

INDIVIDUAL CARE PLAN

STROKE REHABILITATION

INITIATOR	DESIRED OUTCOME	REVIEW	INITIATED	INTERVENTIONS	DISC			
		DATE	DATE		DATE			
		ID	ID		ID			
PERSONAL HYGIENE	Bathing and dressing self-care deficit related to neuromuscular impairment.			Upper ADL's AM and PM				
				Bathing (neck down to waist excluding back)				
				Wash, rinse, dry				
				Total				
				Maximum				
				Moderate				
				Minimal				
				Supervised				
				Independent				
							Dressing- Upper Body	
							Total	
							Maximum	
							Moderate	
							Minimal	
							Supervised	
							Independent	
							Lower ADL's AM and PM	
							Bathing from the waist down: wash, rinse, dry	
							Total	
							Maximum	
							Moderate	
							Minimal	
							Supervised	
							Independent	
							Dressing- Lower Body	
							Total	
							Maximum	
			Moderate					
			Minimal					
			Supervised					
			Independent					

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ELIMINATION	Risk of altered pattern of urinary elimination related to neurosensory deficits.	Manages urinary elimination.			Instruct client to void at regular intervals		
					Scheduled voids:		
					Q _____ hours on days		
					Q _____ hours on nights		
					Incontinent: Day <input type="checkbox"/> Night <input type="checkbox"/>		
					Incontinent briefs worn Day <input type="checkbox"/> Night <input type="checkbox"/>		
					Size Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>		
					Uses urinal <input type="checkbox"/> / Uses bedpan <input type="checkbox"/>		
					Uses commode: Day <input type="checkbox"/> Night <input type="checkbox"/>		
					Bathroom: Day <input type="checkbox"/> Night <input type="checkbox"/>		
			Continent: Day <input type="checkbox"/> Night <input type="checkbox"/>				
		Risk of infection related to indwelling catheter.	No evidence of Urinary Tract Infection.			Indwelling catheter	
					# _____ with _____ mls of NS		
					Change due: _____		

	Risk of constipation related to decreased mobility, decreased fluid intake, decreased fiber and neurosensory deficits.	Maintains regular bowel evacuation.			Encourage fluid and fiber intake		
						Offer fluids q _____ hrs during day	
						Monitor daily bowel movement	
						If there is no bowel movement , implement	
						physician ordered bowel care	
						Incontinent of bowel	
						Briefs worn: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>	
						Uses bedpan	
						Uses commode	
						Uses Bathroom	
				Continent of bowel			

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ELIMINATION (CONTINUED)							
NUTRITION	Risk of inadequate nutrition related to neurosensory deficits.	Maintain adequate nutrition and hydration.			Diet:		
						Enteral feeds:	
						NPO	
						Ensure dentures are in place (if applicable)	
						Feed: Total	
						Maximum	
						Moderate	
						Minimal	
						Supervised	
						Independent	
		Risk of choking / aspiration related to dysphasia.	Avoid aspiration.			Swallowing assessment	
					Reinforce SLP recommendations:		
						Ensure client is in an appropriate position:	
						_____ Upright at 90 degrees for all meals	
						_____ Upright for 30 minutes after meals	
						Observe for coughing / choking during oral intake	
						Ensure mouth care after meals and check for pocketing	

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MOBILITY	Risk of altered mobility related to neuromuscular impairment/dysfunction.	Client provided with task orientation training which is progressively adapted and directed at enhancing motor control, sensory and functional ability with increasing client independence.			TLR Mobility record		
						Transfer to right <input type="checkbox"/> left <input type="checkbox"/> side	
						Range of motion on unit twice daily	
						Sit/ stand exercises daily on unit (11-13 reps)	
						Walk with person assist _____ X daily	
						Provide minimum 1 hour daily 6 days a week of	
						task orientated training on the unit outside of	
					direct therapy time		
		Risk of shoulder subluxation related to poor glenohumeral joint alignment, decreased passive ROM and decreased muscular, ligamentous and tendinous function around shoulder.	Client is able to verbalize/ report pain sensation. Pain is reduced or eliminated.			Provide analgesia PRN	
						Encourage client to handle affected limb	
						Support limb and hand	
						Position affected limb in bed: elbow straight,	
					hand open position, elevate on pillow to		
					decrease edema		
					Support shoulder / arm on a firm surface		
				when sitting			
				Hemitray			
				Arm trough			
				Elbow / wrist splint			
				Other:			
	Risk of activity intolerance related to fatigue and pain.	Will increase tolerance for activity.			Activity as tolerated		
					Up to chair X _____ hours		
	Risk of Unilateral neglect related to neuro deficits.	Recognize/ acknowledge affected limb			Reinforce and teach how to care for affected		
					limb		

