



Galaxy Hosted Software
Care Plan 3 Made easy from MDS 3.0

August 2012

MDS 3.0 Explorer | JD2011 "John Denver Memorial Health Center" | [100] "Holte, Patricia L"

Change Resident | New | Selected assessment | Due MDS list | Other assessments | COT Reviews | ES

Selected assessment - ISC: NQ; ARD date: 01/14/2012; PCD date: 01/27/2012; Status: Active.

Main Page | Sections

Assessment System ID: C_F: 2000002; C_R: 1000012; C_A: 1000132.

[A0200] Type of provider: [1] Nursing home (SNF/NF)

[A0310A] Type of assessment: OBRA: [02] Quarterly review assessment

[A0310B] Type of assessment: PPS: [99] Not a PPS assessment

[A0310C] Type of assessment: OMRA: [0] No

[A0310D] Swing bed clinical change assessment: [^] Blank (skip pattern)

[A0310F] Entry/discharge reporting: [99] Not entry/discharge record

ISC code: [NQ] Nursing home: quarterly asmt

Start date: 01/20/2012 9:31:36 PM

Assessment reference date: 01/14/2012

Last Modified: by GLB_KELLY at 01/20/2012 9:34:18 PM

Complete | Edit | Delete | Care plan | Census | ADL

Modify | Inactivate | Submit | Case Mix | Care Watch | MaxTrax

Click the Care Plan button

We make Care Plan as easy as a click of a button on the MDS 3.0 main page of any resident's assessment

Care Plan will take the information from the questions answered in the resident's assessment and generate a detailed Care Plan for them automatically in about 20 seconds.

You can also access Care Plan button on the MDS 3.0 Sections page and in Section V

Triggered changes in Care Plan for current resident:

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
1. SKIN CONDITIONS (incl.PRESSURE ULCERS)					
2. DEHYDRATION					
3. FALLS					
4. BEHAVIOR/MOOD/WELL BEING					
5. COMMUNICATION					
6. COGNITION/DELIRIUM					
7. SENSORY: HEARING AND VISION					
8. BLADDER/URINARY CATHETERS					
9. ACTIVITIES					
10. ACTIVE DISEASE DIAGNOSIS					
11. HEALTH CONDITIONS					
12. BOWEL					
13. ADL FUNCTIONAL AND PREFERENCES					
14. NUTRITION					
[Add category]					

Hit apply changes when ready to start working on CP

Show changes only Start date: 08/08/2012

This is the automatic Care Plan that was created from MDS 3.0

Check the start date below to make sure this is the date that you want your Care Plan to have

Then select the Apply changes button so it will load up the Care Plan for us to begin editing.

Care Plan 3 | JD2011 "John Denver Memorial Health Center" | [100] "Holte, Patricia L"

Change resident | Filter | Accept | Approve | Finalize | Revert (refresh) | Print care plan | Diagnosis

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
<input type="checkbox"/> C1. SKIN CONDITIONS (incl.PRESSURE ULCERS) <input checked="" type="checkbox"/> P 08/08/2012 - Pressure Ulcers, at Risk for [Add problem]					[Add note]
<input type="checkbox"/> C2. DEHYDRATION					
<input type="checkbox"/> C3. FALLS					
<input type="checkbox"/> C4. BEHAVIOR/MOOD/WELL BEING					
<input type="checkbox"/> C5. COMMUNICATION					
<input type="checkbox"/> C6. COGNITION/DELIRIUM					
<input type="checkbox"/> C7. SENSORY: HEARING AND VISION					
<input type="checkbox"/> C8. BLADDER/URINARY CATHETERS					
<input type="checkbox"/> C9. ACTIVITIES					
<input type="checkbox"/> C10. ACTIVE DISEASE DIAGNOSIS					
<input type="checkbox"/> C11. HEALTH CONDITIONS					
<input type="checkbox"/> C12. BOWEL					
<input type="checkbox"/> C13. ADL FUNCTIONAL AND PREFERENCES					
<input type="checkbox"/> C14. NUTRITION					
[Add category]					

Click on the – or + symbol to open or close the information

To close or open our detailed information we do this by hitting the plus or minus sign in front of the letter symbol. This will automatically open or close the problem.

