

# INDIVIDUAL CARE PLAN

Admitting diagnosis	
Confirmed diagnosis	
Other Medical Conditions	Age

Surgery ( <i>type, date</i> )	<b>Allergies:</b> ( <i>describe reaction(s)</i> ) <input type="checkbox"/> See facility-specific Allergy/Intolerance record <input type="checkbox"/> Drug: <input type="checkbox"/> Food: <input type="checkbox"/> Latex: <input type="checkbox"/> Environment:
Family physician:	Attending physician:

ORDERED DATE	TESTS/X-RAYS	COMPLETED DATE	ID	RESULTS RETURNED DATE	INTERVENTIONS	ORDERED DATE	CONSULTS	INITIATED DATE

**MISCELLANEOUS INFORMATION**

Key Contact:	Relationship:	Advance Care Plan (Health Directives): <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: (H) (W) (C)		<input type="checkbox"/> On file Location:
Other:		<b>Immunizations</b> ( <i>date</i> )
Legal Substitute Health Care Decision Maker:		<b>Precautions for AROs</b> ( <i>date</i> )
<input type="checkbox"/> Proxy <input type="checkbox"/> Personal Guardian <input type="checkbox"/> Nearest relative		VRE:
Phone: (H) (W) (C)		MRSA:
Financial Power of Attorney: ( <i>include ph#</i> )		Other:
		Decolonization protocols initiated: <input type="checkbox"/> Yes <input type="checkbox"/> No

Rewritten date:

# DIAGNOSTIC PROCEDURE PROFILE

ORDERED DATE	TESTS/X-RAYS	COMPLETED DATE ID	RESULTS RETURNED DATE	INTERVENTIONS	ORDERED DATE	CONSULTS	INITIATED DATE

**Do Not Copy**

# INDIVIDUAL CARE PLAN

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

Do Not Copy

# INDIVIDUAL CARE PLAN

	INITIATOR	DESIRED OUTCOME	REVIEW DATE	INITIATED DATE	INTERVENTIONS	DISC DATE
			ID	ID		ID
NUTRITION (cont'd)						
MOBILITY						
OBSERVATIONS AND MEASUREMENTS						

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Rewritten Date:

# INDIVIDUAL CARE PLAN

	INITIATOR	DESIRED OUTCOME	REVIEW DATE ID	INITIATED DATE ID	INTERVENTIONS	DISC DATE ID
MEDICATIONS						
TREATMENT AND PROCEDURES						
Rewritten Date:						

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# INDIVIDUAL CARE PLAN

	INITIATOR	DESIRED OUTCOME	REVIEW DATE	INITIATED DATE	INTERVENTIONS	DISC DATE
			ID	ID		ID
TEACHING						
SAFETY						
PSYCHOSOCIAL						

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Rewritten Date: