

Mrs. M. Care Plan (Post Significant Change)

Mrs. Cynthia M is a 90-year-old, Caucasian female, born June 22, 1920 in Germany and immigrated to the United States when she was seven years old. Mrs. M speaks English, but if upset or agitated, sometimes speaks in her native language of German. Mrs. M has been a widow for 25 years and prefers to be called Mrs. M related to being address formally as a school teacher for over 40 years. Mrs. M has been high functioning all of her life and has no history of mental illness. She has lived here for several months and had a fall recently resulting in a fractured hip. She is returning to the facility at this time.

Date	Problem	Goal	Interventions	Discipline	Review
12/30/32	Worried and scared since readmission Crying more frequently	Decrease call light use to a max of once an hour Frequency of crying spells will be less then once a day	<ol style="list-style-type: none"> 1. Answer call light promptly 2. Stop by room to check on Mrs. M and anticipate her needs, i.e. offer fluids, take to the bathroom before she asks, etc. 3. Be sure that she gets her pain medication prior to therapy 4. Allow for rest periods between activities so that she is not over tired. 5. Provide positive feed back for all accomplishments 6. Offer toileting per facility protocol to decrease possibility of incontinence 7. Sit with her and offer reassurance when crying 	All	
12/30/32	Poor vision and hard of hearing	Will be able to move about her room and facility without difficulty. Will be able to hear and understand those around her without difficulty	<ol style="list-style-type: none"> 1. Speak distinctly and clearly and toward left ear 2. Minimize external noises or move to a quieter place when talking with Mrs. M. 3. Be sure you have her attention prior to starting to speak 4. Keep her room clear of clutter 5. Keep room lights on till bedtime then use a night light 6. Keep Mrs. M's belongings within her reach especially her water and Bible. 7. Don't rearrange her room without discussing 	All	

			with her first. 8. Be sure Mrs. M wears glasses when awake and that they are clean.		
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Date	Problem	Goal	Interventions	Discipline	Review
12/30/12	I fell recently and broke my hip and had to have surgery	I want to try not fall again but if I do I don't want to hurt myself very badly.	<ol style="list-style-type: none"> 1. Please know that I like to do my ADL's but right now I need more help due to the surgery and I tire very easy at this point. 2. Please help me with all my transfers. I use a walker and need at least 1 person to assist me on/off the commode 3. I would like to nap between each meal so that I don't get over tired. 4. Answer my call light promptly because I don't have much warning before needing to urinate. 5. Be sure I have on my shoes before I get up for a transfer 6. Keep my bed in low position and my call light in reach 7. I take several meds that may make me dizzy and have low BP. Please watch me for these symptoms. Encourage me to sit and stand slowly. 	All	
12/30/10	I don't have much warning before knowing I have to urinate.	I won't wet my pants more then once a day by the end of next month.	<ol style="list-style-type: none"> 1. Please take me to the bathroom as soon as I wake up, before meals and at bedtime. 2. I will need to go to the bathroom 30 minutes after taking my pills in the morning. 3. Be sure to allow time before activities that I can go to the bathroom. 4. Please be sure my call light is where I can see and reach it 5. Please answer my call light promptly. 	All	

Date	Problem	Goal	Interventions	Discipline	Review
12/30/10	I don't have much appetite and the food doesn't taste good	I will not lose any more weight by February I will feed myself with adaptive equipment.	<p>6. If I do have an accident don't scold me, I am already embarrassed.</p> <ol style="list-style-type: none"> 1. I can't eat much at a time so I would rather eat small frequent meals. 2. My daughter made me Carnation Instant breakfast for between meals that I enjoyed and would like to continue that. 3. I need to eat fiber in my diet so that I don't get constipated. Please offer me grapes, oranges and peaches whenever possible. 4. At night I get hungry I would like a bowl of cold cereal. 5. I can't see very well so please let me know what is on my plate by using a clock. 6. I have arthritis and have had a stroke. It makes it hard to feed myself. I need large handles utensils and my special knife. I also use something special to keep my plate from sliding away from me. 7. Weigh me weekly to be sure that I am not holding too much fluid meaning my heart has to work harder. 8. I have trouble swallowing and must sit up straight in my chair when I eat. I also tuck my chin to make it safer to swallow. Please don't offer me a straw. 9. The nurses should listen to my lungs daily to be sure they stay clear. If they are not clear my doctor should be called. 	Dietary Nursing Activities	

Date	Problem	Goal	Interventions	Discipline	Review
12/30/10	I have a blister on my left heel and an open area on my bottom	I want the area to get better and no further problems occur	<ol style="list-style-type: none"> 1. Please be sure I am offered fluids. Pour them in a cup, as the pitcher is too heavy for me. 2. I need help turning since my surgery so please do it at least every 2 hours when I am in bed 3. Please help me reposition at least every hour when I am in my wheelchair 4. Keep my heels up off the bed and the pressure off at all times. There is not a dressing on my heel so please be careful that the blister does not get bumped. 5. I do have a dressing on my bottom and if it becomes loose, soiled or falls off please let the nurse know so it can be put back on. 6. When I not in therapy please remove my shoe so that it doesn't make my heel worse. 7. I don't want to have wet skin so please follow my care plan to keep me dry. 8. If I do wet myself please clean me up thoroughly and dry my skin well. 9. I like to wear long sleeve blouse to protect my skin 10. During showers be sure I do not have any redden areas where I cannot see. 	Dietary Nursing	
12/30/10	I do not like to be in pain	My pain will be under control and less then a 6 on any given day.	<ol style="list-style-type: none"> 1. If I say I am in pain I am. 2. I respond best to the verbal scale to describe my pain. 3. Please be sure that I get my regular meds on time 4. I am stiff in the morning so keep it in mind as I am getting dressed and ready for the day. It takes me longer to do things then. 5. If I need something extra for pain please give it 	Nursing	

			<p>to me as soon as possible.</p> <ol style="list-style-type: none"> 6. I listen to my books that help me to cope with my pain. Please allow me the privacy to listen to my books. 7. If my pain is really bad a warm bath or a gentle back rub sometimes will help. 8. I also have a hard time sleeping at night. Be sure I go to the bathroom and have something for pain before going to bed. 9. Take me to the bathroom and give me a drink if I am restless at night. I may need a pain med again. 		
12/30/10	<p>I need help with getting around and getting dressed and undressed I want to get to where I can do as much as possible for myself again.</p>	<p>Within 6 weeks I will be able to dress myself with min assist. Within 6 weeks I will be able to walk to the bathroom in my room with min assist</p>	<ol style="list-style-type: none"> 1. Until I can walk distances please push me to therapy in my wheelchair. 2. Please help me with all my transfers 3. Adaptive equipment for dressing: Large handled buttonhook. Be sure it is out when I am getting dressed. 4. I prefer to bath in the evening. 5. Adaptive equipment for eating: Dycem for under my plate, a large handled rocker knife for cutting meat, foam handles for fork and spoon. I keep them in my tote bag on the back of my wheelchair. 6. Be sure I have my pain pills before I start my dressing 7. I like to be complimented when I have accomplished a hard task for the first time. 8. Please don't rush me I dress slowly. 9. It easier for me if I break up my activities into short periods to conserve my energy. 		