROB. NO.	PROBLEMS RELATED TO (NURSING DIAGNOSIS)	EXPECTED OUTCOME (SHORT TERM GOAL)	NURSING INTERVENTION (NURSING ORDERS)	FREQUENCY	DATE RESOLVED	INITIAL

REVIEW DATES / SIGNATURES

DATE	SIGNATURE / TITLE	DATE	SIGNATURE / TITLE	DATE	SIGNATURE / TITLE

PART OF THE MEDICAL RECORD

PLAN OF CARE

REVIEW DATES / SIGNATURES

DATE	SIGNATURE / TITLE	DATE	SIGNATURE / TITLE	DATE	SIGNATURE / TITLE

PART OF THE MEDICAL RECORD