

Tube Feeding

CLIENT CARE PLAN

Client: *Pathways , CarePlan

Client ID#: 1165425300

Admission Date: 12-06-2006

1165425300

12-06-2006

26 Skin

Potential Problem

Individual

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

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TGC	Signs/Symptoms-Physical	Evidence of Disease / Infection Teach S/S of infection, complications with J/G tube and how to notify MD/RN with problems
TGC	Dressing Change/Wound Care	Recommended Technique Teach prescribed procedure for G/J tube site care
S	Dressing Change/Wound Care	Other Assess caregiver's ability to manage G/J tube site
S	Signs/Symptoms-Physical	Evidence of Disease / Infection or Healing Assess G/J tube site for complication/S/S of infection and patency

35 Nutrition

Potential Problem

Individual

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

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TGC	Nutritionist Care	Other 1) Prescribed nutritional feeding 2) Set up and administration of enteral feeding 3) Teach use of pump or gravity feeding 4) Trouble shooting/problem solving
TGC	Signs/Symptoms-Physical	When to Notify Providers Teach S/S of complications to report to MD/RN
TGC	Supplies	Other Teach caregiver/pt how to contact DME to order supplies as needed
S	Nutritionist Care	Follows Plan of Care Assess pt/caregiver's ability to manage enteral feeding, compliance with prescribed plan
S	Nutritionist Care	Other Assess patient tolerance to tube feeding
S	Signs/Symptoms-Physical	Other Assess patient diarrhea, nausea, vomiting, reflux

42 Medication Regimen

Potential Problem

Individual

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

Employee Signature _____ Date _____

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Tube Feeding (2)

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<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TGC	Medication Administration	Other 1) Teach administration of medication through the G/J tube 2) Teach compliance & prescribed schedule
S	Medication Administration	Correct Technique Assess pt/caregiver's ability to manage med administration through G/J tube

Employee Signature _____ Date _____