Elderly Care Plan

PATIENT INFORMATION:

Person Receiving Care	Age	DOB
Sarah Smith	84	09.09.1939
Address		
12 Brickwood Lane, Brickwood, CA		
Phone Number(s)	Physicians contact	Height
	/	5"5
Weight	BMI	
156	26	

Comorbid Conditions and relevant medications:

Endocrine: Diabetes Type 2, oral use of Metformin

Musculoskeletal: Athritis, anti-inflamitories

Respiratory: /

Cardiovascular: Hypertension, diuretics

Neurological: No stroke history.

Gastrointestinal: Constipation, regular BSC charting

Psychiatric: Depression and Anxiety, Lorazapam and Fluoxetine

Other co-morbid conditions: _____

PATIENT/FAMILY/CAREGIVER PRIMARY CONCERNS:

Patient Goals, Values, and Preferences:	Strategies: (Include referrals made)	Notes:
Maintain mobility and continue gardening	Regular physio apointments and group exercise class with low impact. Assistance 1x weekly moving heavy loads outdoors. referral made for water based exercise class locally and Physio contacted.	/
Avoid missed medication and keep to a regular bowel movement for confort and anxiety prevention.	AM and PM medication packets requested with timed texts set up from family members. medication checked 3x weekly. Cont. specialist referred and diet changes suggested to aliveate anxiety and ensure comfort.	

Care plan documentation	Checklist	Documents Completed	Date
Medication review	☑ Medication review conducted or requested ☑ Patient/ caregiver/ representative given copy of medication record	☑ Best Possible Medication History (see example Associated Document)	08.08.23
Advance care planning	☑ Discussed advance care planning ☐ Discussed advance care planning	☑ Medical Order for Scope of Treatment (MOST) ☐ No Cardiopulmonary Resuscitation form (HLTH 302.1)	ACP completed and will updated with family. plans for care should patient lose capacity for decison making made. 08.08.23
Care plan communication	☑ Care plan shared with patient/ caregiver/ representative ☑ Provided Patient and Caregiver Resource Guide	☑ Names/roles of persons present at care plan discussion:	partner, both daughters and son in law all involved in care plan and live locally. all commited to assiting with care plan. 08.08.23

MEDICAL REVIEW:

Area of assessment	Notes and concerns	Recommendations and referrals
Immunisations	Annual influenza, Pneumococcal	up to date.
Habits	Reduce alcohol use, Smoking cessation instigated	nicotine replacement therapy introduced and alcohol consumption disscussed.
Nutrition	diet review in order for diabetes T2 management.	
Bowels and Bladder	of concern. bladder and bowel incont.	Referral to Nurse Continence Advisor
Perception and Communication	Vision and hearing failing, aids in place. speech is clear and coherent.	yearly checks in place

PSYCHOLOGICAL REVIEW:

Area of assessment	Notes and concerns	Recommendations and referrals
Cognition	no concern for deliruim or executive functions. Memory is slower but shows no signs for immediate concern.	complete Gait speed test, TUG test
Mood	Depression and Anxiety, sleep issues present.	review medication, reassureance over fears for moving out of the family home. Sleep issues to be addressed, suspected link to pain management.

FUNCTIONAL REVIEW:

Area of assessment	Notes and concerns	Recommendations and referrals
Mobility	Poor balance, aid needed	OT referral made
Fall Risk	2 recent falls, alert device charted for.	Remind patient of the benefits of call bell and alert device.
Physical Activity	low levels of pysical activity other than gardening. pain levels and fears of fall impact this.	- community balance or exercise program - physical therapy - occupational therapy
Basic Activities of Daily Living	no assistance currently needed for dressing, bathing, tolieting	
Instrumental activities of daily living	cooking, cleaning, shopping no assistance required. some assistance needed for banking and medications, more for confidence levels. No driving.	driving service referral.

SOCIAL AND ENVIRONMENTAL REVIEW:

Area of assessment	Notes and concerns	Recommendations and referrals
Social and Spiritual Needs	patient has hobbies and intrests that are supported by community and family, spritual needs met.	continuetoengagewithcommunity
Care Support	informal support from family and friends. access to local resources and services.	future referal for home and comunity care made.
Managing at home	home comfort and saftey met. alarm systems in place and no indication of financial or legal concern. supported in home.	

Physician's Signature: _____ **Date:** ____ / ____ / _____

Patient Acknowledgment

- I have reviewed the care plan and understand the information provided.

Patient's Signature: _____ **Date:** ____ / ____ / _____