DIE CUT

INTERDISCIPLINARY PLAN OF CARE/EDUCATION DOCUMENTATION

DATE ADMITTED_____ DIAGNOSIS_____ ADDRESSOGRAPH

DISCHARGE PLAN

	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Home alone									
Home with family assist									
Home with attendant									
Group home									
Hospice									
Acute rehab									
Outpatient rehab									
Long Term Acute Care									
Assisted living									
Home Health									
☐ RN ☐ OT/CT/PT									
☐ MSW ☐ CNA									
SNF									
☐ New ☐ Existing									
☐ Long Term ☐ Short Term									
☐ Unknown at this time									

Transport/Travel _____

DME _____

Home Health _____

INTERDISCIPLINARY PLAN OF CARE COMMUNICATION

DATE TIME	INITIAL	TITLE	

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ADDRESSOGRAPH

INTERDISCIPLINARY PLAN OF CARE/EDUCATION DOCUMENTATION

CARDIOVASCULAR

START DATE INIT	RESOLVE DATE INIT	PATIENT PROBLEMS
		Actual Fluid Volume Overload
		Potential Fluid Volume Overload
		Actual Dehydration
		Potential Dehydration
		Arrhythmia
		Actual Impaired Circulation
		Potential Impaired Circulation
		Other: _____
		Other: _____

START DATE INIT	RESOLVE DATE INIT	INTERVENTIONS
		Ted Hose/Sequential/Plexi Boot
		Cardiac Monitor
		Daily Weight
		Elevate extremity _____
		Pulse Checks q _____
		Fluid restriction _____ cc/24 hrs
		Other: _____
		Other: _____

GOALS
☐ Vital Signs/Rhythm Stable
☐ Fluid Balance
☐ Other: _____

RESPIRATORY

START DATE INIT	RESOLVE DATE INIT	PATIENT PROBLEMS
		Impaired Gas Exchange
		Dyspnea related to: _____
		Actual aspiration
		Potential for aspiration
		Resp. Failure/Impaired Ventilation
		Other: _____
		Other: _____

START DATE INIT	RESOLVE DATE INIT	INTERVENTIONS
		Antibiotics started
		Ambulate TID
		IV Antibiotic switched to PO
		Cough D/B
		IS q _____
		Suction
		Trach /ET Care
		Chest Tube ☐ R ☐ L
		O2 Protocol
		~~RESPIRATORY~~
		RT Protocol
		SVN q _____
		Mechanical ventilation/weaning
		Other: _____

GOALS
☐ Respiratory Rate < 20/min
☐ Ambulates without dyspnea or pre-illness status
☐ Patient on PO Antibiotics x 12 hrs
☐ Afebrile
☐ Improve breath sounds
☐ Improve sputum mobilization
☐ ABG's stable
SpO2 > _____
☐ Other: _____

MUSCULOSKELETAL - NEUROLOGY

START DATE INIT	RESOLVE DATE INIT	PATIENT PROBLEMS
		Actual impaired strength/endurance
		Potential impaired strength/endurance
		Impaired ADL Performance
		Impaired physical/functional mobility
		Impaired Verbal Communication/ Comprehension
		Impaired Voice
		Impaired Swallowing
		Dysarthria
		Impaired Judgement/Awareness
		Impaired Cognition/Orientation
		Altered LOC
		Confusion Acute
		Confusion Chronic
		Seizures
		Other: _____
		Other: _____
		Other: _____

START DATE INIT	RESOLVE DATE INIT	INTERVENTIONS
		Seizure Precautions
		Positioning
		Neuro Checks
		Reorientation
		Assist with ADLs
		Eating only with Supervision
		Polar Care
		Traction _____
		CPM
		Ambulate: _____
		Other: _____
		~~Physical Therapy (PT)~~
		Bed/Transfer Training
		Gait Training
		Therapeutic Exercise
		Other: _____
		~~Occupational Therapy (OT)~~
		Functional Mobility
		Functional Endurance
		ADL/Assistive Device Training
		Cognitive/Perceptual Training
		Splinting/Positioning
		Other: _____
		~~Communication Therapy (CT)~~
		Provide Alternative form of communication
		Oral Motor Interventions
		Language Interventions
		~~Cognitive/Linguistic Training~~
		Provide orientation information
		~~Swallowing Evaluation~~

