

Activity Care Plan

Resident: _____ Topic: Activity

DATE	PROBLEM	GOAL/OBJECTIVE	APPROACH	RESPONSIBLE DISCIPLINE	REVIEW DATE
	<p>Resident needs assistance with activities.</p> <p>Factors to consider include:</p> <p><input type="checkbox"/> New Admission <input type="checkbox"/> Short Term Admission <input type="checkbox"/> Terminal Condition <input type="checkbox"/> Long Term Resident <input type="checkbox"/> Resides on secured dementia unit <input type="checkbox"/> Other: _____</p> <p>Resident Preferences</p> <p><input type="checkbox"/> Enjoys group activities <input type="checkbox"/> Prefers solitary activities <input type="checkbox"/> Enjoys family/friends visit <input type="checkbox"/> Activity participation varies frequently <input type="checkbox"/> Self-directs choice of activities <input type="checkbox"/> Independent in activity participation <input type="checkbox"/> Unable to express preferences <input type="checkbox"/> Other: _____</p> <p>Has health conditions that may impact activity participation</p> <p><input type="checkbox"/> Difficulty with speech <input type="checkbox"/> Difficulty hearing <input type="checkbox"/> Difficulty with vision <input type="checkbox"/> Pain <input type="checkbox"/> Takes multiple medications <input type="checkbox"/> Requires assistance with eating drinking <input type="checkbox"/> Requires assistance with mobility <input type="checkbox"/> Balance concerns <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Unstable health condition <input type="checkbox"/> Dietary restrictions <input type="checkbox"/> Requires assistance with toileting <input type="checkbox"/> Requires use of oxygen <input type="checkbox"/> Safety concerns <input type="checkbox"/> Behaviors that interfere with resident's participation <input type="checkbox"/> Behaviors that interfere with other's participation <input type="checkbox"/> Scheduled appointments <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Resident will select and participate in activities of choice by:</p> <p><input type="checkbox"/> Resident will participate in _____ of group activities per month by:</p> <p><input type="checkbox"/> Resident will accept 1:1 activities _____ times per month by:</p> <p><input type="checkbox"/> Resident will verbalize or demonstrate satisfaction with types of activities and activity involvement by:</p> <p><input type="checkbox"/> Resident will continue to pursue independent activities through:</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Review activity calendar with resident. Arrange with resident/staff for attendance at activities of interest/ choice.</p> <p><input type="checkbox"/> Introduce to other residents and encourage socialization.</p> <p><input type="checkbox"/> Invite to /engage resident in activities of known interest.</p> <p>Past/current interests include, but are not limited to:</p> <ul style="list-style-type: none"> • Reading _____ • Music _____ • TV/Radio _____ • Sports _____ • Games _____ • Pets _____ • Crafts _____ • Outdoor activities _____ • Church/Spiritual _____ • Other _____ <p><input type="checkbox"/> Provide 1:1 visit Frequency: _____</p> <p><input type="checkbox"/> See ADL care plan. <input type="checkbox"/> See restorative care plan. <input type="checkbox"/> See rehabilitative plan of care <input type="checkbox"/> See fall / risk for injury care plan <input type="checkbox"/> See pain management care plan <input type="checkbox"/> See nutrition care plan <input type="checkbox"/> See hospice / palliative care plan <input type="checkbox"/> See dialysis plan of care <input type="checkbox"/> See Quality of Life: Psychosocial, mood and behavior care plan. <input type="checkbox"/> See Quality of Life: Cognition, communication and vision care plan</p> <p><input type="checkbox"/> When available use volunteers for additional activity support</p> <p><input type="checkbox"/> Provide assistive devices to promote participation in activities of choice/interest</p> <p><input type="checkbox"/> Encourage family and friend supports/visit</p> <p><input type="checkbox"/> Encourage resident to participate in LOAs as available and approved by physician</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>		