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MOBILITY (CONTINUED)	Risk of deep vein thrombosis (DVT) related to decreased mobility.	Prevention or early detection of DVT.			Bilateral below the knee AES/ TED stockings	
					Assess for DVT q shift	
					Observe and document extremity edema BID	
	OBSERVATIONS AND MEASUREMENTS	Risk of altered Vital Signs and/or neurological condition related to acute stroke and other medical comorbidities.	Detect alterations in Vital Signs and Blood Pressure. Maintain a Blood Pressure less than or equal to 140/90 or for diabetic 130/90.			Monitor vital signs
					Blood glucose monitoring (if applicable)	
					Height and weight on admission	
					Weight q weekly on _____	
Risk of pain related to neuro changes and immobility.		Maintain optimum comfort.			Assess and document pain (PQRST)	
					Offer analgesia PRN, document effectiveness	
					Refer to mobility record for positioning	
Risk of skin breakdown related to deficits in mobility and sensation.		Maintain skin integrity.			Braden Scale score	
					Observe skin integrity BID	
					Turn and position q _____ hours	
				Turn and position self		
				Ensure positioning with pressure relief in wheelchair		

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OBSERVATIONS AND MEASUREMENTS (CONTINUED)						
MEDICATIONS	Risk of alteration in body requirements and comfort related to acute stroke and/ or other co-morbidities.	Maintain optimal body requirements and comforts.			Administer medications as ordered by the physician – see MAR	
					Administer appropriate analgesia as required to ensure patient comfort	

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TREATMENTS AND PROCEDURES	Risk of infection related to physical environment and skin integrity.	Prevent infection and transfer of micro organism.			Use proper hand washing technique and	
					teach to client	
					Adhere to routine practice procedures	
	Risk of respiratory complications related to decreased mobility.	No evidence of respiratory complications.			DB & C exercises q _____	
	Risk of infection related to ARO	Prevent infection and transmission of micro-organisms			Isolation precautions	
					Type:	
TEACHING	Risk of knowledge deficit related to disease process, diagnostic procedures, 2° to cerebral injury.	Client, families and caregivers will have appropriate and realistic expectations about role changes, availability of services and resources in changing care environment.			Assess client and family knowledge and	
					determine needs and readiness for education	
					and training	
					Correct misinformation	
					Include in the teaching: what is a stroke, risk factors and risk management of a stroke and	
			information on medications and actions			

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SAFETY	Risk of injury related to sensory- altered mobility and or visual, special deficits.	Maintain safety and prevent physical injury.			Complete TLR mobility record- ensure	
					correct TLR logos are above client's bed &	
					on wheelchair	
					Observe for impulsivity and impaired	
					judgment	
					Use repetition and step commands for	
					transfer	
					Ensure and enforce use of wheelchair	
					brakes, seat belts and proper footwear	
					Call bell within reach	
					Side rails up X_____	
					Ensure environment is organized and free of	
		hazards				
		Facility-specific fall risk assessment				
	Risk of wandering related to altered thought process.	Will remain safe on premise.			Watch for S&S of agitation/restlessness	
				Re-orientate PRN		
PSYCHOSOCIAL	Risk of client's health care preferences may have changed related to recent health issues and not documented.	Client will be approached by health care team to participate in advance care plan.			Provide avenue for timely, sensitive,	
					communication between client, family, and	
					health care providers to develop or review	
			advance care plans			
	Risk of anxiety, loneliness, dependency and lack of confidence related	Client is actively participating in rehabilitation activities and expresses emotions related to health issue.			Give clear information regarding care plan	
					Establish Yes / No reliability	
					Give opportunity for the client to express	
					feelings	
					Encourage family involvement	
			Assess for and discuss stages of grieving			
		of loss of function				
Risk of ineffective coping and psychosocial needs related to anticipated	Appropriate coping skills are encouraged.			Observe for S&S of depression		
				Leave of absence as ordered_____		

