

# Infusion Therapy

## CLIENT CARE PLAN

Client: \*Pathways , CarePlan

Client ID#: 1165425300

Admission Date: 12-06-2006

1165425300

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42 Medication Regimen

Potential Problem

Individual

Admission Rating                      K      B      S  
Desired Outcome                      K      B      S

| Cat. | Target                     | Care Description Note  |
|------|----------------------------|--|
| TGC  | Medication Administration  | Other<br>Prescribed med, IV<br>Teach<br>1) Set up and administration of physician ordered IV therapy<br>2) Information per pt teaching sheet<br>3) Trouble shooting/problem solving<br>4) S/S of complications<br>5) How to report<br>6) Use of pump or administration device<br>7) Care of IV site and access device              |
| TGC  | Signs/Symptoms-Physical    | Evidence Of Other Disease / Infection<br>Teach<br>1) Pt to observe IV site daily<br>2) Observe for: *Redness *Tenderness *Drainage *Swelling *Elevated temp<br>3) How to call MD/RN if needed to report<br>4) Report<br>*S/S as listed above<br>*Any resistance while flushing line<br>*Loose dressing<br>*Drainage under dressing |
| TP   | Dressing Change/Wound Care | Other<br>Dressing change/site care to PICC or central line 1-2x's/week & PRN   |
| TP   | Specimen Collection        | Other<br>1) Specimen collection for lab tests as ordered<br>2) Venipuncture, IV restarts as indicated  |
| CM   | Medical/Dental Care        | Coordination Among Providers<br>1) Communication--condition update with IV company<br>2) Coordinate services & supplies needed with IV company<br>3) Update physician & staff as needed  |
| S    | Medication Administration  | Correct Technique<br>Assess<br>1) Adherence to med regime<br>2) Adherence to careplan<br>3) Med effectiveness<br>4) Pt/caregiver ability to manage med regime & cares at home  |
| S    | Signs/Symptoms-Physical    | Other<br>Patency of IV line<br>Assess: *IV potency *S/S of infection *Phlebitis *Redness *Swelling<br>*Drainage * Pain/tenderness *Fever   |

# Infusion Therapy (2)

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| <i>Cat.</i> | <i>Target</i>           | <i>Care Description Note</i>   |
|-------------|-------------------------|--|
| S           | Signs/Symptoms-Physical | Other<br>RN to complete IV line information sequence 104 in additional assessments |