**Care Plan**

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| **Client Information** | |
| **Name: Abraham C.** |  |
| **My preferred name: Abe** |
| **My Birthday is: 16th January (he is currently 91 years old)** |
| **My Room number is 23** |
| **I am allergic to penicillin** |
| **Social History:**  I was born in Israel. My mother is from Australia, and my father is from Israel. My family moved to Brisbane when I was 8. My father was the local grocery shop owner, and on the weekends and afternoons after school, I helped in the shop.  After I finished school, I worked in my father’s shop until I went into the army for two years. While I was in the army, I fought in the second world war. When I left the army, I went back to work in the grocery shop, which I later inherited from my father.  I returned home from the war after learning my little sister’s husband left her and their daughter a few months after she was diagnosed with cancer. I took care of my little sister and raised her daughter, Abigail, as my own after my sister passed away in 1960. I never married.  Before I moved here, I lived with Abigail and her family. She married a nice young man, Jacob, and they now have two lovely daughters, the twins, Aliya, and Amira. Abigail stopped working when she had the girls, and just stayed home taking care of them, and also keeping me company.  I enjoy reading, especially stories about the time of the war. It reminds me of the time I spent with my mates.  I was diagnosed with renal cell carcinoma, which has now spread to other parts of my body. I am now at Lotus Compassionate Care because my niece’s family is moving to a different state, and I did not want to move with them. I want to live the rest of my life here in my hometown. With the twins old enough to go to school, I think it is time for Abigail to go back to work and do things for herself. I am finding it more and more difficult to complete activities of daily living without assistance, and I do not want to be a burden to Abigail and her family. | |

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| **Communication** | | |
| My needs | My Goals | How you can help me |
| To be able to hear around me as I cannot hear very well. | I would like to be able to hear what people are saying. | Support me to use my hearing aid. |

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| Cultural and Spiritual | | |
| My needs | My Goals | How you can help me |
| To be able to keep following Jewish practices while in the centre. | * To follow the kashrut (Jewish dietary laws). * To be able to pray three times a day. | * Help ensure that my food is kosher. * Assist me to say my prayers by reminding me of the time and guiding me to a quiet place for prayer. |

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| Recreation | | |
| My needs | My Goals | How you can help me |
| * I like to sit out on the veranda each morning and listen to the radio. * I like reading books. | * Enjoy the outdoors and listen to my favourite radio station in the mornings. * Finish as many new books as I can. | * Support me to transfer to the care chair and wheel me out to the veranda. Ensure I have my hat on and sunscreen applied. Ensure I am not directly in the sun for too long (no more than 30 minutes). * Turn the radio on to ‘easy listening station’. * Ensure that I am comfortable. * Place the feeding cup with a spout with water within my reach. |

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| Recreation | | |
| My needs | My Goals | How you can help me |
|  |  | * Place the buzzer within my reach. * Ensure I have new books to read, and my spectacles are within reach. |

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| Sensory | | |
| My needs | My Goals | How you can help me |
| To maintain visual ability. | * To continue being able to read my books. * To continue to see the people, I am talking to. | Help me to ensure my glasses are clean before I put them on and within reach for me when I am alone. |

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| Mobility | | |
| My needs | My Goals | How you can help me |
| * To maintain a level of mobility that will allow me to enjoy the outdoors. * To be assisted when I fall down. | * To continue being able to enjoy taking walks outdoors, especially early in the morning to watch the sunrise. * To keep my muscles and limbs toned. | * Assist me to take morning walks using walking stick (or single point stick) * In the case of a fall, please assist me to transfer using the hoist and two staff members. * Help me up and check me for injuries when I fall. * If I have a serious fall that requires medical attention, notify Abigail through a phone call. |

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| Personal Hygiene | | |
| My needs | My Goals | How you can help me |
| I require assistance to meet my personal hygiene care needs. | * To feel comfortable. * To be clean-shaven as often as possible. | * Ensure my privacy and dignity are maintained. * Speak with me about how you will assist me. * Ensure the water in the washbasin is warm but not too hot. * Use a soft washer and soap substitute to gently clean my skin. * Gently dry my skin with a soft towel and ensure it is thoroughly dried. * Apply a protective barrier cream (please do not rub my skin). * Assist me when shaving |

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| Oral Care | | |
| My needs | My Goals | How you can help me |
| I require assistance to meet oral care needs. | * To maintain my self-esteem. * To maintain healthy teeth and gums. | * Ensure that I am sitting upright. * Assist me to clean my teeth with a soft, small-headed toothbrush and fluoride toothpaste. * Assist me to apply oral gel to my lips. |

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| Skin Care | | |
| My needs | My Goals | How you can help me |
| To maintain my skin integrity. | To maintain comfort and prevent pressure injuries due to lack of mobility. | * Support and encourage me to move around and not stay in bed or sitting in my chair for long hours. * Inspect my skin for redness. * Report and document if you notice changes in my skin condition. * Ensure the linen is free from wrinkles and smooth. * When conducting transfers, be careful not to pull, drag or knock my skin. * Ensure my skin is clean and dry. * I have an air pressure ripple mattress on my bed. * Regular toileting to prevent me from being incontinent. |

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| Bowel Function | | |
| My needs | My Goals | How you can help me |
| * I sometimes experience constipation. * I sometimes have a hard time making it to the bathroom to urinate. | * To have a bowel motion every day or every second day. * To use a bedpan when I feel that I cannot make it to the bathroom. | * Monitor my bowel motions and complete the bowel chart. * Ensure I have the buzzer within reach if I need to go to the toilet. * If I have not had a bowel movement after the 2nd day, give me an aperient every morning until I have a successful bowel movement. * Encourage me to eat a high-fibre soft diet as per care plan and maintain fluid intake. * Assist me in using a bedpan, if required. |

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| Sleep | | |
| My needs | My Goals | How you can help me |
| I sometimes wake during the night. | To have a restful sleep during the night. | * Ensure I am comfortable before I go to sleep. * Ensure the room is at a comfortable temperature. * Ask me before you settle me for sleep if I am comfortable and reposition the pillows how I like it. |

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| Nutrition and Hydration | | |
| My needs | My Goals | How you can help me |
| Sometimes I am unwell and refuse food. | To maintain a good nutritional intake. | * Support me to sit upright. * Support me to eat a high-nutrition soft diet. * Ensure I receive kosher meals. * Record what I eat and drink in my food diary. * When I feel unwell and refuse food inform the registered nurse. |

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| Environment | | |
| My needs | My Goals | How you can help me |
| When I am too hot or too cold, I feel uncomfortable. | To be in an environment with a comfortable temperature. | * When you help me with my personal care, ensure the room and water temperature is comfortable. * Support me to ensure I have warm clothing in cold weather and cool clothing in warm weather before I go out on the veranda. * Ensure my bedroom is at an appropriate temperature. |

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| Pain | | |
| My needs | My Goals | How you can help me |
| If I am experiencing pain, I feel uncomfortable. | To maintain a manageable pain level so I can optimise my wellbeing. | * Report and document if I experience any pain. * Administer my pain relief medication as directed by my physician. |

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| My Medical History |
| I have diabetes and arthritis |

End of Care Plan