GOALS
☐ Oriented
~~OT/PT~~
☐ Improved Mobility/Strengthening as evidenced by _____
☐ Deformities are minimized as evidenced by: _____
☐ Increased strength & activity tolerance as evidenced by:
☐ Patient will identify factors affecting activity tolerance & will reduce their effects.
☐ ADLs are performed optimally as evidenced by: _____
☐ Other: _____
~~Communication Therapy~~
☐ Able to produce intelligible speech
☐ No evidence aspiration
☐ Able to use compensatory strategies
☐ Able to communicate needs as evidenced by _____
☐ Able to problem solve
☐ Other: _____
☐ Other: _____

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DIE CUT

Patient learns best by ☐ Hearing ☐ Watching ☐ Doing ☐ Reading ☐ Other _____

Person Taught
P = Patient
S/O = Spouse/Significant Other
F = Family
C = Caregiver

Teaching Format
CRSH = Clinical Reference System Handout
HO = Handout Other
VE = Verbal
V = Video
D = Demonstration
*Indicate if language used is other than English
*Indicate if interpreter used

Outcomes
VU = Verbalizes Understanding
DU = Demonstrates Understanding
NFT = Needs Further Teaching/Reinforcement (Specify)
R = Refused Teaching

	Ready to Learn	Patient / Family Education	Person Taught/Date	Person Taught/Date	Teaching Format	Outcome/Comment	Init.
CARDIOVASCULAR	☐ Y ☐ N	Activity, signs, symptoms, exertion, pacing					
	☐ Y ☐ N	Coumadin/Heparin Precautions					
	☐ Y ☐ N	Prevention/Care of DVT					
	☐ Y ☐ N	Education Regarding Telemetry Monitoring					
	☐ Y ☐ N	Fluid Intake/Output					
	☐ Y ☐ N	Disease Specific (Specify)					
	☐ Y ☐ N	DVT Prophylaxis					
	☐ Y ☐ N	Medication (Specify) & Side Effects					
	☐ Y ☐ N	Central/Peripheral Venous Access Device					
	☐ Y ☐ N	CHF Packet					
RESPIRATORY	☐ Y ☐ N	Chest tubes					
	☐ Y ☐ N	O2 Saturation					
	☐ Y ☐ N	Mobility R/T breathing patterns					
	☐ Y ☐ N	Use of inhalers					
	☐ Y ☐ N	Respiratory treatment (Specify)					
	☐ Y ☐ N	Disease Specific (Specify)					
	☐ Y ☐ N	Incentive Spirometer / Turn, cough & deep breathe					
	☐ Y ☐ N	Specimen Collecton					
	☐ Y ☐ N	Review survival skills					
	☐ Y ☐ N	TB precautions/Isolation					
	☐ Y ☐ N	Report Signs & Symptoms of (Specify)					
	☐ Y ☐ N	Medication (Specify) & Side Effects					
MUSCULOSKELETAL-NEUROLOGY	☐ Y ☐ N	Traction equipment (Specify)					
	☐ Y ☐ N	Block care					
	☐ Y ☐ N	ROM					
	☐ Y ☐ N	Heat/cold Application					
	☐ Y ☐ N	Environmental Accommodation for Deficits					
	☐ Y ☐ N	Report signs & symptoms of (Specify)					
	☐ Y ☐ N	Seizure Precautions					
	☐ Y ☐ N	Other					
		PHYSICAL THERAPY					
	☐ Y ☐ N	Functional Mobility					
	☐ Y ☐ N	Family/Caregiver training (Specify)					
	☐ Y ☐ N	Home Program					
	☐ Y ☐ N	Adaptive Equipment use (Specify)					
	☐ Y ☐ N	Energy Conservation					
		OCCUPATIONAL THERAPY					
	☐ Y ☐ N	Breathing Technique					
	☐ Y ☐ N	Energy Conservation					
	☐ Y ☐ N	ADL neutral spine					
	☐ Y ☐ N	ADL adaptive equipment					
	☐ Y ☐ N	Home program					
	☐ Y ☐ N	Relaxation techniques					
	☐ Y ☐ N	Family Care Giver training (Specify)					
		COMMUNICATION THERAPY					
	☐ Y ☐ N	Alternative form of Communication					
	☐ Y ☐ N	Oral/Motor speech exercises					
	☐ Y ☐ N	Compensatory strategies					
	☐ Y ☐ N	Swallowing Precaution Strategies					
	☐ Y ☐ N	Patient/Family education/Home Program					
	☐ Y ☐ N	Medication (Specify) & Side Effects					