Care Plan 3 [JD201] "John Denver Memorial Health Center" [100] "Holte, Patricia L"					
Change resident Filter Accept Approve Finalize Revert (refresh) Problem snap shot Diagnosis ES					
Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
1. SKIN CONDITIONS (incl.PRESSURE ULCERS) <ul style="list-style-type: none"> ⊖ 1. Add Related to ⊖ 2. Add Symptom ⊖ 3. Add Intervention ⊖ 4. Add Goal ⊖ 5. Add X Problem ⊖ 6. Set user caption for X Problem ⊖ 7. Delete X Problem ⊖ 8. Add Secondary To ⊖ 9. Delete Secondary To ⊖ 10. Set end date ⊖ 11. Set user caption ⊖ 12. Set start date ⊖ 13. Add new Problem ⊖ 14. Delete this Problem ⊖ 15. Move up ⊖ 16. Move down 	Skin integrity - Risk for will be minimized	11/06/2012 09/07/2012	1. 08/08/2012 - Head to toe skin assessment, checking pressure areas with hygiene care <i>Frequency: daily</i> 2. 08/08/2012 - Wash with mild soap and water. Avoid hot water; avoid rubbing <i>Frequency: daily</i> 3. 08/08/2012 - Use pressure-redistributing mattress and chair cushion. Check that it is not bottoming out <i>Frequency: daily</i> 4. 08/08/2012 - Prevent skin-to-skin and direct contact with pads, pillows, etc. <i>Frequency: daily</i> 5. 08/08/2012 - Monitor weight status and alert dietitian and physician of shift more than 2-3 lbs <i>Frequency: once each week</i> 6. 08/08/2012 - Repeat risk assessment weekly x 4, monthly, and with change in condition <i>Frequency: BLANK FREQUENCY</i> [Add intervention]	D CNA [Add discipline] D CNA [Add discipline] D 1. CNA D 2. Nursing [Add discipline] D 1. CNA D 2. Nursing [Add discipline] D Nursing [Add discipline] D Nursing [Add discipline]	[Add note]

By clicking on the letter symbol in any area we can pull up a list that allows us more options to use.

Care Plan 3 JD2011 "John Denver Memorial Health Center" [100] "Holte, Patricia L"									
Change resident		Filter	Accept	Approve	Finalize	Revert (refresh)	Problem snap shot	Diagnosis	ES
Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome				
1. SKIN CONDITIONS (incl. PRESSURE ULCERS) 08/08/2012 - Pressure Ulcers, at Risk for 1. her limited mobility 2. (788.30) Urinary incontinence NOS 3. (294.11) Dementia w behavior dist 4. (294.8) Mental disor NEC oth dis 5. (250.00) DMII wo cmp nt st uncnr 6. (443.89) Periph vascular dis NEC Risk factors: skin breakdown; weight loss. Add problem	08/08/2012 - Skin integrity will be maintained Add goal	11/06/2012	1. 08/08/2012 - Head to toe skin assessment, checking pressure areas with hygiene care <i>Frequency: daily</i> 2. 08/08/2012 - Wash with mild soap and water. Avoid hot water; avoid rubbing <i>Frequency: daily</i> 3. 08/08/2012 - Use pressure-redistributing mattress and chair cushion. Check that it is not bottoming out <i>Frequency: daily</i> 4. 08/08/2012 - Prevent skin-to-skin and direct contact with pads, pillows, etc. <i>Frequency: daily</i> 5. 08/08/2012 - Monitor weight status and alert dietitian and physician of shift more than 2-3 lbs <i>Frequency: once each week</i> 6. 08/08/2012 - Repeat risk assessment weekly x 4, monthly, and with change in condition <i>Frequency: BLANK FREQUENCY</i> Add intervention	1. CNA Add discipline 2. CNA Add discipline 1. CNA 2. Nursing Add discipline 1. CNA 2. Nursing Add discipline Nursing Add discipline Nursing Add discipline	Add note				
2. DEHYDRATION									
3. FALLS									
4. BEHAVIOR/MOOD/WELL BEING									
5. COMMUNICATION									
6. COGNITION/DELIRIUM									
7. SENSORY: HEARING AND VISION									
8. BLADDER/URINARY									

Click Add goal

If you would like to add another goal simple click on the Add goal

Care Plan 3 [JD201] "John Denver Memorial Health Center" [100] "Holte, Patricia L"

Change resident | Filter | Accept | Approve | Finalize | Revert (refresh) | Problem snap shot | Diagnosis

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
1. SKIN CONDITIONS (incl.PRESSURE ULCERS) 08/08/2012 - Pressure Ulcers, at Risk for 1. her limited mobility 2. (788.30) Urinary incontinence NOS 3. (294.11) Dementia w behavior dist 4. (294.8) Mental disor NEC oth dis 5. (250.00) nt st uncntr 6. (443.89) P vascular dis NEC Risk factors: skin breakdown; weight loss.	08/08/2012 - Skin integrity will be maintained [Add goal]	11/06/2012	1. 08/08/2012 - Head to toe skin	CNA	[Add note]

Click on an option

Select goal for "Pressure Ulcers, at Risk for"

- Risk for pressure ulcer will be eliminated
- Skin integrity will be maintained
- Risk for pressure ulcer will be minimized

User caption: Risk for pressure ulcer will be eliminated | Título de usuario: Riesgo para las úlceras de presión serán eliminados

Start date for this Goal: 08/08/2012
Target date for this Goal: 09/07/2012

Click on Done

Any Problem can have multiple Goals. To add new Goals click on the Add goal

This pulls up all the options for that Goal so you can select the option that you want to add. Click done when finished.

