

Short Term Care Plan

Patient: Patient, R

MR#:

Date: _____

Physician:

Stable

Unstable

ALBUMIN (BCG)	4.8	Your protein stores are in the healthy range (> 3.6) - Good!
GLUCOSE	98	Goal Met. (normal range = 60 - 250)
HEMOGLOBIN	13.5	Your hemoglobin is within a healthy range. Target goal is 11-12
HEMATOCRIT		
CALCIUM / PHOSPHORUS	46.6	Goal Met. (normal range <71)
CALCIUM	9.5	Goal Met (normal range = 8.5 - 11.5)
PHOSPHORUS, INORGANIC	4.9	Goal Met! (normal range =3.0 - 5.5)
POTASSIUM	5.0	Goal Met. (normal range = 3.5 - 5.5)
PTH, INTACT		
IRON SATURATION (%)	26	
FERRITIN	492	
CO2	22.0	

<p>Dialysis Prescription:</p> <p>Current Peritoneal Dialysis Treatment</p> <table border="1" style="width: 100%;"> <tr> <td>Modality:</td> <td>Dialysate:</td> </tr> <tr> <td># Exchanges</td> <td>Dwell Time:</td> </tr> <tr> <td>Dwell Volume</td> <td></td> </tr> <tr> <td>Home Adaptation:</td> <td></td> </tr> <tr> <td>Dry Weight:</td> <td></td> </tr> </table>	Modality:	Dialysate:	# Exchanges	Dwell Time:	Dwell Volume		Home Adaptation:		Dry Weight:		<p>Access Status: Goal: Patent Access Free Of Infection</p> <p><input type="checkbox"/> PD Catheter Date Placed: _____</p> <p>Complications: _____</p> <p>Surgeon: _____</p> <p>Revisions: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p> <p>_____</p> <p>_____</p>
Modality:	Dialysate:										
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Nursing Goals:	07/07/2008	Interventions:																																																
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Short Term Care Plan

Patient: Patient, R

Nephrologist Goals:

BP Controlled:	Y / N		Adjust EDW / BP medications
DM Controlled:	Y / N		Monitor HGB A1C / Referral to PCP
Bone Management:	Y / N		IV VIT D / PO4 Binders

Specific Health Issues: _____

Hospitalization: _____

Infection: Y / N _____

Problems: Y / N _____

Referral / Home Care: Y / N _____

Nursing Home Pt.: Y / N _____ Nursing Home Notified of Plan of Care: Y / N

Transplant Status:

On List: _____ Eval in Process: _____

Not Interested: _____ Not Suitable: _____

LMSW GOALS:

Insurance / Benefits maximized: Y / N

Environmental Stability: Y / N

Independent / Self Reliant: Y / N

Coping Adequately: Y / N

Behavior Issues in Unit: Y / N

Compliant with Treatment: Y / N

Lives Home Alone With Family Nursing Home Home Alone

Others: _____

Interventions (Check / Circle those that apply)

	SSI - Medicaid, SSDI, Medicare, Medigap, Part B, Cobra
	AKF HIPP for _____ : NKF \$
	KHC, Epo-Net, M.A.P., Rx Assistance
	Transportation
	DHS Provider, Home Health, DME
	Patient / Family Counseling, Educatin, Crisis Intervention
	Transient Treatments
	Info / Referral to: _____
	Other: _____

Planned Patient Education:

	Plan of care and labs to be reviewed with Patient
	Reinforce diet and fluid restrictions
	Encourage Patient to receive full Tx time
	Diabetic foot evaluation
	Lab reports given to Patient
	Reinforce compliance with medications
	Reinforce access care
	<input type="checkbox"/> Reviewed Procedures To Reduce Peritonitis
	<input type="checkbox"/> Reviewed S/S Procedure For Possible Contamination

Additional teaching/comments: _____

Patient Input to Plan of Care: _____

MD: _____

LMSW: _____

RDL: _____

Patient: _____

Primary Nurse: _____