### Washington County PH & E
#### CLIENT CARE PLAN

**Client:** Prenatal, Breastfeeding  
**Client ID#:** 1218226427  
**Admission Date:** 08-08-2008

<table>
<thead>
<tr>
<th>48 Pregnancy</th>
<th>Potential Problem</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Rating</td>
<td>K B S</td>
<td></td>
</tr>
<tr>
<td>Target Outcome</td>
<td>K B S</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cat.</th>
<th>Target</th>
<th>Care Description Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>TGC</td>
<td>Anatomy/Physiology</td>
<td>Lactation Preparation, engorgement, colostrum, physical problems, breast/ nipple care</td>
</tr>
<tr>
<td>TGC</td>
<td>Feeding Procedures</td>
<td>Other, positioning, latch on, frequency, pumping and storing</td>
</tr>
<tr>
<td>TGC</td>
<td>Dietary Management</td>
<td>Recommended Food and Fluid Intake, pre/postnatal vitamins</td>
</tr>
<tr>
<td>CM</td>
<td>Durable Medical Equipment</td>
<td>Other, accessing a breast pump</td>
</tr>
<tr>
<td>CM</td>
<td>Support System</td>
<td>Other, lactation support</td>
</tr>
</tbody>
</table>

Employee Signature

Date

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