Goals are color coordinated to separate the different areas

Please note that each Category, Problem, Goals, Interventions Subinterventions each have their own list of choices to pick from and each one will vary depending on which type of Category you are working on

Care Plan 3 [JD201] "John Denver Memorial Health Center" [100] "Holte, Patricia L"

Change resident Filter Accept Approve Finalize Revert (refresh) Problem snap shot Diagnosis

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
1. SKIN CONDITIONS (incl.PRESSURE ULCERS) 08/08/2012 - Pressure Ulcers, at Risk for 1. her limited mobility 2. (788.30) Urinary incontinence NOS 3. (294.11) Dementia w behavior dist 4. (294.8) Mental disor NEC oth dis 5. (250.90) DMH us am nt st unct 6. (443.4) vascular di Risk factors: skin breakdown; weight loss.	1. 08/08/2012 - Skin integrity will be maintained 2. 08/08/2012 - pressure ulcer will b [Add goal]	11/06/2012	1. 08/08/2012 - Head to toe skin	CNA	[Add note]

Click on an option

Click on done

Select intervention for "Pressure Ulcers, at Risk for"

- Repeat risk assessment weekly x 4, monthly, and with change in condition
- Head to toe skin assessment, checking pressure areas with hygiene care
- Wash with mild soap and water. Avoid hot water; avoid rubbing
- Dry this skin by gently patting, then apply moisturizing skin lotion or cream
- Encourage or provide small shifts in position while sitting
- Reposition to relieve pressured areas during times this patient is awake
- Use pressure-redistributing mattress and chair cushion. Check that it is not bottoming out
- Prevent skin-to-skin and direct contact with pads, pillows, etc.
- Offer water/liquids when positioning, keeping within any prescribed restriction
- Monitor weight status and alert dietitian and physician of shift more than 2-3 lbs
- Provide diet sufficient in vitamins, minerals, calories, protein, and fluids
- Use pressure relieving device(s) for bed

Intervention Frequency:
 daily
 BLANK FREQUENCY

User caption: Dry this skin by gently patting, then apply moisturizing skin lotion or cream
Título de usuario: Secar la piel suavemente acariciándolo, despues aplicar una loción humectante o crema de piel

Start date for this Intervention: 08/08/2012

New Blank Done Add Finish

Any Problem can have multiple Interventions. To add new Interventions click on the Add intervention

This pulls up all the options for that interventions so you can select the option that you want to add. Click done when finished.

Care Plan 3 | JD201 | "John Denver Memorial Health Center" | [100] "Holte, Patricia L"

Change resident | Filter | **Accept** | Approve | Finalize | Revert (refresh) | Problem snap shot | Diagnosis

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
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Set user caption for goal

Skin integrity will be maintained

OK Cancel

Click this here to get this box to allow you to edit

By clicking on any wording in any area it opens up this box that allows us to edit what is written under each area

We now have room for up to 100 words in each box

This allows us to customize our language to our liking

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
<p>1. SKIN CONDITIONS (incl.PRESSURE ULCERS)</p> <p>08/08/2012 - Pressure Ulcers, at Risk for</p> <ul style="list-style-type: none"> 1. her limited mobility 2. (788.30) Urinary incontinence NOS 3. (294.11) Dementia w behavior dist 4. (294.8) Mental disor NEC oth dis 5. (250.00) DMII wo cmp nt st uncncr 6. (443.89) Periph vascular dis NEC <p>Risk factors: skin breakdown; weight loss.</p> <p>[Add problem]</p>	<ul style="list-style-type: none"> 1. 08/08/2012 - Skin integrity will be maintained 2. 08/08/2012 - Risk for <u>pressure ulcer will be minimized</u> [Add goal] 	<p>11/06/2012</p> <p>09/07/2012</p>	<ul style="list-style-type: none"> 4. 08/08/2012 - Prevent skin-to-skin and direct contact with pads, pillows, etc. Frequency: daily 5. 08/08/2012 - Monitor weight status and alert dietitian and physician of shift more than 2-3 lbs Frequency: once each week 6. 08/08/2012 - Repeat risk assessment weekly x 4, monthly, and with change in condition Frequency: BLANK FREQUENCY [Add intervention] 	<ul style="list-style-type: none"> 1. CNA [Add discipline] 1. CNA [Add discipline] 1. CNA 2. Nursing [Add discipline] 1. CNA 2. Nursing [Add discipline] 1. Nursing [Add discipline] 	<p>[Add note]</p>

If we would like to change any date on the Care Plan we can do so by clicking on the date and the calendar will automatically pop up for us to choose a different date to have in the Care Plan

