

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</p> <p><input type="checkbox"/> Short Term Admission</p> <p><input type="checkbox"/> Terminal Condition</p> <p><input type="checkbox"/> Long Term Resident</p> <p><input type="checkbox"/> Resides on secured dementia unit</p> <p><input type="checkbox"/> Other: _____</p> <p>Resident Preferences</p> <p><input type="checkbox"/> Enjoys group activities</p> <p><input type="checkbox"/> Prefers solitary activities</p> <p><input type="checkbox"/> Enjoys family/friends visit</p> <p><input type="checkbox"/> Activity participation varies frequently</p> <p><input type="checkbox"/> Self-directs choice of activities</p> <p><input type="checkbox"/> Independent in activity participation</p> <p><input type="checkbox"/> Unable to express preferences</p> <p><input type="checkbox"/> Other: _____</p> <p>Has health conditions that may impact activity participation</p> <p><input type="checkbox"/> Difficulty with speech</p> <p><input type="checkbox"/> Difficulty hearing</p> <p><input type="checkbox"/> Difficulty with vision</p> <p><input type="checkbox"/> Pain</p> <p><input type="checkbox"/> Takes multiple medications</p> <p><input type="checkbox"/> Requires assistance with eating drinking</p> <p><input type="checkbox"/> Requires assistance with mobility</p> <p><input type="checkbox"/> Balance concerns</p> <p><input type="checkbox"/> Cognitive impairment</p> <p><input type="checkbox"/> Unstable health condition</p> <p><input type="checkbox"/> Dietary restrictions</p> <p><input type="checkbox"/> Requires assistance with toileting</p> <p><input type="checkbox"/> Requires use of oxygen</p> <p><input type="checkbox"/> Safety concerns</p> <p><input type="checkbox"/> Behaviors that interfere with resident's participation</p> <p><input type="checkbox"/> Behaviors that interfere with other's participation</p> <p><input type="checkbox"/> Scheduled appointments</p> <p><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.</p> <p><input type="checkbox"/> See restorative care plan.</p> <p><input type="checkbox"/> See rehabilitative plan of care</p> <p><input type="checkbox"/> See fall / risk for injury care plan</p> <p><input type="checkbox"/> See pain management care plan</p> <p><input type="checkbox"/> See nutrition care plan</p> <p><input type="checkbox"/> See hospice / palliative care plan</p> <p><input type="checkbox"/> See dialysis plan of care</p> <p><input type="checkbox"/> See Quality of Life: Psychosocial, mood and behavior care plan.</p> <p><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>		