

**Scott County Human Services
CLIENT CARE PLAN**

Client: Pathway Latent , TB - Omaha 2

Client ID#:

1164215632

Admission Date:

08-01-2006

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.

50 Communicable/Infectious Condition

Potential Problem

Individual

Admission Rating	K	B	S
Desired Outcome	K	B	S

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
CM	Medication Coordination/Ordering	Monitor Supply Deliver 30 day Supply of Medication Monthly.
S	Medication Action/Side Effects	Takes as Prescribed Notes and Reports Changes/Side Effects in Timely Manner
S	Medication Action/Side Effects	Timely Laboratory Tests
S	Signs/Symptoms-Physical	Evidence of Disease / Infection
TGC	Anatomy/Physiology	Disease Process
TGC	Medication Action/Side Effects	Important to Take as Prescribed Includes Purposes/Benefits and Changes to Note and Report in Timely Manner
TGC	Screening Procedures	Interpretation of Tuberculin Skin Tests Also X-rays
CM	Medical/Dental Care	Coordination Among Providers
CM	Community Outreach Worker Services	Other Supervise