

Postpartum/Parenting

CLIENT CARE PLAN

Client: *Pathways , CarePlan

Client ID#: 1165425300

Admission Date: 12-06-2006

01 Income

Potential Problem

Admission Rating	K	B	S
Desired Outcome	K	B	S

Cat.	Target	Care Description Note
CM	Finances	Community Resources Assess need for referral to: 1) WIC 2) Health Insurance 3) Income/ Employment 4) Food Stamps 5) Food buying program/ food shelf 6) Fuel assistance 7) County Public Health or Social Services

06 Communication with Community Resources

Potential Problem

Admission Rating	K	B	S
Desired Outcome	K	B	S

Cat.	Target	Care Description Note
S	Other Community Resources	Adequate / Appropriate Resources 1) Parenting groups/Education 2) Daycare/ Respite 3) Car seat clinic 4) Breastfeeding support group

12 Mental Health

Potential Problem

Admission Rating	K	B	S
Desired Outcome	K	B	S

Cat.	Target	Care Description Note
S	Signs/Symptoms-Mental/Emotional	Other Assess for postpartum depression

14 Caretaking/Parenting

Potential Problem

Admission Rating	K	B	S
Desired Outcome	K	B	S

Employee Signature _____ Date _____

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Postpartum/ Parenting (2)

Client Care Plan
1165425300

*Pathways , CarePlan

Cat.	Target	Care Description Note
TGC	Bonding/Attachment	Other 1) Activities to promote bonding 2) Response to infant cues 3) Infant engagement/ disengagement status
TGC	Feeding Procedures	Breast-Feeding
TGC	Feeding Procedures	Appropriate Methods For Age / Physical Condition
TGC	Feeding Procedures	Other 1) Growth spurts 2) Formula preparation/ storage 3) Schedule 4) Appropriate feeding practices (holding, never prop bottle, burping etc.)
TGC	Personal Hygiene	Cord Care Circumcision care, skin care
TGC	Growth/Development Care	Realistic Expectations Anticipatory guidance
TGC	Safety	Other Shaken baby syndrome, SIDS prevention, appropriate supervision
S	Bonding/Attachment	Other Assess bonding & response to infant cues
S	Feeding Procedures	Other Feeding status/success including weight of infant & output of infant

49 Postpartum

Potential Problem

Admission Rating	K	B	S
Desired Outcome	K	B	S

Cat.	Target	Care Description Note
TGC	Signs/Symptoms-Physical	Other 1) Expected physiological changes 2) Evidence of breast/vaginal/ urinary/ other infection 3) Constipation/ hemorrhoids 4) Common discomforts 5) When to notify physician/ nurse
S	Signs/Symptoms-Physical	Other 1) S/S infection 2) Lokia 3) Breast & nipple care 4) Urine/stool issues
TGC	Wellness	Other Need for F/U appts for mom & baby

Employee Signature _____ Date _____

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