Care Plan 3 JD2011 "John Denver Memorial Health Center" [100] "Holte, Patricia L"					
Change resident Filter Accept Approve Finalize Revert (refresh) Problem snap shot Diagnosis ES					
Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
1. SKIN CONDITIONS (incl.PRESSURE ULCERS) 08/08/2012 - Pressure Ulcers, at Risk for 1. her limited mobility 2. (788.30) Urinary incontinence NOS 3. (294.11) Dementia w behavior dist 4. (294.8) Mental disor NEC oth dis 5. (250.00) DMII wo cmp nt st uncntr 6. (443.89) Periph vascular dis NEC Risk factors: skin breakdown; weight loss. [Add problem]	1. 08/08/2012 - Skin integrity will be maintained 2. 08/08/2012 - Risk for pressure ulcer will be minimized [Add goal]	11/06/2012 09/07/2012	1. 08/08/2012 - Head to toe skin assessment, checking pressure areas with hygiene care <i>Frequency: daily</i> 2. 08/08/2012 - Wash with mild soap and water. Avoid hot water; avoid rubbing <i>Frequency: daily</i> 3. pres and not b <i>Freq</i> 4. skin-pads <i>Freq</i> 5. statu phys <i>Freq</i> 6. asse and <i>Freq</i> [Add]	CNA [Add discipline] CNA [Add discipline] [line] [line] [line] [line]	[Add note]
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Select Move up or Move down to arrange them in any order </div>					
2. DEHYDRATION					

By clicking on the letter symbol in any area we can pull up a list that allows us more options to use. This also allows us to arrange the items in a new order.

Care Plan 3 JD2011 "John Denver Memorial Health Center" [100] "Holte, Patricia L"					
Change resident Filter Accept Approve Finalize Revert (refresh) Problem snap shot Diagnosis E					
Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
<p>1. SKIN CONDITIONS (incl.PRESSURE ULCERS)</p> <p>08/08/2012 - Pressure Ulcers, at Risk for</p> <ul style="list-style-type: none"> 1. her limited mobility 2. (788.30) Urinary incontinence NOS 3. (294.11) Dementia w behavior dist 4. (294.8) Mental disor NEC oth dis 5. (250.00) DMII wo cmp nt st uncntr 6. (443.89) Periph vascular dis NEC <p>Risk factors: skin breakdown; weight loss.</p> <p>[Add problem]</p>	<p>1. 08/08/2012 - Skin integrity will be maintained</p> <p>2. 08/08/2012 - Risk for pressure ulcer will be minimized [Add goal]</p>	<p>11/06/2012</p> <p>09/07/2012</p>	<p>1. 08/08/2012 - Head to toe skin assessment, checking pressure areas with hygiene care Frequency: daily</p> <p>2. 08/08/2012 - Wash with mild soap and water. Avoid hot water; avoid rubbing Frequency: daily</p> <p>3. 08/08/2012 - Use pressure-redistributing mattress and chair cushion. Check that it is not bottoming out Frequency: daily</p> <p>4. 08/08/2012 - Prevent skin-to-skin and direct contact with pads, pillows, etc. Frequency: daily</p> <p>5. 08/08/2012 - Monitor weight status and alert dietitian and physician of shift more than 2-3 lbs Frequency: once each week</p> <p>6. 08/08/2012 - Repeat risk assessment weekly x 4, monthly, and with change in condition Frequency: BLANK FREQUENCY [Add intervention]</p>	<p>1. CNA [Add discipline]</p> <p>2. Nursing [Add discipline]</p> <p>3. Nursing [Add discipline]</p> <p>4. Nursing [Add discipline]</p> <p>5. Nursing [Add discipline]</p>	<p>[Add note]</p>

To add a note simply click on add note and type in any notes or outcomes that you would like to document

Care Plan 3 JD2011 "John Denver Memorial Health Center" [100] "Holte, Patricia L"					
Change resident Filter Accept Approve Finalize Revert (refresh) Problem snap shot Diagnosis E					
Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
<p>1. SKIN CONDITIONS (incl.PRESSURE ULCERS)</p> <p>08/08/2012 - Pressure Ulcers, at Risk for</p> <ul style="list-style-type: none"> 1. her limited mobility 2. (788.30) Urinary incontinence NOS 3. (294.11) Dementia w behavior dist 4. (294.8) Mental disor NEC oth dis 5. (250.00) DMII wo cmp nt st uncntr 6. (443.89) Periph vascular dis NEC <p>Risk factors: skin breakdown; weight loss.</p> <p>[Add problem]</p>	<p>1. 08/08/2012 - Skin integrity will be maintained</p> <p>2. 08/08/2012 - Risk for pressure ulcer will be minimized [Add goal]</p>	<p>11/06/2012</p> <p>09/07/2012</p>	<p>1. 08/08/2012 - Head to toe skin assessment, checking pressure areas with hygiene care Frequency: daily</p> <p>2. 08/08/2012 - Wash with mild soap and water. Avoid hot water; avoid rubbing Frequency: daily</p> <p>3. 08/08/2012 - Use pressure-redistributing mattress and chair cushion. Check that it is not bottoming out Frequency: daily</p> <p>4. 08/08/2012 - Prevent skin-to-skin and direct contact with pads, pillows, etc. Frequency: daily</p> <p>5. 08/08/2012 - Monitor weight status and alert dietitian and physician of shift more than 2-3 lbs Frequency: once each week</p> <p>6. 08/08/2012 - Repeat risk assessment weekly x 4, monthly, and with change in condition Frequency: BLANK FREQUENCY [Add intervention]</p>	<p>1. CNA [Add discipline]</p> <p>2. Nursing [Add discipline]</p> <p>3. CNA [Add discipline]</p> <p>4. Nursing [Add discipline]</p> <p>5. CNA [Add discipline]</p> <p>6. Nursing [Add discipline]</p> <p>7. Nursing [Add discipline]</p> <p>8. Nursing [Add discipline]</p>	<p>helping resident was with a mild soap in the morning has helped with the occurrence of new pressure ulcers forming</p>

