**Care Plan**

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| **Client Information** | |
| **Name: Henry S.** |  |
| **My preferred name: Henry** |
| **My Birthday is: 26th June (he is currently 78 years old)** |
| **I live with my wife, Florence** |
| **I have no known allergies** |
| **Social History:**  I was born in Kalgoorlie-Boulder to a family of miners. As a kid, I enjoyed hanging out at the park and playing the guitar. After I finished my studies, I moved around playing in bars and cafes with different bands.  I eventually settled down and found work as an electrician. Shortly after settling, I met Florence, my wife. We’ve been together ever since.  Florence used to teach at the local school. Back then, I would drive her to work every morning. We enjoyed the morning drive, as it was the only time of the day when we were neither busy with work nor exhausted from our jobs. We never planned for children and did not have any.  I still enjoy playing the guitar, though I am not good at playing it anymore. Florence takes me to the park every now and then. We would spend hours walking, snacking, and chatting about things we did in our younger years. We have also been going to church regularly ever since we retired from our jobs.  I was diagnosed with colon cancer, which has spread to my pelvic bone and other parts of my body. I have had surgery to remove a large part of my colon and now wear a colostomy bag. Nowadays, I am in near-constant pain and have difficulty walking. I use a cane to walk, but lately I’ve had to use the wheelchair when moving about due to severe pain. My stoma has also been swelling recently, and Florence has had to place a cold compress over it to help with the pain and irritation.  My wife has been having problems with her back and struggles to care for me. I do not want to be a burden to Florence – I want to spend my remaining time seeing her happy and comfortable. I would like to receive assistance with daily tasks and activities so that Florence will not have to strain herself or put herself at risk of getting hurt while assisting me. | |

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| **Communication** | | |
| My needs | My Goals | How you can help me |
| To receive clear reminders or cues, especially with regard to my medication | I would like to be able to hear others clearly. | Speak to me in a clear way and be patient when speaking to me when I’m in pain |

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| Cultural and Spiritual | | |
| My needs | My Goals | How you can help me |
| To be able to continue going to church regularly | I would like to attend church service every Sunday with my wife. | * Help me get in the car. * Help me prepare for church service by assisting me in dressing up and washing myself. |

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| Recreation | | |
| My needs | My Goals | How you can help me |
| * I play the guitar. * I go to the park with my wife. | * I would like to continue spending time at the park with my wife. * I would like to play the guitar at home. | * Help me get in the car * Help me move around while at the park. Assist me whenever I need to sit down and help me find a comfortable spot whenever I feel pain. * Assist me in getting into position to play my guitar * Ensure that I am comfortable. * Ensure that my cane is within my reach. |

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| Sensory | | |
| My needs | My Goals | How you can help me |
| To enjoy my tactile ability. | * To continue playing the guitar. * To be able to touch and stay in physical contact with my wife. | * Help me manage my pain. * Direct me and assist me to hold on to my guitar * Allow me some time to be alone with my wife |

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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 go to church and the park. | * To continue being able to enjoy walking with my wife at the park. * To be comfortable in getting in and out of the car. | * Assist me in walking around at the park and take me out on the wheelchair when I am in too much pain to walk. * Assist me in moving in and out of the car.   + Assist me to transfer using a full sling hoist when I am unable to stand due to illness or pain, or in the case of a fall. |

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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. | * I would like to feel clean and comfortable. * I would like to receive assistance replacing my colostomy bag and cleaning the surrounding area. | * Ensure my privacy and dignity are maintained. * Speak with me about how you will assist me. * Prepare warm water, a soft washer and soap substitute for my bath. * Replace my colostomy bag when needed. * Assist me in combing my hair and drying my body. |

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| Oral Care | | |
| My needs | My Goals | How you can help me |
| I require assistance to meet oral care needs. | * I would like to maintain my self-esteem. * I would like to maintain healthy teeth and gums. | * Ensure that I am sitting upright. * Assist me in cleaning my teeth with a soft, small-headed toothbrush and fluoride toothpaste. * Assist me in applying 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. | I would like to maintain comfort and prevent injuries. | * Support and encourage me to move around and not stay in bed or sit in my chair for long hours. * Check me for injuries regularly. * Make sure my surroundings are free from hazards that may harm me. * Report and document if you notice changes in my strength or abilities. * When conducting transfers, be careful not to pull, drag or knock my skin. * Check the area around my stoma regularly for redness or swelling. |

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| Bowel Function | | |
| My needs | My Goals | How you can help me |
| To meet my needs involving my stoma and colostomy bag | I would like to receive assistance in replacing my colostomy bag and cleaning the area around the stoma | * Replace my colostomy bag when needed.. * Clean my stoma and the area around it regularly. |

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| Sleep | | |
| My needs | My Goals | How you can help me |
| I need to get plenty of rest at night to continue enjoying my usual activities | 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 me if needed. * Ensure that I have taken my medication before going to bed. |

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| Nutrition and Hydration | | |
| My needs | My Goals | How you can help me |
| I would sometimes refuse food when I am in pain. | I would like to receive assistance to maintain a good nutritional intake. | * Help me sit upright. * Encourage and support me to eat a high-nutrition soft diet. * When I refuse food, please wait for my pain to subside, then resume helping me eat. |

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| Environment | | |
| My needs | My Goals | How you can help me |
| I enjoy seeing people and feeling the wind on my face. | * I would like to continue going to the park and the church. * I would like to have my windows open in the afternoon. | * When you assist me with moving about at the church or at the park, allow me some time to see people and speak to them. * Help me open my windows and sit down to enjoy the breeze. |

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| Pain | | |
| My needs | My Goals | How you can help me |
| I feel pain almost constantly and need help with pain relief. | To maintain a manageable pain level so I can enjoy my daily activities. | * Place me in a comfortable position to relieve me of pain. * Administer my pain relief medication as directed by my physician. |
| My stoma sometimes gets swollen and I need help with managing the pain. | To reduce the pain and selling of my stoma | * Prepare a cold compress to place over my stoma. * Check my stoma regularly for swelling. |

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| My Medical History |
| I have colon cancer. |

End of Care Plan