

# Post Op Ortho Protocol

## CLIENT CARE PLAN

Client: \*Pathways , CarePlan

Client ID#: 1165425300

Admission Date: 12-06-2006

1165425300

12-06-2006

24 Pain

Potential Problem

Individual

Admission Rating

K B S

Desired Outcome

K B S

Cat.	Target	Care Description Note
S	Signs/Symptoms-Physical	Other Pain Status: Location & Severity Assess pain location, severity rated on 1-10 scale
S	Signs/Symptoms-Physical	Effectiveness of All Control Measures Assess effectiveness of medications or other pain control modalities and compliance with pain control measures as prescribed
TGC	Relaxation/Breathing Techniques	Other Teach alternative pain relief measures such as breathing techniques, ice, heat, music, distraction, relaxation techniques, positioning, etc
TGC	Signs/Symptoms-Physical	When to Notify Providers Teach S/S of pain and how to contact RN/MD if needed
TGC	Signs/Symptoms-Physical	Other Bowel program Assess constipation/teach bowel program
TGC	Signs/Symptoms-Physical	Other Assist patient to determine pain treatment goals
CM	Medical/Dental Care	Other Referral to MD 1) Increase in pain 2) Current pain management not effective 3) New pain 4) Assess patient compliance with MD follow up

26 Skin

Potential Problem

Individual

Admission Rating

K B S

Desired Outcome

K B S

Cat.	Target	Care Description Note
TGC	Signs/Symptoms-Physical	When to Notify Providers GOAL: Patient will understand S/S of infection and when appropriate to contact physician. TIME FRAME: 2 visits.
S	Signs/Symptoms-Physical	Other GOAL: Monitor wound status and patient follow through of wound care TIME FRAME: Duration of treatment
TGC	Dressing Change/Wound Care	Recommended Technique Teach client & caregiver proper dressing change technique Time frame: 1-3 visits

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Post Op Ortho Protocol (2)

Client Care Plan  
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Cat.	Target	Care Description Note
TGC	Nutritionist Care	Other Discuss importance of balanced diet--particularly protein for wound healing

27 Neuro-Musculo-Skeletal Function	Potential Problem	Individual
<b>Admission Rating</b>	<b>K B S</b>	
<b>Desired Outcome</b>	<b>K B S</b>	

Cat.	Target	Care Description Note
TGC	Exercises	Other Strengthening GOAL: Client and caregiver will be independent in home activity program and carryover to functional activities. Time frame: 6-8 visits.
TGC	Safety	Other GOAL: Client will verbalize and demonstrate application of THA precautions in ADL's. Time frame: 2-3 visits.
TP	Exercises	Range of Motion GOAL: Client will return to functional PROM for joint involved
TP	Gait Training	Other GOAL: Client will be able to ambulate safely on level and stairs with proper gait pattern and device for their maximum functional potential. Time frame: 6-8 visits.
TGC	Mobility/Transfers	Safe Transfer Techniques / Body Mechanics GOAL: Client will be able to safely transfer on and off all surfaces necessary for daily living. Time frame: 6-8 visits.
TP	Other	Other GOAL: HHA will provide assist with personal cares as ordered. Supervise HHA as required. Time frame: ongoing.
TGC	Education	Other CPM machine GOAL: Client will use equipment properly and advance program independently to increase ROM

42 Medication Regimen	Potential Problem	Individual
<b>Admission Rating</b>	<b>K B S</b>	
<b>Desired Outcome</b>	<b>K B S</b>	

DC per JW  
1-26-7

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

# Post Op Ortho Protocol (3)

Client Care Plan  
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Cat.	Target	Care Description Note
CM	Medication Coordination/Ordering	Monitor Supply Determine who will: 1) Order refills 2) Pick-up prescriptions 3) Method and frequency of set-up
CM	Medication Coordination/Ordering	Other Assess need for referral 1) Med samples 2) Pharmacy assistance programs 3) Social worker referral as indicated
CM	Other	Other Referral to RN if: 1) New medications 2) Lack of understanding of medications 3) Methods of organizing meds not working 4) Possible side effects noted Referral to PT/OT if: Functional limitations interfering with ability to open med containers or manage med box
CM	Medication Administration	Other Follow up with hospital/MD/nursing home if medications do not match
S	Medication Action/Side Effects	Other Observe client for S/S adverse reactions including: 1) Ineffective drug therapy 2) Significant side effects 3) Duplication of drug therapy 4) Drug interactions
S	Medication Administration	Other Assess client and/or caregiver's ability to: 1) Take medications (prescribed, OTC, & PRN) as scheduled 2) Read & understand medications labels 3) Open medication bottles 4) Safely and appropriately store medications 5) Afford medications 6) Understand medication regimen 7) Obtain refills 8) Remove expired or discontinued meds 9) Assess compliance 10) Administration techniques 11) Ability to set up meds correctly
S	Medication Administration	Other Assess 1) Med bottles/box for appropriate doses 2) Recommend med box for meds taken to be taken more than 1 time per day or greater than 4 meds
S	Medication Administration	Takes Medications As Prescribed / Recommended Compliance with prescribed medications-Assess to see if patient med list from inpatient/outpatient setting matches meds patient has in home

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# Post Op Ortho Protocol (4)

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Cat.	Target	Care Description Note
TGC	Medication Action/Side Effects	Purpose / Benefits Instruct client and / or caregiver the following for all medications: 1) Purpose/action 2) Dose 3) Route 4) Frequency and schedule 5) Storage 6) Possible side effects
TGC	Medication Action/Side Effects	Changes To Note And Report In A Timely Manner Instruct client and / or caregiver regarding possible side effects or interactions and when to report to RN/MD/911 as appropriate
TP	Medication Set-Up	Other Prescribed oral medications/medset RN to set up meds or teach pt/caregiver to set up meds
TP	Specimen Collection	Other Specimen collection for lab work as ordered by MD

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_