Change resident | Filter | **Accept** | Approve | Finalize | Revert (refresh) | Problem snap shot | MDS | Notes | Diagnosis | ES

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
1. FALLS					
2. BLADDER/URINARY CATHETERS					
3. PAIN					
08/08/2012 - Potential for Pain	08/08/2012 - Sign/complaint of pain will be promptly addressed [Add goal]				

[Add problem]
[Add category]

Click on Blank to add a new goal

Select goal for "Potential for Pain"

Sign/complaint of pain will be promptly addressed

User caption: Sign/complaint of pain will be promptly addressed

Título de usuario: Sign/complaint of pain will be promptly addressed

Start date for this Goal: 08/08/2012

Target date for this Goal: 11/06/2012

If you want to add another goal or intervention and what you would like to use is not here to select from you are able to add a Blank item.

The screenshot shows a software interface with a table of goals and a dialog box for selecting a goal. The table has columns for Category Problem, Goals, Target Date, Interventions Subinterventions, Disciplines, and Note/outcome. The dialog box is titled "Select goal for 'Potential for Pain'" and contains a list of goals, including "Sign/complaint of pain will be promptly addressed" and "Blank goal". A callout box with the following text is overlaid on the dialog box:

Click Blank
Type statement in user caption
Click Blank at top again

I have clicked on Blank which puts a blank item on the list here. I then write what I want in the User caption box. When done click on the blank goal at the top to add in your statement

The screenshot shows the same software interface as the previous one, but with the dialog box updated. The list of goals now includes a new entry: "If pain is present in resident provide proper medication to relieve pain". The "User caption" box contains the text "If pain is present in resident provide proper medication to relieve pain". The "Título de usuario" box contains the text "Blanko meta". The "Start date for this Goal" and "Target date for this Goal" are both set to "08/08/2012". The "Blank" button is still visible in the bottom left corner.

Here is our new statement to the list to use.

Please note that using Blank and creating your own statement will only be a onetime usage. You will not be able to pick it again from the list.

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
<ul style="list-style-type: none"> 1. FALLS 2. BLADDER/URINARY CATHETERS 3. PAIN <ul style="list-style-type: none"> 08/08/2012 - Potential for Pain 					

Select intervention for "Potential for Pain"

Monitor for s/s of discomfort/distress: irritability/increased vs/problems with sleeping/withdrawal from activities/vocal or physical indications of pain
 Pain level will be no more than a 8 on the pain scale of 1-10

Intervention Frequency:

BLANK FREQUENCY

User caption: Pain level will be no more than a 8 on the pain scale of 1-10
Título de usuario: Pain level will be no more than a 8 on the pain scale of 1-10

Start date for this Intervention: 08/08/2012

Now my new statement I created is now on my list to select from. This will be here for all residents under this problem to use

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Change resident | Filter | **Accept** | Approve | Finalize | Revert (refresh) | Problem snap shot | Diagnosis | ES

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C1. SKIN CONDITIONS (incl.PRESSURE ULCERS) 08/08/2012 - Pressure Ulcers, at Risk for 1. her limited mobility 2. (788.30) Urinary incontinence NOS 3. (294.11) Dementia w behavior dist 4. (294.8) Mental disor NEC oth dis 5. (250.00) DMII wo cmp nt st unctr 6. (443.89) Periph vascular dis NEC Risk factors: skin breakdown; weight loss. [Add problem]	1. 08/08/2012 - Skin integrity will be maintained 2. 08/08/2012 - Risk for pressure ulcer will be minimized [Add goal]	11/06/2012 09/07/2012	1. 08/08/2012 - Head to toe skin assessment, checking pressure areas with hygiene care <i>Frequency: daily</i> 2. 08/08/2012 - Wash with mild soap and water. Avoid hot water; avoid rubbing <i>Frequency: daily</i> 3. 08/08/2012 - Use pressure-redistributing mattress and chair cushion. Check that it is not bottoming out <i>Frequency: daily</i> 4. 08/08/2012 - Prevent skin-to-skin and direct contact with pads, pillows, etc. <i>Frequency: daily</i> 5. 08/08/2012 - Monitor weight status and alert dietitian and physician of shift more than 2-3 lbs <i>Frequency: once each week</i> 6. 08/08/2012 - Repeat risk assessment weekly x 4, monthly, and with change in condition <i>Frequency: BLANK FREQUENCY</i> [Add intervention]	1. CNA [Add discipline] 1. CNA [Add discipline] 1. CNA 2. Nursing [Add discipline] 1. CNA 2. Nursing [Add discipline] 1. Nursing [Add discipline] 1. Nursing [Add discipline]	helping resident was with a mild soap in the morning has helped with the occurrence of new pressure ulcers forming
C2. DEHYDRATION					
C3. FALLS					
C4. BEHAVIOR/MOOD/WELL BEING					
C5. COMMUNICATION					
C6. COGNITION/DELIRIUM					
C7. SENSORY: HEARING AND VISION					
C8. BLADDER/URINARY					