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ADDRESSOGRAPH

INTERDISCIPLINARY PLAN OF CARE/EDUCATION DOCUMENTATION

	START DATE INIT	RESOLVE DATE INIT	PATIENT PROBLEMS	START DATE INIT	RESOLVE DATE INIT	INTERVENTIONS	GOALS
PAIN			Pain Acute Pain Chronic Impaired Strength/Endurance or activities of daily living related to pain Other: _____			Repositioning Relaxation/Imagery Heat/Cold Elevation Medication PT _____ OT _____ Other: _____	☐ Comfort at rest ☐ Stay alert ☐ Resume activity as evidenced by _____ ☐ Comfort with movement ☐ Decreased pain as evidenced by _____ and/or pain scale at: _____ ☐ Other: _____
GASTROINTESTINAL			Actual Alteration GI function R/T _____ Potential Alteration GI function R/T _____ Self Care Deficit Related to Ostomy Care Other: _____ _____ Other: _____ _____			Bowel Program _____ Ambulate Ostomy Care Suction tube Stress Ulcer prophylaxis Other: _____ Other: _____	☐ Optimal GI function ☐ Pt./family able to care for Ostomy ☐ Other: _____
NUTRITION			Actual Nutritional Risk R/T _____ Potential Nutritional Risk R/T _____ Sore mouth Unable to feed self Chewing difficulties Swallowing Difficulties _____ _____ Tube feeding intolerance Other: _____ _____ Other: _____ _____			NPO Assist patient Dentures to eat Oral Care _____ Family to bring in foods that patient likes Hypoglycemia Protocol **Dietitian** Fortify food/add supplements/snacks ☐ AM ☐ PM ☐ HS Modify Diet Modify Textures _____ Calorie Count Tube Feed formula _____ goal _____ TPN/PVN Other _____ ~~ST~~ Swallowing precautions/training ~~Video/Fluoroscopy/FEES Swallowing Study~~ Patient/Family Home Program ~~OT~~ Self Feeding Program	☐ Adequate PO/TF/TPN intake ☐ Weight Maintenance/gain ☐ Textures compatible with patient's ability ☐ N/V controlled ☐ Able to implement goal diet ☐ Labs at goal ☐ Patient to feed self _____% of each meal
GENITOURINARY			Actual alteration in urine elimination Potential alteration in urine elimination Self care deficit related to Ostomy Care Self care deficit R/T self cath Other: _____ _____ Other: _____ _____			Culture Catheter Straight Cath Bladder Scan q____ Irrigation____ Toilet q 2 hrs Diapers Urostomy care Other: _____	☐ Continent of urine ☐ Pt./Family can care for urostomy ☐ Pt./Family can care for drainage System (Specify) _____ _____ ☐ Other: _____
SAFETY			Alteration in Safety/Protection _____ Potential for falls Actual history of falls Communicable/Immunosuppressive disease Other: _____			Frequent Toileting/Frequency _____ Bed Alarm Camera 2 or 3 side rails Alternative call light Acute Medical / Surgical Management for restraints Isolation (Specify) _____ Other: _____	☐ No Injury to self ☐ Adequate awareness/judgement for safe functioning or caregiver awareness of limitations ☐ Self/caregiver aware of limitations ☐ Other: _____

