

Meridian Laboratory Corp

PATIENT CARE PLAN

PT Name: _____ DOB: _____ SSN: ***-**-____ DR: _____

INITIAL EVALUATION

PRIMARY DIAGNOSIS: _____ DATE OF 1st DIALYSIS: _____

SECONDARY DIAGNOSIS: _____ DATE OF 1st DIALYSIS AT FACILITY: _____

HEMODIALYSIS PRESCRIPTION

DIALYZER _____ FREQ: _____/WEEK HRS: _____ BFR: _____ DFR: **800** BATH: _____ K+ _____ CA+

EDW: _____ Kg. PORK HEPARIN BOLUS: _____ U / HOURLY: _____ U VASCULAR ACCESS: GRAFT / FISTULA / CATHETER

ALLERGIES: _____ L or R

Lab Draw Date: _____ PLAN OF CARE

INDICATOR	ASSESSMENT	TREATMENT PLAN	OUTCOME GOAL
<input type="checkbox"/> VOLUME STATUS	IDWG: _____ <div style="text-align: right;">PRE / POST</div> SYSTOLIC BP: _____ / _____ DIASTOLIC _____ / _____ FLUID COMPLIANCE: Yes No EDEMA: Yes No	Monitor fluids & teach patient on fluid limitations. Review dietary compliance. Monitor BP meds. Monitor heart rate.	Interdialytic Wt. Gain < 2.5 kg Follows prescribed diet. Systolic BP <190 mmHg Diastolic BP <100 mmHg Regular heart rhythm.
<input type="checkbox"/> DIALYSIS ADEQUACY	URR (%): _____ KT/V: _____ BUN: _____ LBP: _____ SIGNS AMA: Yes No COMES TO TX: Yes No	Monitor monthly URR & KT/V, BUN Evaluate HD prescription. Monitor arterial & venous pressure (Access flow) Recirculation Test. Encourage compliance.	URR > 70% KT/V > 1.4 BUN 40 - 80 No recirculation. Patient Compliant with Treatment.
<input type="checkbox"/> ANEMIA CONTROL	HGB: _____ IRON SAT: _____ FERRITIN: _____ COUMADIN: _____ Yes No PT: _____ INR: _____	Monitor bi-weekly HGB (Weekly if Epogen on Hold) Monitor Iron Studies Monitor for bleeding, bruising & hidden blood loss. Monitor PT, INR & Coumadin dosage (per MD order)	HGB = 10 - 12 Iron Sat >20% Ferritin >200 No Transfusion PT & INR in therapeutic levels
<input type="checkbox"/> NUTRITIONAL STATUS	ALBUMIN: _____ K+: _____ CHOLESTEROL: _____	Observe for signs of mal-absorption N/V, Diarrhea, constipation Enteral Supplements Monitor Appetite Monitor diet, K+ bath Monitor lipid meds Educate on compliance & monitor labs.	Albumin > 3.8 Patient has good appetite. K+ 3.5 - 5.5 Cholesterol <200 Pt. Compliant w/ diet & medications.
<input type="checkbox"/> BONE MANAGEMENT	CA: _____ PO4: _____ CA/PO4 PRODUCT: _____ INTACT PTH: _____ AL: _____	Monitor Monthly Ca, PHOS, CaPO4 Monitor Intact PTH Monitor Aluminum Encourage compliance with medication.	CA 8.5 - 10.2 PO4 3.5 - 5.5 CaPhos product maintained <55 PTH Intact range 150 - 300 No Bone Pain Al range 0 - 10 Pt. Compliant w/ medications.

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<input type="checkbox"/> INFECTION CONTROL	Source: _____ Symptoms: _____	Temp. Checks Review access care Observe for signs & symptoms of infection	Patient will remain free of infection.
<input type="checkbox"/> PSYCHO-SOCIAL	Educational Level _____ Employed / Unemployed Home / Nursing Home Ambulates / WC / Stretcher	Begin / Continue education process Encourage patient to participate Counseling _____	Patient will exhibit understanding of disease and treatment process.
<input type="checkbox"/> HEPATITIS STATUS	HBsAg HBsAb	Hepatitis vaccine given Yes No Booster Yes No Monitor HbsAG monthly	Adequate Hep B Immunity (>10 mIU/ml)

HOSPITALIZATION DATE: _____ HOSP: _____ REASON: _____

PATIENT IS STABLE **PATIENT IS UNSTABLE** *Physician to document as determined.

COMMENTS

PHYSICIAN: _____ **DATE:** _____

COMMENTS: _____

REGISTERED NURSE: _____ **DATE:** _____

COMMENTS: _____

DIETITIAN: _____ **DATE:** _____

COMMENTS: _____

SOCIAL WORKER: _____ **DATE:** _____

COMMENTS: _____

PT/FAMILY MEMBER: _____ **DATE:** _____

EXPLAINED BY: _____ **DATE:** _____

Patient Agrees with Plan and has no other concerns at this time. YES NO

Patient Does Not Agree with Plan and would like to discuss it further, in private, at a later time. YES NO

COMMENTS: _____