

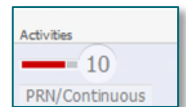
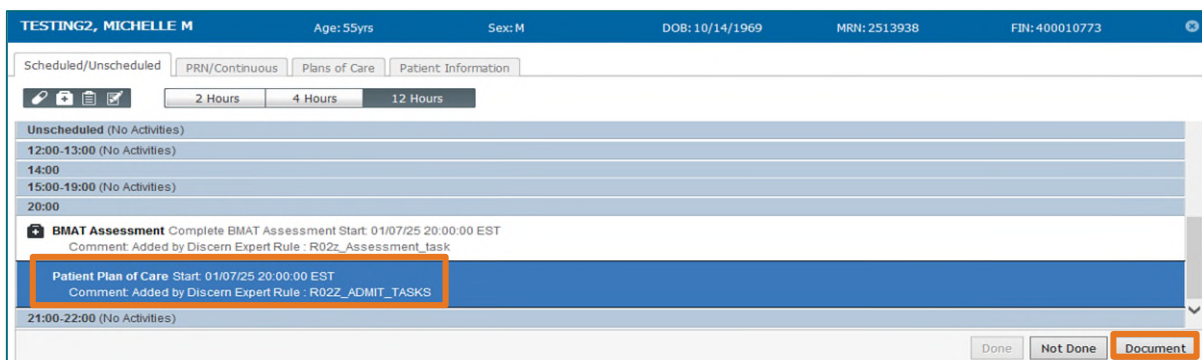
**Patient Plan of Care should be updated every shift and as needed for changes in a patient's condition.**

## Patient Plan of Care

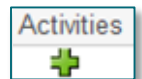
The **Patient Plan of Care** is instrumental in evaluating the progress of the patient from admission through discharge and aids in helping the patient and staff identify and manage problems in specific areas. The **Patient Plan of Care** has been updated to include women's health content.

### ➤ Patient Plan of Care

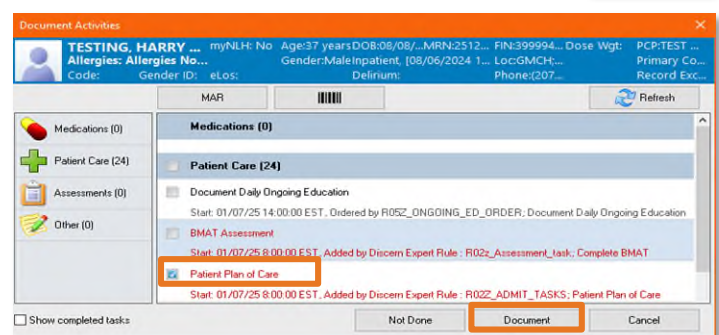
- **Patient Plan of Care** appears as a task in **CareCompass** and the **OB Tracker** once a shift.
- **CareCompass**
  - Click the circle with a number in the **Activities** column.
  - Select the **Patient Plan of Care** task and click **Document** to open the PowerForm for documentation.

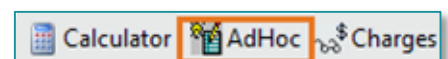
- **OB Tracker**
  - Select the **green +** in the **Activities** column.
  - Click the box to the left of **Patient Plan of Care** and select **Document** to open the PowerForm for documentation.