Click on Accept

When you are working on any Category/Problem when you are done you must hit the Accept button.

Accept saves the work that you have done and allows you to move onto a new Category

Care Plan 3 | JD201 "John Denver Memorial Health Center" | [100] "Holte, Patricia L"

Change resident | Filter | Accept | **Approve** | Finalize | Revert (refresh) | Print care plan | Diagnosis | ES

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
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14. NUTRITION					

[Add category]

Click on Approve when you are done with the CP

Once I have everything completed to my liking in all the areas for each Category and its Problem I can go ahead and click on Approve

Approve is what tells us that we have reviewed everything in the Resident's Care Plan and we approve it the way it is

Care Plan 3 | JD201 "John Denver Memorial Health Center" | [100] "Holte, Patricia L"

Change resident | Filter | Accept | **Approve** | Finalize | Revert (refresh) | Print care plan | Diagnosis | ES

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11. HEALTH CONDITIONS					
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14. NUTRITION					

Confirm

I have reviewed the Care Plan IN ITS ENTIRETY, and I approve it this way

OK Cancel

We provide you with Confirm boxes to make sure that what you are doing is really what you want to do

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
<p>1. SKIN CONDITIONS (incl.PRESSURE ULCERS)</p> <p>08/08/2012 - Pressure Ulcers, at Risk for <i>Problem approved</i></p> <p>1. her limited mobility 2. (788.30) Urinary incontinence NOS 3. (294.11) Dementia w behavior dist 4. (294.8) Mental disor NEC oth dis 5. (250.00) DMII wo cmp nt st uncntr 6. (443.89) Periph vascular dis NEC</p> <p>Risk factors: skin breakdown; weight loss.</p> <p>[Add problem]</p>	<p>1. 08/08/2012 - Skin integrity will be maintained <i>Goal approved</i></p> <p>2. 08/08/2012 - Risk for pressure ulcer will be minimized <i>Goal approved</i></p> <p>[Add goal]</p>	<p>11/06/2012</p> <p>09/07/2012</p>	<p>1. 08/08/2012 - Head to toe skin assessment, checking pressure areas with hygiene care <i>Frequency: daily</i> <i>Intervention approved</i></p> <p>2. 08/08/2012 - Wash with mild soap and water. Avoid hot water; avoid rubbing <i>Frequency: daily</i> <i>Intervention approved</i></p> <p>3. 08/08/2012 - Use pressure-redistributing mattress and chair cushion. Check that it is not bottoming out <i>Frequency: daily</i> <i>Intervention approved</i></p> <p>4. 08/08/2012 - Prevent skin-to-skin and direct contact with pads, pillows, etc. <i>Frequency: daily</i> <i>Intervention approved</i></p> <p>5. 08/08/2012 - Monitor weight status and alert dietitian and physician of shift more than 2-3 lbs <i>Frequency: once each week</i> <i>Intervention approved</i></p> <p>6. 08/08/2012 - Repeat risk assessment weekly x 4, monthly, and with change in condition <i>Frequency: BLANK FREQUENCY</i> <i>Intervention approved</i></p> <p>[Add intervention]</p>	<p>1. CNA [Add discipline]</p> <p>1. CNA 2. Nursing [Add discipline]</p> <p>1. CNA 2. Nursing [Add discipline]</p> <p>1. Nursing [Add discipline]</p> <p>1. Nursing [Add discipline]</p>	<p>helping resident was with a mild soap in the morning has helped with the occurrence of new pressure ulcers forming</p>

Click here to see the problem snapshot

We have the option when a Problem is open to print the Problem Snap shot. This shows us just the information that we have open

