

Raymond Parker: Problem Specific Care Plan

CONGESTIVE HEART FAILURE – CCM Calls monthly

Goal: Quality of life and independence will be maximized. Breathing will be comfortable.

Baseline: Moderate-Severe: Marked limits on physical activity, Hospital bed for sleep
Typical symptoms during exacerbation: Increased SOB with exertion, pedal edema, marked fatigue, sleeps in recliner

Target: Weight < 180 bs; O2 sat> 92% at rest; Potassium range: 3.3-4.5

Interventions
Pharm: Furosemide; Metolazone; Potassium
Non Pharm: Low salt diet, walks to dining room twice daily,

Monitoring: Self: Daily weights, Daily BP
Other: Echocardiogram (frequency as per cardiology); BMP quarterly

Alarm Signs: Weight > 186 lbs, SBP < 90, persistent difficulty breathing

Consultants: Jon Wahrenberger MD (DHMC Cardiology – 603 650 XXXX) – sees twice yearly.

BENIGN PROSTATIC HYPERTROPHY – CCM calls Jan, Apr, Jul and Oct

Goal: Quality of life and independence will be maximized. Urinary frequency, incontinence and retention will be minimized.

Baseline: Moderate: Obstructive symptoms (frequency, dribbling) but no need for catheterization.
Typical symptoms: Nocturia x 4-5

Target: Nocturia x 2-3

Interventions
Pharm: Tolterodine, Tamsulosin
Non Pharm: Limited fluid intake after 4 pm

Monitoring: Self: Nocturia count (intermittent), Home BP
Other: None

Alarm Signs: Significant straining with urination or inability to void. Nocturia x 6 or greater. BP < 90/60

Consultants: None.

HYPERTENSION – CCM Calls Jan and Jul

Goal: Minimize risk of HTN associated adverse events. Side effects associated with treatment will be kept to a minimum

Baseline: 100-140/60-80

Target: 100-140/60-80, Weight < 180 lbs

Interventions
Pharm: Furosemide; Metolazone; Potassium, Tamsulosin
Non Pharm: Low salt diet, walks to dining room twice daily

Monitoring: Self: Daily BP, Daily Weight
Other: BMP quarterly

Alarm Signs: Prolonged dizziness, Near falls or falls with standing, BP > 180/100, BP < 90/40

Consultants: Jon Wahrenberger (DHMC Cardiology – 603 650 XXXX) – sees twice yearly.

DEGENERATIVE JOINT DISEASE – CCM calls Jan and Jul

Goal: Quality of life and independence will be maximized. Pain will be minimized.

Baseline: Slight limits on physical activity.
Typical symptoms: Pain in bilat knees, lower back

Target: Average pain 0-3/10

Interventions
Pharm: Tylenol 1000 mg tid prn
Non Pharm: Weekly massage

Monitoring: Self: 0-10 pain score - intermittently
Other: None

Alarm Signs: New onset severe joint pain. Markedly increased use of prn tylenol

Consultants: None

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE – CCM calls Jan and Jul

Goal: Quality of life and independence will be maximized.

Baseline: No symptoms since CABG many years ago

Target: BP 100-140/60-80, LDL < 70, HR: 60-80, Walk 200 feet without chest pain

Interventions
Pharm: Aspirin, Atorvastatin, Furosemide, Potassium, Nitroglycerin (prn)
Non Pharm: Low salt diet, walks to dining room twice daily

Monitoring: Self: Daily weights, Daily BP, Daily HR
Other: BMP quarterly, CBC yearly, FLP every other year

Alarm Signs: Chest pain with rest, BP > 170/110, BP < 90/40, > 3 Nitroglycerin tabs per month

Consultants: Jon Wahrenberger MD (DHMC Cardiology – 603 650 XXXX) – sees twice yearly.

GASTROESOPHAGEAL REFLUX DISEASE – CCM Calls Jan and Jul

Goal: Quality of life and independence will be maximized. Eating will be comfortable.

Baseline: Mild-occasional symptoms after large meals: Marked limits on physical activity
Typical symptoms during exacerbation: burning pain in chest and upper abdomen

Target: < 2 heartburn episodes per month

Interventions
Pharm: Pantoprazole
Non Pharm: Avoids fried foods, spicy foods and large meals, sleeps with HOB elevated

Monitoring: Self: Symptom count (intermittent)
Other: None

Alarm Signs: Sudden unplanned weight loss, black stools, pain with swallowing

Consultants: None

GLAUCOMA – CCM calls Jan and Jul. Defer all questions, concerns, refill requests to DHMC Ophthalmology (603 650 XXXX)

Goal: Quality of life and independence will be maximized. No further vision loss

Baseline: Moderate. Wears glasses. Moderate blurring in L eye. R eye unaffected

Target: As per ophtho

Interventions
Pharm: Timolol, Latanoprost
Non Pharm: None

Monitoring: Self: None
Other: Twice yearly visits to Ophthalmology

Alarm Signs: Sudden vision loss, Severe unrelenting headache

Consultants: Dr. Schertzer, MD (DHMC Ophthalmology – 603 650 XXXX) – sees twice yearly.