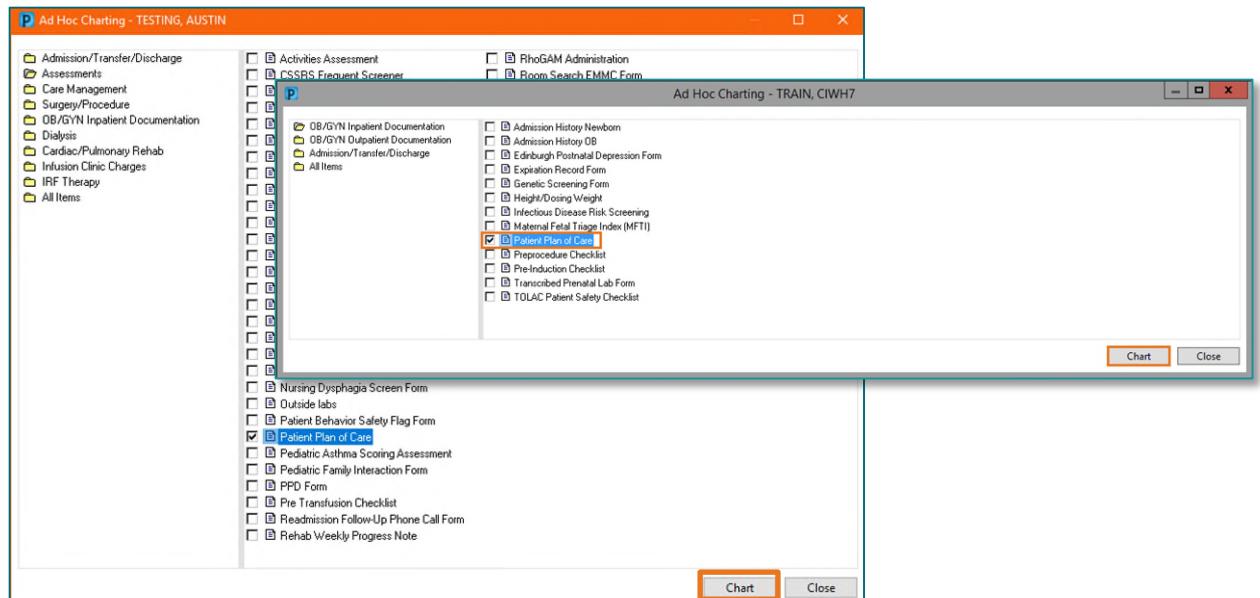
**NOTE:** Overdue tasks will display in red in both CareCompass and the OB Tracker.



- The **Patient Plan of Care** can also be accessed from the toolbar by selecting **AdHoc**.



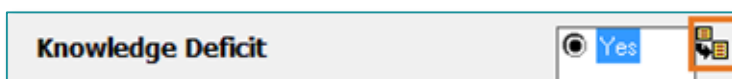
- Select **Patient Plan of Care** and **Chart**.



- Complete the required items (identified in yellow) and any other plan of care appropriate for the patient, such as Alterations in Comfort, Potential for Injury, etc.

The screenshot shows the 'Patient Plan of Care - TRAIN, CIWH7' form. The form is divided into two columns of assessment categories. The 'Knowledge Deficit' checkbox is highlighted in yellow. Other categories include 'Discharge Planning', 'Self Care Deficit', 'Alteration in Comfort', 'Potential for Injury', 'Alteration in Nutrition Status', 'Decreased or Altered Physical Mobility and Motor Function', 'Decreased or Altered Ability to Participate in Normal Leisure Activities', 'Impaired Skin Integrity or Risk of Impaired Skin Integrity', 'Ineffective Breathing Pattern', 'Alteration in Tissue Perfusion', 'Potential for Ineffective Breast Feeding', 'Risk for Bleeding', 'Potential for Alteration in Thermoregulation', 'Potential for Decreased Cardiac Output', 'Alteration in Metabolic Status', 'Dysfunctional or Risk of Dysfunctional Gastrointestinal Motility', 'Alteration in Neuro Status', 'Altered Pattern of Urinary Elimination', 'Ineffective or Potential for Ineffective Coping', 'Restraint Care', 'Decreased or Altered Communication', 'Potential for Infection or Worsening Infection', 'Potential for Sleep Pattern Disturbance', and 'Alteration in Fluid Volume'.

- Care plans that have had documentation will be indicated with a paper icon.



➤ **Documentation Components**

- In each section, a similar format is used.
  - Documentation with a radio button is one selection.
  - Documentation with boxes is multi-select.

- **Status**

- Select the appropriate response for the patient.

|               |   |
|---------------|---|
| <b>Status</b> | <input type="radio"/> Initiate<br><input type="radio"/> On-going<br><input type="radio"/> Resolved<br><input type="radio"/> Re-open |
|---------------|---|

- **Goal Progress**

- Evaluates the status of the patient's progress toward the identified goal.

|                      |   |
|----------------------|---|
| <b>Goal Progress</b> | <input type="radio"/> Goal met<br><input type="radio"/> Goal partially met<br><input type="radio"/> Goal not met<br><input type="radio"/> Requires additional intervention<br><input type="radio"/> Patient refused |
|----------------------|---|

- **Related To**

- Related to identifies areas that may limit meeting the goal for the patient.