<p style="text-align: center;">Problem Snap Shot</p> <p style="text-align: center;">Facility: [JD201] "John Denver Memorial Health Center"</p> <p style="text-align: right;">Page 1 Care plan as of 08/08/2012</p> <p>Resident: [100] "Holte, Patricia L"</p>						
Room	Bed	Admission Date	Physician			
101	1	10/03/2010	Avery, Jackson			
Category Problem	Goal	Target date	Intervention	Schedule	Discipline	Note/outcome
<p>SKIN CONDITIONS (incl.PRESSURE ULCERS)</p> <p>08/08/2012 - Pressure Ulcers, at Risk for, her limited mobility. (788.30) Urinary incontinence NOS, (294.11) Dementia w behavior dist, (294.8) Mental disor NEC oth dis, (250.00) DMII wo cmp nt st uncntr and (443.89) Periph vascular dis NEC.</p> <p>Risk factors: skin breakdown and weight loss.</p>	<p>Skin integrity will be maintained;</p> <p>Risk for pressure ulcer will be minimized.</p>	<p>11/06/2012</p> <p>09/07/2012</p>	<p>Head to toe skin assessment, checking pressure areas with hygiene care.</p> <p>Wash with mild soap and water. Avoid hot water; avoid rubbing.</p> <p>Use pressure-redistributing mattress and chair cushion. Check that it is not bottoming out.</p> <p>Prevent skin-to-skin and direct contact with pads, pillows, etc.</p> <p>Monitor weight status and alert dietitian and physician of shift more than 2-3 lbs.</p> <p>Repeat risk assessment weekly x 4, monthly, and with change in condition.</p>		<p>CNA</p> <p>CNA</p> <p>CNA Nursing</p> <p>CNA Nursing</p> <p>Nursing</p> <p>Nursing</p>	<p>helping resident was with a mild soap in the morning has helped with the occurrence of new pressure ulcers forming</p>

Care Plan 3 | JD201 | "John Denver Memorial Health Center" | [100] "Holte, Patricia L"

Change resident | Filter | Accept | Approve | Finalize | Revert (refresh) | Print care plan | Diagnosis | ES

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
<input type="checkbox"/> 1. SKIN CONDITIONS (incl.PRESSURE ULCERS)					
<input type="checkbox"/> 2. DEHYDRATION					
<input type="checkbox"/> 3. FALLS					
<input type="checkbox"/> 4. BEHAVIOR/MOOD/WELL BEING					
<input type="checkbox"/> 5. COMMUNICATION					
<input type="checkbox"/> 6. COGNITION/DELIRIUM					
<input type="checkbox"/> 7. SENSORY: HEARING AND VISION					

To print our Care Plan click here

Care plan 3 Report | JD201 | John Denver Memorial Health Center | [100] Holte, Patricia L

Zoom 100% | 1 | Print | Print All | Setup... | Export

INTERDISCIPLINARY PLAN OF CARE

Facility: JD201 | "John Denver Memorial Health Center"

Resident: [100] "Holte, Patricia L" Page 1
Care plan as of 08/08/2012

Room 101	Bed 1	Admission Date 10/03/2010	Physician Avery, Jackson
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Diagnosis

(530.81) Esophageal reflux; (428.0) CHF NOS; (701.1) Keratoderma, acquired; (V15.88) Personal history of fall; (788.30) Urinary incontinence NOS; (298.9) Psychosis NOS; (294.11) Dementia w behavior dist; (414.00) Cor ath unsp vs l ntv/ght; (401.9) Hypertension NOS;	(564.00) Constipation NOS; (443.89) Periph vascular dis NEC; (V12.61) Prsnl hx recur pneumonia; (715.90) Osteoarthros NOS-unspec; (294.8) Mental disor NEC oth dis; (250.00) DMII wo cmp nt st uncnt; (373.00) Elepharitis NOS; (427.31) Atrial fibrillation; (410.92) AMI NOS, subsequent.
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Category Problem	Goal	Target date	Intervention	Schedule	Discipline	Note/outcome
SKIN CONDITIONS (incl.PRESSURE ULCERS) 08/08/2012 - Pressure Ulcers, at Risk for, her limited mobility, (788.30) Urinary incontinence NOS, (294.11) Dementia w behavior dist, (294.8) Mental disor NEC oth dis, (250.00) DMII wo cmp nt st uncnt and (443.89) Periph vascular dis NEC. Risk factors: skin breakdown and weight loss.	Skin integrity will be maintained; Risk for pressure ulcer will be minimized.	11/06/2012 09/07/2012	Head to toe skin assessment, checking pressure areas with hygiene care. Wash with mild soap and water. Avoid hot water; avoid rubbing. Use pressure-redistributing mattress and chair cushion. Check that it is not bottoming out.		CNA CNA CNA Nursing	helping resident was with a mild soap in the morning has helped with the occurrence of new pressure ulcers forming

This is how our Care Plan will look if we were to print it out

It will print the entire Care Plan that you have done and the last page will be your Interdisciplinary Team Care Plan Review Sheet

Care Plan 3 [JD201] "John Denver Memorial Health Center" [100] "Holte, Patricia L"

Change resident | Filter | Accept | Approve | Finalize | Revert (refresh) | Print care plan | Diagnosis

