

Americare Adult Day Health Care Center

Tester, Test (U) DOB: / / Sched: 0 xP/Wk Status: Pending Ph: () - MRID: 102351 MCO:
Tar Date From: 10/19/2017 To: 03/31/2018

<i>Title</i>	<i>Problem</i>	<i>Intervention</i>	<i>Frequency</i>	<i>Objective</i>
Medical/Nursing HYBRID: Bowel Pattern*	Jane reports problems with constipation and diarrhea. She takes stool softners and fiber.	<ol style="list-style-type: none"> 1. Assess Jane verbally for signs and symptoms related to constipation including: for any chronic pattern of constipation, diarrhea, bleeding, or bowel pain. 2. Notify MD of any worsening symptoms related to constipation. 3. Provide training to Jane and/or her caregivers regarding constipation management strategies. Encourage fiber in diet. Refer to dietician for further education. 4. Report to MD if participant becomes impacted or elimination decreases. 	<ol style="list-style-type: none"> 1. 1 x/wk and PRN 2. PRN 3. PRN 4. PRN 	<ol style="list-style-type: none"> 1. Jane will verbally report that bowel movement is soft and formed during the next 6 months. 2. Early detection of symptoms of bowel pattern alteration.
Medical/Nursing HYBRID: Dementia*	John is alert and is oriented to self only. He requires supervision and cuing for safety at all times.	<ol style="list-style-type: none"> 1. Communicate telephonically with John's caregiver to identify changes related to cognition. 2. Provide caregiver education regarding strategies for managing cognitive decline such as: home modification, coping strategies, leisure exploration, etc. 3. When at the center, Re-direct/Re-orient John. 4. When at the center, monitor for symptoms of decline in cognitive functioning. 5. When at the center, cue John to attend to ADL's when needed. 6. Report to MD/CG if cognitive decline noted. 	<ol style="list-style-type: none"> 1. 1 x/wk and PRN 2. PRN 3. PRN 4. PRN 5. PRN 6. PRN 	John will be re-directed and re-oriented at needed and MD/CG will be made aware of any decline in cognition for next six months. John and his caregiver will be provided with education as needed.
Medical/Nursing HYBRID: Hypertension*	Jane needs anti-hypertensive medications to keep her BP WNL. She chooses not to test her blood pressure at home.	<ol style="list-style-type: none"> 1. Telephonically, assess Test for signs and symptoms related to HTN including: tinnitus, dizziness, blurry vision, headache and edema. 2. Notify MD of any worsening symptoms related to HTN. 3. Notify MD of any worsening symptoms related to HTN. 4. When at the center measure blood pressure. 5. When at the center measure pulse. 6. When at the center Re-check blood pressure if <90/50 or >160/90. 7. When at the center Re-check pulse if <50 or >100. When at the center Re-check pulse if <50 	<ol style="list-style-type: none"> 1. 1 x/wk and PRN 2. PRN 3. PRN 4. PRN 5. PRN 6. PRN 7. PRN 8. PRN 	Jane will maintain optimal cardiac output as evidenced by BP between 90/50 to 160/90 when measured and report no signs or symptoms of HTN for the next 6 month period while here at the Center.

<i>Signature</i>	<i>Name</i>	<i>Title</i>	<i>Date</i>

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		or >100. 8. Report to MD any BP <90/50 or >160/90 symptoms, after checking twice.		

<i>Signature</i>	<i>Name</i>	<i>Title</i>	<i>Date</i>