SUNY DOWNSTATE Medical Center
University Hospital of Brooklyn

PROBLEM LIST / INTERDISCIPLINARY PLAN OF CARE

DATE	PROBLEM	INITIALS	DATE OF RESOLUTION
	□PAIN		
	□SAFETY		
	□INFECTION		
	□DISCHARGE PLANNING		
	□DISCHARGE PAIN MANAGEMENT		
	□HYPERTENSION		
	□HYPERGLYCEMIA / HYPOGLYCEMIA		

PAIN / DISCOMFORT (POTENTIAL)

GOAL(S): ***Patient will be free of pain/ discomfort***

INTERVENTIONS

1. Teach patient about pain scale and encourage patient to verbalize pain
2. Teach pain management control equipment and relaxation techniques and help patient to verbalize pain management goals
3. Assess pain level, quality, characteristics and other factors
4. Medicate as ordered with _____
5. Reassess as per protocol
6. Document for medication efficacy or lack thereof

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SAFETY (RISK FOR INJURY)

GOAL(S): Patient will remain safe during hospitalization

INTERVENTIONS

1. Utilize the (Morse Scale) Adult Risk/Fall Assessment Tool Q shift
2. Initiate the Fall Prevention Protocols based on the total score *(Low Risk, Moderate Risk, High Risk)*
3. Assess patient's ability to utilize call bell and assistive devices. Orient patient to environment.
4. Encourage patients to seek help when needed
5. Keep frequently used items within reach to prevent falls
6. Teach patients and family goals of safety during hospitalization
7. Perform Q hourly rounds on patients to assess current needs
8. Document for safety efficacy or lack thereof

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DATE	SERVICE	SIGNATURE	DATE	SERVICE	SIGNATURE

1. Wilkins, Lippincott, & Springhouse, Springhouse. (2003). *Best Practices*. Springhouse Pub Co.
2. Nettina, Sandra, and Lippincott Wilkins. *The Lippincott manual of nursing practice*. Springhouse Pub Co, 2006. Print

INFECTION (POTENTIAL)

GOAL(S): ***Pt will be free of infection during hospitalization***

INTERVENTIONS

1.Minimize patient's risk of infections through *STANDARD UNIVERSAL PRECAUTIONS* and encourage patient to do the same
2.Monitor vitals signs as per protocol, report changes to signs to patient's primary team
3.Monitor surgical site (when present), monitor and change IV site and IV tubings as per protocol
4.Send appropriate specimens and monitor labs i.e. UA, UC, CBC, WBC, BLOOD CULTURES, NASAL & GROIN CULTURES etc. and report changes when present to patient's primary team
5.Administer antibiotics as ordered
6.Encourage Incentive Spirometer usage and teach deep breathing exercises

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DISCHARGE PLANNING/ DISCHARGE PAIN MANAGEMENT (RELATED TO KNOWLEDGE DEFICIT)

GOAL(S): Patient and family will verbalize an understanding of discharge plans and discharge pain management
All patient's needs will be met by discharge

INTERVENTIONS

1.Teach patient and family from point of admission to discharge
2.Refer patient to appropriate social services
3.Teach patients and family about discharge medications and follow up appointments
4.Teach patient and family about discharge pain management
5.Provide patient teaching leaflets and transportation as needed
6.Document patient's/family's understanding of discharge plans and instructions or lack thereof

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HYPERTENSION

GOAL(S): Patient's BP will be kept within desired limits Patient will be free of s/s of Hypertension

INTERVENTIONS

1.Monitor vital signs as per protocol, notify patient's primary team of any change
2.Monitor for s/s of HTN and teach patient to report same if present
3.Administer antihypertensive medications as ordered
4.Fax *Nutritional* Referral as needed
5.Provide Low Sodium Diet and encourage patient to maintain same post hospitalization

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HYPERGLYCEMIA / HYPOGLYCEMIA

GOAL(S): Patient's Blood Glucose Level will be within desired range Patient will be free of s/s of Hyper/ Hypoglycemia

INTERVENTIONS

1.Monitor Blood Glucose level as ordered
2.Monitor of s/s of Hyper/Hypoglycemia and teach patient to report same
3.Assess patient's knowledge about diabetes and teach patient and family about diabetes and complications from point of admission to discharge.
4.Teach Patient regarding own diabetic medications
5.Fax referrals to *Nutritional* and/or diabetic educator as needed
6.Administer oral or subcutaneous medications as ordered
7.Encourage patient to continue glucose monitoring post hospitalization
8.Document all teachings and receptivity of patient to teaching

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