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
1. SKIN CONDITIONS (incl.PRESSURE ULCERS)					
2. DEHYDRATION					
3. FALLS					
4. BEHAVIOR/MOOD/WELL BEING					
5. COMMUNICATION					
6. COGNITION/DELIRIUM					
7. SENSORY: HEARING AND VISION					
8. BLADDER/URINARY CATHETERS					
9. ACTIVITIES					
10. ACTIVE DISEASE DIAGNOSIS					
11. HEALTH CONDITIONS					
12. BOWEL					
13. ADL FUNCTIONAL AND PREFERENCES					
14. NUTRITION					

[Add category]

Tells us what the color font means on our Care Plan items

Approved | New | Approved with new subitems or unapproved with approved subitems | CP opened in 0.297 seconds (0.281 for DB and 0.016 for visualization) | Read/write mo

At the bottom of our screen it shows the color font for the various stages of a Care Plan

Approved

New

Approved with new subitems or unapproved with approved subitems

Change resident | Filter | Accept | Approve | Finalize | Revert (refresh) | Problem snap shot | MDS | Notes | Diagnosis | ES

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
<ul style="list-style-type: none"> 1. FALLS 2. BLADDER/URINARY CATHETERS 					
<ul style="list-style-type: none"> 08/08/2012 - Occasional Urinary Incontinence <i>Problem approved</i> 	<ul style="list-style-type: none"> 08/08/2012 - Episodes of incontinence will be minimized and curtailment of activities will not occur <i>Goal approved</i> 	11/06/2012	<ul style="list-style-type: none"> 1. 08/08/2012 - Facilitate normal bowel movements to occur every 1-3 days; provide roughage in diet and enough fluids for healthy bowel function and to improve urinary results <i>Frequency: BLANK FREQUENCY Intervention approved</i> 2. wear toilet closure <i>Freq</i> <i>Inter</i> 	<ul style="list-style-type: none"> 1. DTY 2. Nursing 	[Add note]

[Add problem]
[Add category]

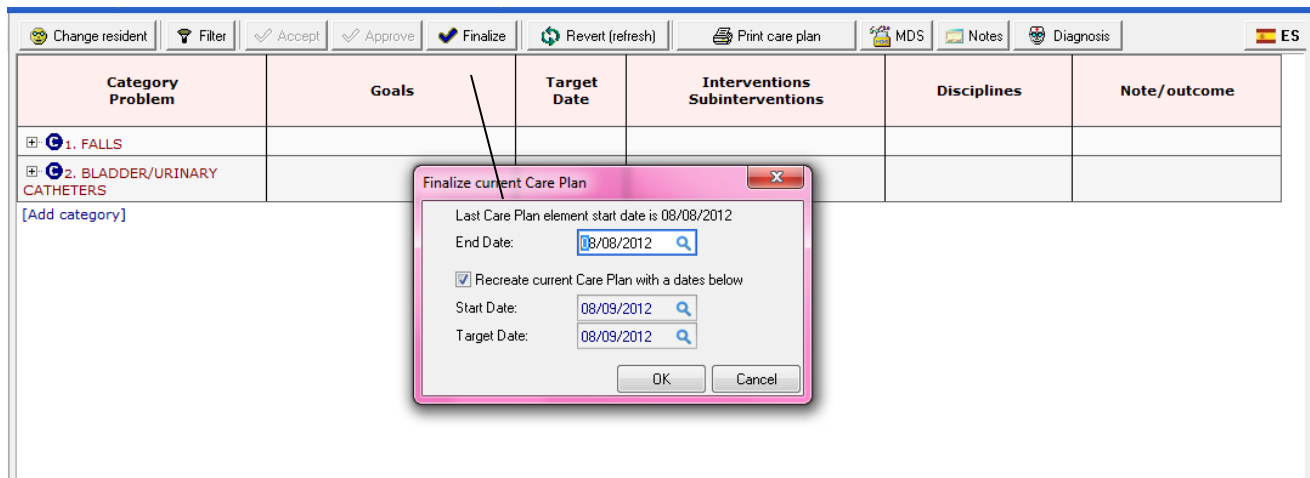
Click on set end date to end the goal or intervention

Add Subintervention
 Add Discipline
 Set end date
 Set user caption
 Set frequency
 Set frequency user caption
 Edit intervention schedule
 Set start date
 Add new Intervention
 Delete this Intervention
 Move up
 Move down

If at a point that something changes for this Resident you can come into the Care Plan and put an end date to an area that has changed.

You cannot delete any item once it has been approved. However you can set an end date to any area with the date the issue has ended on.

If a Care Plan has been approved you are still able to add any new goals or interventions that may have occurred once you had approved it.



You have a Finalize button in the Approved Care Plan

This will allow you to...

1. End date the entire care plan, creating a historical copy in the database
2. Recreate this entire care plan, with all the current edits, as the residents new care plan with the current date you have selected
 - This will preserve all your individualized edits/typing
 - You can still add, delete or edit from this new care plan as well
3. Select your new Target date for the new care plan

