MIDTERM / FINAL CARE PLAN

STUDENT NAME ______________________ DATE ____________ PATIENT ADMISSION DATE __________

CLASS ______________ GROUP ________ SUBJECT ______________ INSTRUCTOR ______________

Client Initials	*Culture/Ethnicity*	*Support System/ Siblings/Children & Ages*
Unit/FACILITY *Room/Bed*	*Religion*	*Highest Grade Completed*
Age *Sex*	*Living Will* *CODE STATUS*	*Advance Directive*
Weight *Height*	*Marital Status*	*Genogram (PEDIATRICS ONLY)* *USE SEPARATE SHEET*
(Hospital Admission DX) ***OR*** *(SNF Current DX being treated for).*	*Occupation*	*Consultants? Name & specialty*
	Health Insurance	
	Current Work Status	*Name of Significant Other/Primary Caregiver*
	Language	

For (Hospital Setting: History of Present Illness), for (Skilled nursing facility : WHY is the patient in the SNF?)

Past Medical History and Past Surgical Procedures

G	T	P	A	L

FOR OB ONLY

Vaginal Delivery:

Episiotomy/Perineum/Laceration, Degree: ____________

Intact ☐ Bruised ☐ Edematous ☐

Hemorrhoids: YES ☐ NO ☐

Cesarean Section:

Abdominal Incision/Dressing Intact: YES ☐ NO

Date of Delivery: __________ **Time of Delivery:** ________ **AM/PM**

FOR PEDIATRICS ONLY

Developmental Stage/Theorist: ***Use Separate Sheet or back if Necessary***

Nursing Process

List in Priority Order Beginning with # 1 in Priority

Assessment Date Subjective/Objective	***Nursing Diagnosis***	***Plan Outcome Criteria (Client Centered)***	***Interventions (Nurse Centered)***	***Rationale for Interventions***	***Evaluation***
Subjective: What does the patient say? **Objective**: What do you see?	What is the problem?	What is the goal **for** the ***patient*** for your shift?	What do you think you're going to do about it?	Why do you think this will work?	The things you did, did it work or not work in meeting the patient's goal?

Pathophysiology :*Clinical Critical Thinking*

Diagnostic Procedures/Date Name and Results:

Vital Signs/Frequency:

*Allergies/What reaction **did the** patient **have**?*

*Diet **with Rationale: (WHY IS PT ON THIS DIET)?***

Activity Order:

Limitations/Prosthetic Devices:

Duties that you would delegate to medical assistant/LPNs'

Assessment:

Vital Signs: T: _______ HR: __________ R: __________ B/P: __________

Pain:

Rating Scale: __________ Quality: __________ Location: ____________

Neurological & Cognitive : HEENT

Cardiovascular:

Respiratory:

GI/Bowel:

GU/Bladder:

Skin:

FOR OB ONLY

Postpartal Assessment (Vaginal or C-S):

B[1]	U[2]	B[3]	B[4]	L[5]	E[6]	H[7]

Breast: [1]

Uterus: [2]

Bowel: [3]

Bladder: [4]

Lochia: [5]

Perineal/Rectal

[6]

Homan's Sign: [7]

Breastfeeding Assessment:

Appropriate Position: YES ☐ NO ☐

Feeding Observed: YES ☐ NO ☐

Lactation Consultant: YES ☐ NO ☐

Bottlefeeding: YES ☐ NO ☐

Baby in NICU: YES ☐ NO ☐

Maternal/Infant Bonding:

Appropriate Eye Contact and Touching: YES ☐ NO ☐

Abnormal Laboratory Data: ***Lab Test # 1***	***Abnormal Laboratory Data:*** ***Lab Test # 2***	***Abnormal Laboratory Data:*** ***Lab Test # 3***	***Abnormal Laboratory Data:*** ***Lab Test # 4***
Results: ____	***Results:*** ____	***Results:*** ____	***Results:*** ____
What is the cause for the Abnormal Results?	***What is the cause for the Abnormal Results?***	***What is the cause for the Abnormal Results?***	***What is the cause for the Abnormal Results?***

Intravenous Solution # 1 ***Type*** ____ ***CC/HR:*** ____ ***gtts/min*** ____

Additives: ____ ***Rationale for solution:***

IV Heplock Site: ***Date:*** ____

Tubing Changed: ____ ***Date/Time***

IV D/C'd: ____ ***Date/Time***

IV Restart: ____ ***Date/Time***

Gauge: ____ ***Site:*** ____

Attempts: ____

Labs: ***(Date, Current ,Previous,)*** ***USE THE SYMBOLS ↔***

Medication Name Trade/Generic	***Classifications***	***Dosage Ordered***	***Adverse Affects***	***Dose Route/Frequency***	***Indication***	***Nursing Implications What must be done prior to administration?***

NURSES NOTES:

Must contain Date, Time , entry, then signature at of each encounter, must be in chronological order . Document care of the clients care/ condition throughout the shift.