



Wooster Community Hospital Community Care Network Disease Specific Plan of Care

| Disease Specific Plan of Care | | | | |
|--|---|------|------|----------|
| Disease | | Date | Resp | Comments |
| Diabetes Goal: To decrease HA1C from _____ to _____ in 3 months | <ul style="list-style-type: none"> <input type="checkbox"/> Review Diabetes Education Booklet <input type="checkbox"/> Review signs and symptoms of hyper/hypoglycemia <input type="checkbox"/> Review requirements for blood sugar monitoring <input type="checkbox"/> Have patient demonstrate how they take their blood sugars <input type="checkbox"/> Discuss blood sugar times and numbers <input type="checkbox"/> Set BS number goals <input type="checkbox"/> Provide log and instructions on BS logs <input type="checkbox"/> Request date of last HA1c <input type="checkbox"/> Teach relationship between HA1c and long term complications <input type="checkbox"/> Check last eye, foot, dental appointments <input type="checkbox"/> Make appointments and monitor visit <input type="checkbox"/> Instruct on action and side effects of insulin <input type="checkbox"/> Record name and most recent visit to PC or endocrinologists for diabetic follow-up <input type="checkbox"/> Refer to Diabetic Education program <input type="checkbox"/> Use Teach Back method for any education <input type="checkbox"/> Complete diabetic foot screening <input type="checkbox"/> Instruct on good skin/foot care and monitor patient for the presence of skin lesions on the lower extremities <input type="checkbox"/> Instruct on long-term effects of non-compliance/complications. <input type="checkbox"/> Instruct on diabetic ketoacidosis <input type="checkbox"/> Instruct on diet and food diary. <input type="checkbox"/> Instruct on insulin admin and needle disposal. | | | |

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| <p>COPD/ Asthma/ Pneumonia</p> <p>COPD Goal:</p> <p>Asthma Goal:</p> <p>Pneumonia Goal:</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Patient has O₂ and nebulizer equipment <input type="checkbox"/> Review booklet on COPD <input type="checkbox"/> Teach behavior to improve breathing and educate regarding precipitating factors of exacerbations <input type="checkbox"/> Assess most recent pulmonary function study/ request from provider <input type="checkbox"/> Complete pulmonary follow up post discharge <input type="checkbox"/> Assess/instruct on home O₂ safety measures <input type="checkbox"/> Asses/instruct on measures to breath/cough <input type="checkbox"/> Assess measures to prevent complications <input type="checkbox"/> Asses/instruct on importance of rest periods <input type="checkbox"/> Instruct on disease of _____ <input type="checkbox"/> Instruct on relaxation/ panic control technique <input type="checkbox"/> Instruct on ROM exercises <input type="checkbox"/> Instruct on energy-saving techniques <input type="checkbox"/> Place Telehealth Unit vital signs and PO₂ <input type="checkbox"/> Instruct on infection control measures <input type="checkbox"/> Instruct on need to monitor temperature <input type="checkbox"/> Instruct on importance of rest <input type="checkbox"/> Encourage use of incentive spirometer <input type="checkbox"/> Instruct on what is pneumonia <input type="checkbox"/> Instruct on s/s to report to the CCN <input type="checkbox"/> Instruct on when to call CCN/ when to call 911 <input type="checkbox"/> Instruct on coughing and deep breathing <input type="checkbox"/> Assess dehydration understanding <input type="checkbox"/> Instruct on s/s of dehydration and reporting <input type="checkbox"/> Other _____ | | | |

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| Heart Failure Chest Pain Goal: | <ul style="list-style-type: none"> <input type="checkbox"/> Telehealth Unit for vital sign measurement <input type="checkbox"/> Provide log for tracking vital signs and weight <input type="checkbox"/> Coordinate receipt of equipment <input type="checkbox"/> Instruct on weight measurement and meaning <input type="checkbox"/> Review signs/symptoms/causes of HF <input type="checkbox"/> Teach when to call physician/ when to call 911 <input type="checkbox"/> Ensure follow-up with PCP <input type="checkbox"/> Teach lifestyle behaviors to improve blood pressure <input type="checkbox"/> Ensure LIPID panel and PT/INR are being done <input type="checkbox"/> Recognizes signs of foot edema <input type="checkbox"/> States early s/s of CHF to report <input type="checkbox"/> Records weight, symptoms <input type="checkbox"/> States complications of CHF <input type="checkbox"/> Understands medications <input type="checkbox"/> Understands diet/ reason for decrease salt <input type="checkbox"/> Demonstrates knowledge of O₂ use <input type="checkbox"/> Review CHF booklet/ ensure understanding <input type="checkbox"/> Other _____ | | | |

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| Hypertension Goal: | <ul style="list-style-type: none"> <input type="checkbox"/> Review hypertension booklet <input type="checkbox"/> Place Telehealth unit in home <input type="checkbox"/> Instruct on tracking vital signs <input type="checkbox"/> Review weight monitoring <input type="checkbox"/> Instruct on tracking vital signs <input type="checkbox"/> Review weight monitoring <input type="checkbox"/> Instruct on proper use and recording of vital signs <input type="checkbox"/> Review signs/symptoms of hyper/hypotension/causes and associated actions <input type="checkbox"/> Follow-up for hypertension with PCP <input type="checkbox"/> Teach behaviors that improve blood pressure <input type="checkbox"/> Check on recent lipid panel/PT/INR <input type="checkbox"/> Report BP as indicated: Systolic range _____ Diastolic range _____ Pulse range _____ <input type="checkbox"/> Instruct on when to call CCN or 911 <input type="checkbox"/> Instruct on effects of smoking on the heart <input type="checkbox"/> Instruct on nutrition/diet: low fat/NA/ chol <input type="checkbox"/> Referral for nutritional counseling, if needed <input type="checkbox"/> Other _____ | | | |
| Primary/ Secondary Stroke Prevention | <ul style="list-style-type: none"> <input type="checkbox"/> Review signs & symptoms of stroke – FACE <input type="checkbox"/> Review action steps if stroke symptoms occur (911) | | | |

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| Chronic Pain Goal: | <ul style="list-style-type: none"> <input type="checkbox"/> Complete pain assessment <input type="checkbox"/> Review pain treatment modalities patient has used in past <input type="checkbox"/> Assess pain triggers and onset <input type="checkbox"/> Identify causes of the pain <input type="checkbox"/> Educate regarding pain relieving techniques <input type="checkbox"/> Educate on s/s to report to CCN and when to go to ED <input type="checkbox"/> Referral for pain management with specialists <input type="checkbox"/> Review pain medications, use, benefits, need for compliance <input type="checkbox"/> Review pain pathophysiology <input type="checkbox"/> Other _____ | | | |

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| End Stage Renal Disease Goal: | <input type="checkbox"/> Teach fluid/electrolyte balance and proper nutrition <input type="checkbox"/> Refer to dietitian, if needed <input type="checkbox"/> Monitor compliance with getting BUN/creat test done <input type="checkbox"/> Teach regarding complications of hemo/peritoneal dialysis <input type="checkbox"/> Establish and record dialysis schedule <input type="checkbox"/> Specialty follow-up to nephrology <input type="checkbox"/> Other _____ | | | |

References:

Camden coalition of healthcare providers. (2014). Care management forms. Retrieved April / 10, 2014, Retrieved from <http://www.camdenhealth.org/cross-site-learning/resources/care-interventions/care-management-information/>