

Medication Management

CLIENT CARE PLAN

Client: *Pathways , CarePlan

Client ID#: 1165425300

Admission Date: 12-06-2006

42 Medication Regimen

Potential Problem

Admission Rating	K	B	S
Desired Outcome	K	B	S

Cat.	Target	Care Description Note
TGC	Medication Action/Side Effects	Purpose / Benefits Instruct client and / or caregiver the following for all medications: 1) Purpose/action 2) Dose 3) Route 4) Frequency and schedule 5) Storage 6) Possible side effects: ^{how} when to report to MD/RN/911
CM	Medication Coordination/Ordering	Monitor Supply Determine who will: 1) Order refills 2) Pick-up prescriptions 3) Method and frequency of set-up
S	Medication Action/Side Effects	Other Observe client for S/S adverse reactions including: 1) Ineffective drug therapy 2) Significant side effects 3) Duplication of drug therapy 4) Drug interactions
S	Medication Administration	Takes Medications As Prescribed / Recommended Assess client and/or caregiver's ability to: 1) Take medications (prescribed, OTC, & PRN) as scheduled 2) Read & understand medications labels and administration 3) Open medication bottles 4) Safely and appropriately store medications 5) Afford medications 6) Remove expired or discontinued meds 7) Administration techniques 8) Ability to set up meds correctly 9) Assess if med lists from inpt/outpt match meds in home
CM	Medication Coordination/Ordering	Other Assess need for referral 1) Med samples 2) Pharmacy assistance programs 3) Social worker referral as indicated
S	Medication Administration	Other Assess 1) Med bottles/box for appropriate doses 2) Recommend med box for meds taken to be taken more than 1 time per day or greater than 4 meds

Employee Signature _____ Date _____

Medication Management (2)

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Cat.	Target	Care Description Note
CM	Other	Other Referral to RN if: 1) New medications 2) Lack of understanding of medications 3) Methods of organizing meds not working 4) Possible side effects noted Referral to PT/OT if: Functional limitations interfering with ability to open med containers or manage med box
TP	Medication Set-Up	Other Prescribed oral medications/medset RN to set up meds or teach pt/caregiver to set up meds
CM	Medication Administration	Other Follow up with hospital/MD/nursing home if medications do not match

Employee Signature _____ Date _____