

Patient Care Plan Model

Broward Community College
DEPARTMENT OF NURSING TECHNOLOGY

STUDENT _____ DATE _____

PATIENT'S INITIALS _____ AGE _____ SEX _____ OTHER MEDICAL DIAGNOSIS _____

ADMITTING DIAGNOSIS/DATE _____

SURGICAL PROCEDURE/DATE _____

NURSING DIAGNOSIS <i>(in priority order)</i>	PATIENT CENTERED GOALS	NURSING INTERVENTION	RATIONALE	EVALUATION
<p>Nursing diagnosis (use NANDA terminology only) - _____ R/T <u>(physiology involved)</u></p> <p>As evidenced by (or as manifested by):</p> <p>Subjective: (list things that the patient or s/o said in reference to the problem. Use direct quotes.)</p> <p>Objective: There are three areas of objective data.</p> <p>Assessment: includes vital signs, physical examinations findings</p> <p>Diagnostic tests and procedures: Labs values, x-ray results, endoscopy results, etc.</p> <p>Chart: quotes from progress notes, nurses notes, PT notes, pertinent drugs, pertinent treatments, social service notes, respiratory therapy, dietary notes, etc.</p> <p>The purpose here is for the reader to arrive at the same conclusion as the writer. Supply all the information, both supportive and non-supportive of your diagnosis.</p>	<p>Long Term Goals: These goals are those that are targeted for achievement at D/C. Post discharge target dates should only be considered if the patient will be followed post discharge.</p> <p>Short Term Goals: These are incremental statements intended to measure intermediate progress toward goals. They should be measurable within a couple of days.</p> <p>Goals need to be:</p> <ul style="list-style-type: none"> • specific • measurable • achievable • realistic • relevant to diagnosis • have a specific time frame <p>Start with "the patient will"</p>	<p>Interventions need to be specific and measurable. Specify who, when, how (method). Each intervention should be numbered and parallel to the rationale and evaluation of the same number. Interventions start with "the nurse will..." <u>There are three sections:</u></p> <p>Reassessment Criteria: (For upper classmen this may be incorporated into the independent section.) What will be assessed, by what method (unless it is obvious), how often? The assessment section should relate to both the objective data in column one and to measuring achievement of the goals.</p> <p>Independent: These are the interventions that the nurse can perform without a physician's order.</p> <p>Dependent: These are the interventions which require a physician's order or are performed by another healthcare provider.</p>	<p>Give specific text references for each intervention (name of text and page number). Line them up with the intervention. Give the rationale the same number as the intervention to which it applies. It is appropriate to reference lecture notes by including the instructor's name and "notes" and date.</p> <p>Be sure to attach a bibliography.</p>	<p>Evaluation of interventions: (upperclassmen should check about requirements for this section) Evaluate each intervention relating it to the rationale. Start each statement with a "charting" comment that tells who did what, when, and then indicate the patients response to the intervention (was it effective). Indicate how you know it is effective. Give actual values.</p> <p>Summary Evaluation of Goals: Write a summary statement of each goal, both long term and short term. Was the goal achieved, when was it achieved, and how do you know. Give specific dates.</p>

<p>Physical Mobility, Impaired r/t general weakness and multiple treatments</p> <p>As evidenced by:</p> <p>S: "I feel so dull" "I don't want to get out of bed. It's too much trouble."</p> <p>O:</p> <p>Assessment: TPN infusing into (L) femoral central line @ 70ml/hr Vancomycin infusing(L) femoral central line @ 166ml/hr O2 4LNC Foley Catheter to gravity drainage SCD on both legs Both legs +2 pitting edema Sacrum red and no blanching IS x 10, max vol=500 Difficulty turning Wound-to-vac serosanguine drainage Clear liquid diet, ate 10% T=98.4 BP=130/58 R=26 AP=73</p> <p>Diagnostics: CBC=20.10 Platelet=689</p> <p>Chart: Medication: Levonox 40mg daily</p>	<p>Short term: The patient will be OOB to chair 2x a day for 15 min by 4/18/06</p> <p>Long term goal: The patient will ambulate to the nursing station and back by discharge.</p>	<p>Re assessment: 1. Vital sign every 4 hours 2. Assess muscle strength every 4 hours 3. Assess Lung sounds every 4 hours 4. Assess skin over pressure areas every 2hours 5. Monitor platelet counts when available</p> <p>Independent: The nurse will: 1. Maintain proper body alignment at all times, support extremities with pillows</p> <p>2. Perform ROM exercises every 4 hours</p> <p>3. Assist pt. to get out of bed and walk 10 steps in the room on 4/18/06 in the a.m., increase distance daily by 10 steps. Chart progress.</p> <p>4. Assist patient with meals and encourage to eat as much as possible.</p> <p>5. Assist patient with turning side to side, and varying positions while in bed, q2H.</p> <p>Dependent: The nurse will: 1. Discuss physical therapy referral with the physician on 4/19 in a.m.</p>	<p>1. Prevents flexion contractures (Cox, 323)</p> <p>2. Increases circulation, maintains muscle ton, and prevents joint contractures (Cox,323)</p> <p>3. Maintains muscle tone and prevents complications of immobility (Cox, 323)</p> <p>4. Provides nutrients for energy, and prevents protein loss due to immobility.(Cox,323)</p> <p>5. Exercise is physical activity for conditioning the body, improving health, and maintaining fitness (Perry & Potter, 1435)</p> <p>1. Same as #5 above</p>	<p>The patient: 4/18 BP=101/58 T=98.4 R=26 P=73 4 Hand grasp weak Lung sounds crackled Skin around sacrum red and no blanching Platelets=500</p> <p>1. Placed pillow between knees and ankles. Alignment maintained. Pt. states "comfortable" 4/18/06</p> <p>2. Did not perform. 4/18/06</p> <p>3. Pt. stated" I'm to tired." Refused to get out of bed. 4/18/06</p> <p>4. Patient ate 10% of broth. Stated "Throw it away in the bathroom.." 4/18</p> <p>5. Assisted with turning and Rom every two hours. Lungs clear, skin intact. 4/18</p> <p>1. Not completed. Due tomorrow. 4/18</p> <p>STG: Goal not met. Pt. refused to get out of bed. 4/18/06</p>
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