

**Scott County Human Services
CLIENT CARE PLAN**

Client: Pathway Hepatitis B , Perinatal - Omaha 2

Client ID#:
Admission Date:

1164216689
02-14-2008

50 Communicable/Infectious Condition Potential Problem Family

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Infection Precautions	Contact Follow-up Household /Sexual Contacts
TGC	Anatomy/Physiology	Disease Process Includes Transmission & Contact Follow-up
TGC	Medical/Dental Care	Other Reinforce Medical Recommendations
CM	Medical/Dental Care	Coordination Among Providers
S	Laboratory Findings	Other Serology Results
S	Medical/Dental Care	Other Immunization Series Completion

04 Neighborhood/Workplace Safety Potential Problem Family

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TGC	Home	Other Disaster Kit, Family Communications Plan, Awareness
TGC	Other Community Resources	Other local, state, and federal resources
S	Safety	Other Progress in developing a disaster kit and family communications plan.