

# Care Plan

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9/14/2009 2:44PM  
CL0200A

Name: alias, alias

No: 1

Location: 0

Problem/Need	Goal & Target Date	Approaches	Role(s)	Time Code
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## Problem Onset:

Nutritional Temporary Care plan	* Maintain Weight within usual/ideal range ____ +/- ____#	* Offer fluids at bed side		
Risk due to DX,		* Diet per MD order	N&D	
Therapeutic/Mod texture diet,	* Average PO intake greater then 50%	* Offer assistance with dining as needed	ALL	
Potential for poor PO,		* Offer meal replacement when PO < 50%	N&D	
Potential for food complaints, TPN/TF/IV	* Minimize chewing/swallowing difficulty	* Review customary meal times and snacking preferences	D	
	* Meal acceptance with minimal c/o dislikes or hunger			

# Care Plan

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9/14/2009 2:44PM  
CL0200A

Name: alias, alias

No: 1

Location: 0

Date Admitted:

Date of Birth:

Sex: M

Weight: 0 Height: 0

Physician:

Phone:

Problem/Need	Goal & Target Date	Approaches	Role(s)	Time Code
<b>Problem Onset:</b>				
Nutritional risk due to: DX.,HX.,Wt loss/gain,Poor PO intake,Diff Chewing/Swallowing, Oral pain, Mod diet text, Theraputic diet, Food complaints, TPN/IV/TF, Abnormal labs, Fluid imbalance,Poor skin integrity, Constipation/Diarrhea,Non-c ompliance	* Maintain weight within usual/ideal range ____ +/- ____#	* Offer fluids at bed side * Diet per MD order * Offer dining assistance as needed	N ALL ALL	
	* Weight loss/gain of 1-2# per week to reach goal weight of ____ # +/- ____#	* Offer Meal replacement when PO < 50%	N&D	
	* Average food intake greater then ____% to meet base estimated needs	* Offer between-meal supplement as ordered * Appetite Stimulant per MD order * Provide added kcal/protein intake opportunities	D N N D	
	* Minimize chewing/swallowing difficulty	* Fluid Restriction Per MD order ____cc QD	ALL	
	* Minimize aspiration risk	* Encourage family to provide favored food items within diet order restrictions	ALL	
	* Minimize oral pain	* Vitamin and mineral supplementation as ordered	N	
	* Meal acceptance, minimal c/o dislikes	* Educate to improve dietary compliance	D N	
	* Adequate saitiation, minimal c/o hunger	* Swallow Guidelines per SLP * TF/TPN administer and monitor per standards of care	ALL D N	
	* TPN/TF/IV to provide adequate macro/micro nutrients and fluids	* TF/TPN report any intolerances to RD (N/V, bowel change, high residuals, etc.)	N	
	* Advance PO intake as tolerated	* TF/TPN/IV/H2O flushes per order	N	
	* No s/sx of dehydration/fluid overload	* Monitor for s/sx of constipation/obstruction/impaction/ diarrhea	N	
	* Improve/Stabilized nutritional indicator lab results	* Liberalize diet for _____, dated _____	D	
	* Improve/Stabilized skin integrity			
	* Wound healing			
	* No s/sx of Constipation/Obstruction/Impaction/Di arrhea			
	* Improved Dietary Compliance			
	* Comfort with regards to dietary preferences/textures, etc.			