UVAHealth

||||||| 1100000

downtime daily Care Plan   Date_____

goals for day — Document problems/goals during each shift. Add goals related to patient unique needs based on criteria noted. Look at problems/goals from previous shift and continue as appropriate. Complete goals when resolved or at discharge.

	Initiated/Continued (INITIAL / TIME)		Completed (INITIAL / TIME)	
Patient admitted to hosPital *Patient/Family will:*	N	D		
Interventions: Follow plan of care per MIS PTP and Sections A-G (page 2).				
1 Be actively involved in care				
2 Demonstrate / report adequate pain control				
3 Maintain or improve function: motor, sensory, cognitive, pulmonary, hemodynamic	**triggered on admission**			
4 Meet ADL's by self or with help from others				
5 Achieve baseline elimination pattern or use adaptive devices for continence				
6 Be free from accidental injury				
7 Maintain or improve skin integrity	**noted on database**			
8 Maintain adequate weight / intake to meet nutritional needs				
9 Report coping with illness / hospitalization with identified supports				
10 Be free from health care associated infections				
11 Be discharged to appropriate level of care				
UniQUe needs	N	D	N	D
at risk for fall or fall related injUry see seCtion h				
Triggered by Morse score OR Humpty Dumpty and/or clinical judgment				
12 Patient will be free from falls and fall related injury				
at risk for skin breakdown see seCtion i				
Triggered by Braden or Braden Q score or clinical judgment				
13 Skin Integrity is maintained or improved				
at risk for deliriUm see seCtion j				
Triggered by CAM (in Neurological assessment) or clinical judgment.				
14 Free from delirium				
at risk for transmittal of infeCtioUs organisms to others				
Triggered by Isolation Order (noted on top of screen) see seCtion k				
15 No transmittal of infectious organisms				
at risk for sUiCide see seCtion l				
16 Free from self-inflicted injury *Triggered by Order or Psychosocial assessment*				
withdrawal from alCohol Use see seCtion m				
17 CIWA scores of 8 or less for 24 hours *Triggered CIWA by Order*	**Ciwa flowsheet**			
eloPement/abdUCtion see seCtion n				
Triggered by Admission Risk Screening or clinical judgment				
18 Free from elopement/abduction				
at risk for obstrUCtive sleeP aPnea (osa) see seCtion o				
Triggered by OSA TOOL or order. Risks including: Hx Sleep Apnea, Do you snore? BMI >35, Neck Circumference >40 cm, Age >50, Male				
19 Free from complications of sleep apnea				
at risk for asPiration/reflUx see seCtion P				
20 Free from aspiration/reflux *Triggered by Neurological/GI Assessment*				
Patient at end-of-life see seCtion Q				
21 Supported at end of life (with family) *Triggered by comfort care order or clinical judgment*				
Patient in restraints see seCtion r				
22 Free from injury	**restraint flowsheet**			
other:				

Print Name/Signature/Title/Initials/Time

Print Name/Signature/Title/Initials/Time

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Print Name/Signature/Title/Initials/ Time

interventions

Once each shift, check interventions provided related to the goals on page 1.
n = Night (7p-7a) **d** = Day (7a-7p)
(Interventions in sections A-G are part of hospital care and documented elsewhere.)

A. Safe Environment
B. Communication
C. Activity
D. Personal Care
E. Temperature Regulation
F. Therapies
G. Pediatric Entertainment/ Education

H. Fall Risk
Prevent fall
N D
- ☐ ☐ Yellow identifiers in place
- ☐ ☐ MIS patient profile updated
- ☐ ☐ Information given to pt/family
- ☐ ☐ More frequent observation
- ☐ ☐ Assistive devices at hand (may include cane, walker, glasses, hearing aids, etc.)
- ☐ ☐ Moved closer to nurses' station
- ☐ ☐ Attended while toileting
- ☐ ☐ Bed alarm
- ☐ ☐ Chair alarm
- ☐ ☐ Cushioned floor mat
- ☐ ☐ Low bed (criteria: fall risk + anticoagulants, > age 80, and/or osteoporosis)
- ☐ ☐ PT/OT/RPh Screening referral
- ☐ ☐ Other (comment)

I. Skin Integrity
maintain or imProve skin integrity
N D
- ☐ ☐ Frequent turning/repositioning
- ☐ ☐ Positioning devices
- ☐ ☐ Support surface
- ☐ ☐ Specialty offloading surfaces
- ☐ ☐ Topical skin protectants
- ☐ ☐ Incontinent containment devices
- ☐ ☐ Head of bed low ($\leq 30°$)
- ☐ ☐ Repositioned medical devices
- ☐ ☐ Heels elevated off bed
- ☐ ☐ Nutrition support/assistance
- ☐ ☐ Consider nutrition referral
- ☐ ☐ Other (comment)

J. Delirium
Prevent deliriUm
Risk factors include: signs and symptoms of infection, sepsis and hypotension.
N D
- ☐ ☐ Use of glasses
- ☐ ☐ Use of hearing device
- ☐ ☐ Involved Care Partner/Family
- ☐ ☐ Provided activity
- ☐ ☐ Promoted adequate sleep cycle
- ☐ ☐ Reoriented
- ☐ ☐ LIP notified Positive CAM
- ☐ ☐ Other (comment)

K. Isolation
maintain aPProPriate isolation environment
Includes (as appropriate):
- *signs posted*
- *patient education provided*
- *appropriate garb worn*
- *reminded others about precautions*
- *equipment cleaned*
N D
☐ ☐

L. Suicide Risk
Prevent sUiCide
N D
- ☐ ☐ 1:1 observation (at arm's length)
- ☐ ☐ Constant observation (in view)
- ☐ ☐ Other (comment)

M. Alcohol Withdrawal Risk
see Ciwa flowsheet

N. Elopement/Abduction
Prevent eloPement/abdUCtion
Includes (as appropriate):
- *Place close to nurses' station*
- *Fill out safety threat/security form*
- *Have patient dressed in hospital attire*
- *Place monitor*
- *Alert all staff*
N D
☐ ☐

O. OSA
Prevent osa
Includes (as appropriate):
- *Limit opioid use*
- *Monitor for pain*
- *Address pain/sedation mismatch*
- *Monitor O2 saturation*
- *Avoid supine position*
- *Monitor respiratory status.*
N D
☐ ☐

CPaP/biPaP in Use
N D
☐ ☐

P. Aspiration/Reflux
Prevent asPiration/reflUx
Includes (as appropriate):
- *Upright and support with feeding*
- *Supervise at meals*
- *Check diet order*
- *SLP or nutrition referral*
- *Safety equipment at bedside*
N D
☐ ☐

Q. End of Life
Provide Comfort and sUPPort at end of life
Identify unique comfort/symptom measures including (as appropriate):
- *Increased family involvement*
- *Use of Bereavement materials*
- *Involvement of Chaplain*
- *Involvement of Palliative Care Team*
- *Referral to Hospice*
N D
☐ ☐

R. Restraint Use
see restraint flowsheet

Other:
N D
☐ ☐
N D
☐ ☐

Comments:

_____
Print Name/Signature/Title/Initials/Time

_____
Print Name/Signature/Title/Initials/Time

_____
Print Name/Signature/Title/Initials/Time

_____
Print Name/Signature/Title/Initials/ Time