

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

Employee Signature _____ Date _____

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