



PLAN OF CARE

Start of Care Date	Certification Period
	From Thru

Patient/Client Name: _____ Date of Birth: _____

Address: _____

Principle Diagnosis: _____

DME/Supplies: None List: _____

Allergies: NKDA List: _____

Medications: SEE ATTACHED MEDICATION PROFILE _____

Safety Measures: Clear Pathways / Safe Ambulation Fall Precautions Home Safety Medication Management
 IV Safety Sharps Disposal Oxygen Safety Bleeding Precautions Infection Control Other: _____

Mental Status: Oriented Alert Disoriented Comatose Lethargic Forgetful Depressed Agitated
 Other: _____

Nutritional Requirements: _____

Functional Limitations: Amputation Bowel/Bladder Endurance Paralysis Ambulation Hearing Speech
 Vision Dyspnea Other: _____

Orders for Discipline and Treatment: SN visits _____ times per week for assessment pertinent to diagnosis,
teach/training of disease process and medication regimen.

SN to perform and/or teach PT/CG: _____

SN to administer and/or teach PT/CG to administer: _____

SN to teach s/s of complications/infection to report to the physician.

Other: _____

Goals: PT will be knowledgeable in all instructions provided Wound/incision will show signs of healing by discharge

PT/CG will be independent in medication management . PT/CG will be independent in IV therapy.

PT will follow up with the physician as instructed and report any complications.

Rehab Potential is: Poor Guarded Fair Good Excellent to Meet Goals

Discharge Plans: The patient will be discharged when no longer requires homecare.

The patient will be discharged to care of self with physician follow up as instructed.

Nurse Signature Date

Physician/PA/ARNP Name and Address here:

I certify/recertify that this patient is is not confined to their home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

Physician/PA/ARNP Signature Date