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F = Family
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Teaching Format
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HO = Handout Other
VE = Verbal
V = Video
D = Demonstration
*Indicate if language used is other than English
*Indicate if interpreter used

Outcomes
VU = Verbalizes Understanding
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	Ready to Learn	Patient / Family Education	Person Taught/Date	Person Taught/Date	Teaching Format	Outcome/Comment	Init.
PAIN	☐ Y ☐ N	Pain Scale ☐ Modified Wong Baker Faces ☐ FLACC					
	☐ Y ☐ N	PCA					
	☐ Y ☐ N	Epidural					
	☐ Y ☐ N	Pain Management Plan (Specify)					
	☐ Y ☐ N	Report signs & symptoms of (Specify)					
	☐ Y ☐ N	Medication (Specify) & Side Effects					
GASTROINTESTINAL	☐ Y ☐ N	Specimen Collection					
	☐ Y ☐ N	Stool Counts					
	☐ Y ☐ N	Ostomy Care					
	☐ Y ☐ N	Preps/Bowel Program (Specify)					
	☐ Y ☐ N	Endoscopy Procedures					
	☐ Y ☐ N	NG/Dobhoff Tubes					
	☐ Y ☐ N	Stomatitis/Oral Care					
	☐ Y ☐ N	Medication (Specify) & Side Effects					
	☐ Y ☐ N	Other					
NUTRITION	☐ Y ☐ N	Therapeutic diet review (specify)					
	☐ Y ☐ N	Importance of good PO for healing/repletion					
	☐ Y ☐ N	Drug / Nutrient interaction (specify)					
	☐ Y ☐ N	Nutrition class (specify) ☐ Cardiac ☐ Diabetes					
	☐ Y ☐ N	Referred to outpatient Nutrition Counseling					
	☐ Y ☐ N	HOB Elevated During Meal					
	☐ Y ☐ N	Care of Peg Tube					
	☐ Y ☐ N	Oral Care					
	☐ Y ☐ N	Medication (Specify) & Side Effects					
	☐ Y ☐ N	Other					
GENITOURINARY	☐ Y ☐ N	Self Cath					
	☐ Y ☐ N	Intake/Output					
	☐ Y ☐ N	Suprapubic Care					
	☐ Y ☐ N	Bladder Training					
	☐ Y ☐ N	Urostomy Care					
	☐ Y ☐ N	Nephrostomy Care					
	☐ Y ☐ N	Foley Care					
	☐ Y ☐ N	Report Signs/Symptoms (Specify)					
	☐ Y ☐ N	Medication (Specify) & Side Effects					
	☐ Y ☐ N	Other					
SAFETY	☐ Y ☐ N	Isolation Type:					
	☐ Y ☐ N	Fall prevention					
	☐ Y ☐ N	Call light					
	☐ Y ☐ N	Camera Monitoring					
	☐ Y ☐ N	Equipment (Specify)					
	☐ Y ☐ N	Medical Surgical Restraint Protocol					
	☐ Y ☐ N	Bed Alarm					
	☐ Y ☐ N	Medication (Specify) & Side Effects					

