

LONG TERM CARE – INDIVIDUAL CARE PLAN

Date of Admission:
Reason for Admission

Other Medical Conditions

Conference Dates (Y-M-D)

Allergies: *(describe reaction(s))*

See facility-specific allergy/intolerance record

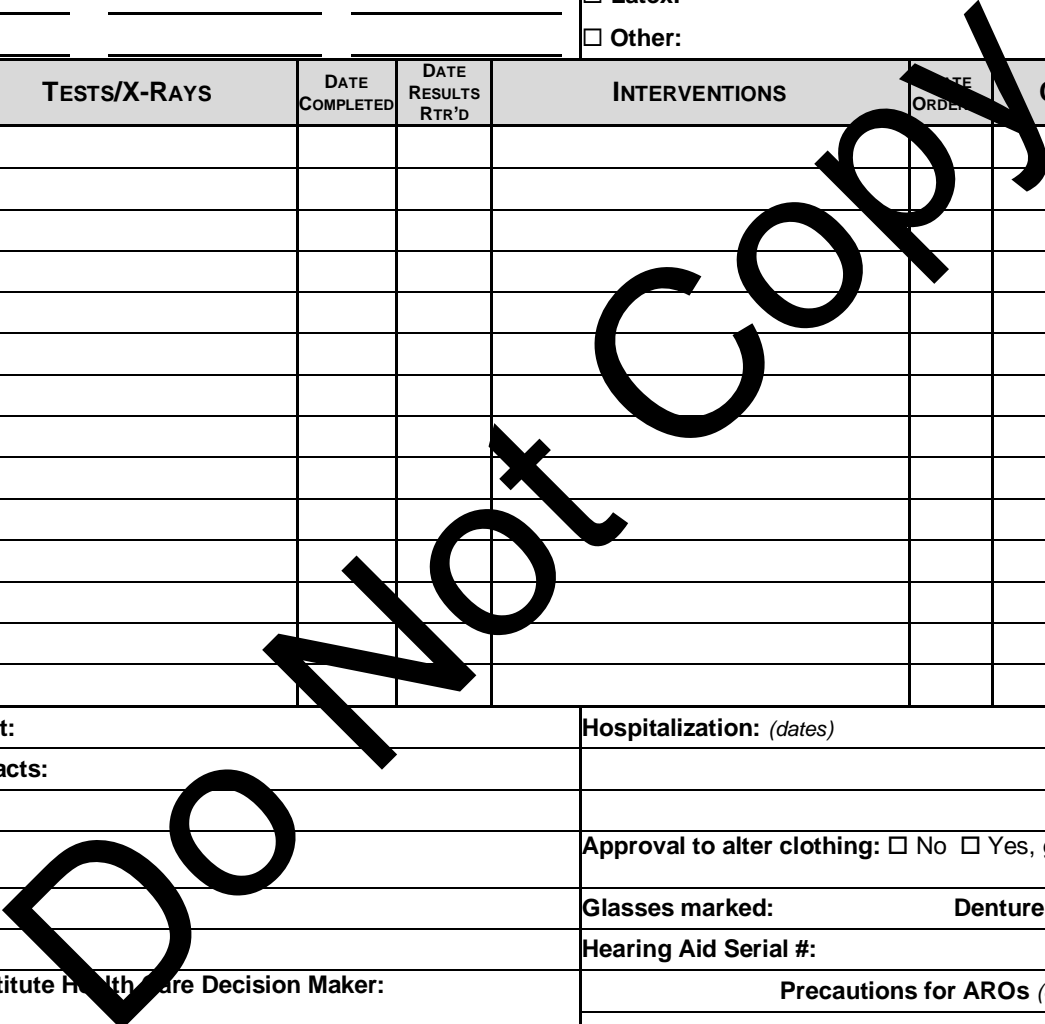
Drug:

Food:

Latex:

Other:

DATE ORDERED	TESTS/X-RAYS	DATE COMPLETED	DATE RESULTS RTR'D	INTERVENTIONS	DATE ORDERED	CONSULTS	DATE INITIATED



Key Contact:

Hospitalization: *(dates)*

Other Contacts:

Approval to alter clothing: No Yes, given by:

Glasses marked: Dentures marked:

Hearing Aid Serial #:

Legal Substitute Health Care Decision Maker:

Precautions for AROs *(date)*

Proxy Personal Guardian Nearest relative

VRE:

Ph #

MRSA:

Financial Power of Attorney:

Other:

Advance Care Plan (Health Directives): Yes No

Decolonization protocols initiated: Yes No

On file Location: _____

MDS Assessments Admission assessment: / /

Quarterly	Quarterly	Quarterly	Annual
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

Rewritten
Date: ID

LONG TERM CARE – INDIVIDUAL CARE PLAN

	INITIATOR	DESIRED OUTCOME	REVIEW DATE	INITIATED DATE	INTERVENTIONS	DATE DISC
			ID	ID		ID
ELIMINATION						
NUTRITION						
Rewritten Date: _____ ID _____						

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LONG TERM CARE – INDIVIDUAL CARE PLAN

	INITIATOR	DESIRED OUTCOME	REVIEW DATE	INITIATED DATE	INTERVENTIONS	DATE DISC
			ID	ID		ID
OBSERVATIONS AND MEASUREMENTS						
MEDICATIONS						
Rewritten Date: _____ ID _____						

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LONG TERM CARE – INDIVIDUAL CARE PLAN

	INITIATOR	DESIRED OUTCOME	REVIEW DATE	INITIATED DATE	INTERVENTIONS	DATE DISC
			ID	ID		ID
TEACHING						
SAFETY						
Rewritten Date: _____ ID _____						

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