

CARE PLAN			
NAME OF RESIDENT:			
CARE ALERTS (WRITE IN CAPITALS) For example: risk of pressure areas, double amputee			
FALLS RISK:			
COMMUNICATION			
Preferred name:			
Care Needs:			
Goal: (expected outcome)			
VISION (tick which applies)		HEARING (tick which applies)	
Aids	Glasses magnifying glasses Clean and fit glasses daily Able to clean own glasses Place objects in range of vision Read aloud menus/letters/documents Assist to write Assist to use telephone	Aids	Hearing aids (right/left) Adjust volume daily Check batteries and clean aids daily Gain attention before speaking Speak loudly, clearly and directly Allow extra time for response Give step-by-step instructions Use repetition when difficulty persists
Other (please provide details)			

Eye Care Required (please detail)		Ear Care Required (please detail)	
SPEECH AND LANGUAGE		COMPREHENSION ISSUES (For example: inappropriate responses)	
SPEECH DISORDER/S		Other (please detail)	
Translate for resident Take time to listen Initiate conversation Use language cards Use picture cards			
MOBILITY			
Care Needs: Goal: (Expected Outcome)			
AMBULATION (WALKING)		TRANSFERS	
Ambulant (able to walk) Non-ambulant (unable to walk)		Independent weight bearing (able to stand) Non-weight bearing (unable to stand) 1-staff assist 2-staff assist Hip Replacement Knee Replacement Amputee (Left Right)	
Aids	Walking stick Zimmer frame Wheelchair quad stick Wheeled walker	Aids	Bed rail slide sheet gait belt Hoist standing hoist Hoist sling type and position of loop
Other	Provide direction Supervise movement Encourage to maintain mobility	Other (provide details)	

selected by mistake please ignore

TOILETING AND CONTINENCE				
Care Needs: Goal: (expected outcome)				
CONTINENCE				
Bladder Control	Continent	Incontinent	Catheter	
	Occasionally	Frequently	Total incontinence	
Bladder Management	Fluid balance chart	Toilet	(Times)	
	Other			
Bowel Control	Continent	Incontinent	Constipation	Colostomy
	Occasionally	Frequently	Total Incontinence	
Bowel Management	High Fibre Diet	Encourage Fluid Intake	Aperients	Bowel Chart
Continence Aids	Day		Night	
TOILETING				
Toileting Aids	Commode	Urinal	Kylie	Bed Pan
	Other			
Toilet Regime	Independent	Supervise	Some Assistance/Prompt	Fully Assist
	Adjust Clothing Position On Toilet	Encourage Self-Care	Clean Perianal Area	Other
SHOWERING, DRESSING AND GROOMING				
Care Needs: Goal: (expected outcome)				

SHOWER AND WASHING											
	Independent		Supervise		Some Assistance/Prompt			Fully Assist			
	Shower		Bath		Spa Bath		Bed Sponge		Flannel Wash		
	Frequency				Preferred Time						
	Adjust Water Temperature				Encourage To Optimize Self-Care						
	Other										
Transfer	Walk To Shower		Wheelchair		Other						
Showering Aids	Bath Trolley		Shower Chair		Other						
Toiletries	Normal Soap		Deodorant		Aqueous Cream			Moisturiser			
	Other										
Hair Care	Wash In Shower		Wash In Bath		Preferred Days						
Dressing And Undressing	Independent		Supervise		Some Assistance/Prompt			Fully Assist			
	Calipers		Splints		Other						
CULTURAL DRESSING											
Dressing Assistance	Bra		Singlet		Buttons		Belt		Zips		
	Stockings		Socks		Jewellery		Make-Up		Shoes		
	Assist With Selecting Clothing				Other						
GROOMING											
Hair Care	Independent		Supervise		Some Assistance/Prompt			Fully Assist			
	Hairdresser										
	Facial Hair		Wet Shave		Dry Shave						
	Hair Removal				Frequency						
Nail/Foot Care	Independent		Supervise		Some Assistance/Prompt			Fully Assist			
	Podiatry Visits										
Teeth	None		Some (Upper		Lower)		All		
	Cleaning Routine										
Dentures	None		Partial		Full (Upper/Lower)			Night		In	Out
	Cleaning Routine										
PRESSURE AREA AND SKIN CARE											
Care Needs:											
Goal: (Expected Outcome)											

Norton Scale	Score	Low Risk	Medium Risk	High Risk
Pressure Relief Aids	Bed Cradle	Sheepskin	Cushion	Bedrail/Protector
	Other			
Pressure Area Regime	Reposition In Bed		Reposition In Chair	
	Frequency			
	Special Mattress (Type)		Personal Chair	
	Other/Specific Orders			
Skin Care	Emollient Cream To Dry Skin Areas		Daily	Twice Daily
	Preferred Time(s)			
EATING AND DRINKING				
Care Needs: Goal: (expected outcome)				
EATING				
	Independent	Supervise	Some Assistance/Prompt	Fully Assist
	Right-Handed	Left-Handed		
Preferred Place To Eat	Dining Room	Bedroom	Other	On Verandah
Type Of Diet	Normal	Soft	Modified Soft (Minced)	Puree
Special Diet	High Fibre	Diabetic	Enteral Feeding (PEG/NGT)	
Special Instructions				
Aids	Modified Crockery	Modified Cutlery	Bowl	Lipped Plate
	Built Up Cutlery	Clothing Protector	Other	
DRINKING				
	Independent	Supervise	Some Assistance/Prompt	Fully Assist
	Right-Handed	Left-Handed		
Aids	Modified Cup		Clothing Protector	
Thickened Fluids	Level 1	Level 2	Level 3	
	Type Of Thickener To Be Used			

SLEEP AND SETTLING ROUTINES				
Care needs: Goal: (expected outcome)				
Usual Time To Rise:		Usual Time To Bed:		Rest Time:
Preferred Sleeping Position:				
Pillows Required :				
Sleep Aids	Massage	Music	Hot Packs	Other
Room	Light On	Door Open	Door Closed	Bedrail/Protector
	Other			
Night-Time Patterns				
Other Preferences (For Example: Hot Drinks Or Snacks)				
Night Checks	Every Hour	Every 2 Hours	Other	
SPECIALISED CARE PLANS				
Refer to Specialised Care Plans for:	Medications	Pain Management	Wound Care	
	Therapy	Restraint Management		
SOCIAL AND HUMAN NEEDS/ACTIVITIES				
Care needs: Goal: (expected outcome)				
Frequency of visit/contact by family/friends:				
Religion beliefs/practices R.C.				
Pastoral requirements:				
Attends place of worship (day/s)				

Cultural Needs:

Hobbies/Interests:

Employment History:

BEHAVIOUR

Care needs:

Goal: (expected outcome)

Encourage:

Additional Comments:

(for example: special needs, restraint, routines, pain, palliative care, pacemaker)

Terminal Care Recorded:

Yes

No

Date Care Plan Evaluated: (Document in Progress Notes)

Signature:

OFFICE USE ONLY	
ENTERED In Progress Notes	
Date	
Signed:	<div>RN AIN PCA</div>
Print Name:	
Position Title:	
Review date:	(Every 6 months)
Evaluation Notes:	