|                   |  |
|-------------------|--|
| <b>Related To</b> | <input type="checkbox"/> Decreased understanding of diagnosis, medications, tests, procedures and treatment plan<br><input type="checkbox"/> Language barrier<br><input type="checkbox"/> Physical/Mental impairment<br><input type="checkbox"/> Ineffective coping or denial<br><input type="checkbox"/> Other: |
|-------------------|--|

- **Evidenced By**

- Identifies key factors that display the need for continued efforts in this area.

|                     |   |
|---------------------|---|
| <b>Evidenced By</b> | <input type="checkbox"/> Verbalized knowledge deficit<br><input type="checkbox"/> Verbalizes misinformation<br><input type="checkbox"/> Does not correctly perform desired health behavior<br><input type="checkbox"/> Other: |
|---------------------|---|

- **Expected Outcomes/Goals**

- Determine the expected outcomes or goals for the patient.

|                                |   |
|--------------------------------|---|
| <b>Expected Outcomes/Goals</b> | <input type="checkbox"/> Pt and/or family will verbalize an understanding of daily plan of care which may include but is not limited to treatments, tests, procedures and medications<br><input type="checkbox"/> Pt. will be discharged with verbal and written instructions pertinent for diagnosis, medications, activity, diet, treatments, follow-up appointments, signs and symptoms to observe for and when to call the doctor<br><input type="checkbox"/> Pt will describe disease process, causes, and factors contributing to symptoms<br><input type="checkbox"/> Pt and/or caregiver will demonstrate understanding of all medications (purpose, dose, frequency, route) by discharge<br><input type="checkbox"/> Pt will verbalize understanding of the teaching topics<br><input type="checkbox"/> Pt will describe procedure/test<br><input type="checkbox"/> Other: |
|--------------------------------|---|

- **Target Date**

- Enter an anticipated date for meeting the goals or a target of discharge.

|                    |  |   |
|--------------------|--|---|
| <b>Target Date</b> | <input type="checkbox"/> Discharge or transfer | <input type="text" value="MM/DD/YYYY"/> <input type="button" value="↑"/> <input type="button" value="↓"/> |
|--------------------|--|---|

- **Interventions**

- Interventions are multi-select. When the **Provide education** is selected, the options on the right will be available to chart what topics education will be provided on.

| Interventions  |  |
|--|--|
| <input type="checkbox"/> Complete Learning Needs Assessment and update PRN                     | <input type="checkbox"/> Medications including potential food/drug interactions    |
| <input type="checkbox"/> Provide education including written material as appropriate on        | <input type="checkbox"/> Diagnosis, treatment plan and normal recovery progression |
| <input type="checkbox"/> Encourage questions   | <input type="checkbox"/> Tests and procedures                                      |
| <input type="checkbox"/> Encourage verbalization of fears                                      | <input type="checkbox"/> Dietary restrictions/needs                                |
| <input type="checkbox"/> Teach postoperative care  | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Ensure patient has a responsible person that is aware of plan of care |  |
| <input type="checkbox"/> Other:  |  |

- **Comment**

- A free text field where personal information for the goal can be entered.
- Use the **return** icon to return to the main form once documentation in the care plan is complete.
- Click the **green checkmark** to sign the form.

| Comment |
|---------|
|         |



➤ **Frequency**

- The **Patient Plan of Care** should be completed at admission and reviewed/updated every 12 hours.
- When reviewing the **Patient Plan of Care**, previously charted responses will display.
  - Update as appropriate.
  - The **Status** and **Goal Progress** need updated each time.

| Knowledge Deficit   |  |
|---|--|
| <b>Status</b>   | <b>Goal Progress</b>                                   |
| <input type="radio"/> Initiate  | <input type="radio"/> Goal met                         |
| <input type="radio"/> On-going  | <input type="radio"/> Goal partially met               |
| <input type="radio"/> Resolved  | <input type="radio"/> Goal not met                     |
| <input type="radio"/> Re-open   | <input type="radio"/> Requires additional intervention |
|   | <input type="radio"/> Patient refused                  |
| <b>Related To</b>   |  |
| <input checked="" type="checkbox"/> Decreased understanding of diagnosis, medications, tests, procedures and treatment plan |  |
| <input type="checkbox"/> Language barrier   |  |
| <input type="checkbox"/> Physical/Mental impairment   |  |
| <input type="checkbox"/> Infective coping or denial   |  |
| <input type="checkbox"/> Other:   |  |