

Comprehensive Person-Centered Care Plan

Date	Physical and Psychosocial Needs	Goals/Objectives	Approaches/Interventions	Responsible Discipline
	<p>I have struggled with and have been incontinent of:</p> <p><input type="checkbox"/> Bladder [describe frequency]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Usually continent <input type="checkbox"/> Occasionally incontinent <input type="checkbox"/> Frequently incontinent <input type="checkbox"/> Incontinent <p><input type="checkbox"/> Bowel [describe frequency]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Usually continent <input type="checkbox"/> Occasionally incontinent <input type="checkbox"/> Frequently incontinent <input type="checkbox"/> Incontinent <p>This problem is related to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor cognitive skills; inability to communicate need for toileting. <input type="checkbox"/> Inability to maintain sitting balance on the toilet. <input type="checkbox"/> Urinary retention. <input type="checkbox"/> A Urinary Tract Infection (UTI). <input type="checkbox"/> A diagnosis of poor bladder control [specify diagnosis] <input type="checkbox"/> Other: <p>Ability to benefit from retraining/toileting program:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Good candidate <input type="checkbox"/> Poor candidate <input type="checkbox"/> Fair candidate <input type="checkbox"/> Cannot determine <input type="checkbox"/> Not appropriate for a toileting program presently and is at risk for skin breakdown secondary to bowel and/or bladder incontinence. 	<p><input type="checkbox"/> I will maintain continence of:</p> <ul style="list-style-type: none"> <input type="radio"/> Bladder <input type="radio"/> Bowel <p>_____ of seven (7) days per week by...</p> <p><input type="checkbox"/> I will be clean, dry and odor free through the next review....</p>	<p><input type="checkbox"/> I will be toileted at regular intervals, such as following meals, as indicated.</p> <p><input type="checkbox"/> Remind me to use the lavatory at regular intervals, e.g., every two (2) hours.</p> <p><input type="checkbox"/> Administer appropriate cleansing and peri-care after each incontinent episode that I have.</p> <p><input type="checkbox"/> Observe me for signs of skin irritation and/or breakdown and report the existence of irritation/breakdown to my physician.</p> <p><input type="checkbox"/> Evaluate the side effects that may exist of my prescribed medications to assess whether it may be contributing to my incontinence.</p> <p><input type="checkbox"/> Provide me with fluids according to schedule.</p> <p><input type="checkbox"/> Teach me to ask for toileting assistance within the framework of my capacity to learn and understand.</p> <p><input type="checkbox"/> Remind me to use the toilet before I go to bed.</p>	Nursing
SwCG, Inc. ©	Name	Bladder, Bowel Incontinence	Incontinence CAA 6	Care Plan No. 16

Revolutionary Person-Centered Care Plans

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