

Comprehensive Person-Centered Care Plan

Date	Physical and Psychosocial Needs	Goals/Objectives	Approaches/Interventions	Responsible Discipline
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	<p>I present with a deficit in bed mobility related to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paralysis <input type="checkbox"/> One sided weakness <input type="checkbox"/> Generalized weakness, deconditioning <input type="checkbox"/> Contractures <input type="checkbox"/> Limb immobilization <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Resisting caregiver assistance <input type="checkbox"/> Other: <p>Symptoms and Problems are related to a diagnosis(es) of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CVA <input type="checkbox"/> Fracture <input type="checkbox"/> Hemiplegia/quadriplegia <input type="checkbox"/> Dementia (including Alzheimer's type dementia) <input type="checkbox"/> Other and comments: <p>I have the following Strengths and Abilities:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I will turn side-to-side in bed with... <input type="checkbox"/> I will sit up in bed with... 	<ul style="list-style-type: none"> <input type="checkbox"/> Explain the purpose, objective and expected bed mobility tasks to me. <input type="checkbox"/> Provide a side rail that I will be able to utilize as an enabler as needed. <input type="checkbox"/> Encourage me to turn every two (2) hours. <input type="checkbox"/> Assist me in turning, positioning and finding a comfortable position, as needed. <input type="checkbox"/> Break tasks into simple steps so that I am able to understand what you are saying to me. <input type="checkbox"/> Give me sufficient time to accomplish each task. <input type="checkbox"/> Ask me to participate to the fullest extent that I am able. <input type="checkbox"/> Place the call light within appropriate reach. 	<p>Nursing Restore</p>
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SwCG, Inc. ©	Name	Self-Care Deficit Bed Mobility	Activities of Daily Living CAA 5	Care Plan No. 137
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Revolutionary Person-Centered Care Plans

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