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INTERDISCIPLINARY PLAN OF CARE/EDUCATION DOCUMENTATION

			PATIENT PROBLEMS			INTERVENTIONS	GOALS
SKIN			Actual Alteration in skin integrity related to: _____ ☐ Decubitis State I-II-III-IV-Unstageable ☐ Partial/Full Thickness ☐ Full and Subcutaneous Potential alteration in skin integrity related to: _____ Other: _____ Other: _____			**Nursing** Turn q 2 hrs Float heels Nutrition consultation Specialty bed/Specify _____ Dressing change ☐ Nursing ☐ Nursing & PT ☐ PT Head of bed < 30 degrees, except when contraindicated (i.e. tube feedings) Wound photo with scale q 7 days Skin care Specify _____ Other: _____ ~~Physical Therapy~~ Whirlpool ~~Surgilav~~ Wound Vac Debridement Other: _____	☐ Improved healing as evidenced by _____ ☐ Skin Integrity Maintained/Improved ☐ Other: _____
PSYCHOSOCIAL/SPIRITUAL			Actual Self Care deficit R/T _____ Potential self care deficit R/T _____ Ineffective family coping Actual attempted Suicide Potential for Suicide attempt Patient facing drastic life change Newly diagnosed catastrophic illness Suspected abuse and/or neglect (requiresICM referral) Potential for withdrawal Non-compliant with treatment Advance Directive F/U needed Spiritual needs End of life issue _____ Other: _____			Social Worker consult Consult Case Management Suicide precaution Spiritual care consult Anointing Anti-anxiety Meds Violent Aggressive Behavior Management Other: _____	☐ No harm to self ☐ Patient will assist with progressive self care ☐ Enhanced Coping ☐ Develop coping strategies for Illness, Suffering, Death ☐ Satisfy Spiritual Needs ☐ Other: _____
DISCHARGE PLANNING			Inappropriate Support Systems Insufficient Funding Inability to return to prior living situation Lack of available resources Cultural barriers Other: _____ Other: _____			Assess for discharge needs Discharge options discussed Coordinate discharge plan in collaboration with patient/family/MD & multidisciplinary team Referral to appropriate resources Consider Guardianship Referral to Business Office / Twin Medication from Indigent Fund Other: _____	☐ Obtain necessary resources for appropriate and safe discharge ☐ Participate/support in discharge planning process
OTHER			Knowledge Deficit: _____ Other: _____			_____	☐ _____ ☐ _____ ☐ _____ ☐ _____

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Person Taught	Teaching Format	Outcomes
P = Patient	CRSH = Clinical Reference System Handout	VU = Verbalizes Understanding
S/O = Spouse/Significant Other	HO = Handout Other	DU = Demonstrates Understanding
F = Family	VE = Verbal	NFT* = Needs Further Teaching/Reinforcement
C = Caregiver	V = Video	R = Refused Teaching
	D = Demonstration	
	*Indicate if language used is other than English	
	*Indicate if interpreter used	

	Ready to Learn	Patient / Family Education	Person Taught/Date	Person Taught/Date	Teaching Format	Outcome/Comment	Init.
SKIN	☐Y ☐N	Wound Vac					
	☐Y ☐N	Dressing Changes (Specify)					
	☐Y ☐N	Medication (Specify) & Side Effects					
	☐Y ☐N	Cellulitis					
PSYCHOSOCIAL/SPIRITUAL	☐Y ☐N	Violent Aggressive Behavior Protocol					
	☐Y ☐N	Suicide Precautions					
	☐Y ☐N	Waiting areas for family on unit					
	☐Y ☐N	End of Life care					
	☐Y ☐N	Spiritual Counseling					
	☐Y ☐N	Resources (Specify)					
DISCHARGEPLANNING	☐Y ☐N	Community resources					
	☐Y ☐N	Transportation					
	☐Y ☐N	Discharge Plan					
	☐Y ☐N	MD Follow up					
	☐Y ☐N	Facility Resources					
	☐Y ☐N	Medication (Specify) & Side Effects (See Nrsg. Discharge Summary)					
	☐Y ☐N	Other					
OTHER		**DIABETES MANAGEMENT**					
	☐Y ☐N	Hypo/hyperglycemia					
	☐Y ☐N	Blood Glucose Monitoring					
	☐Y ☐N	Insulin/oral medication management					
	☐Y ☐N	Signs/Symptoms to call MD with					
	☐Y ☐N	Diabetes Overview					
	☐Y ☐N	Nutrition Management					
	☐Y ☐N	Review of Survival Skills					
	☐Y ☐N	Medication (Specify) & Side Effects					
		CANCER MANAGMENT					
	☐Y ☐N	Disease (Specify)					
	☐Y ☐N	Chemotherapy					
	☐Y ☐N	Radiation					
	☐Y ☐N	Surgery					
	☐Y ☐N	Educational Material (Specify)					

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INTERDISCIPLINARY PLAN OF CARE COMMUNICATION - CONT'D

DATE TIME	INITIAL	TITLE	

_____ / _____ / _____
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