

Subject: PC - Interdisciplinary Treatment Plans	Source: John Muir Behavioral Health Center Policy - Patient Care (PC)
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I. Purpose: N/A

Definitions: N/A

II. Policy:

A. Each patient shall have a written, comprehensive, individualized treatment plan that is based on assessment of his/her medical, clinical and nursing needs. Individualized treatment planning shall be directed by the attending physician, and updated based on patient need.

III. Procedure:

A. Preliminary Treatment Plan

1. The admitting physician will document a preliminary treatment plan on the Admission Physician's Order Sheet and will include a diagnosis, presenting problem(s), medication regime, level of participation in the milieu and interventions.
2. Upon admission, the R.N. shall initiate the Interdisciplinary Treatment Plan for the patient's identified nursing care needs as part of the R.N. assessment. This plan will be based on the patient assessment and an evaluation of the patient's presenting problems, physical health, emotional status and behavior and physician input. An initial discharge plan will be completed along with the admission assessment.
3. Once the treatment plan has been developed, a staff person shall review the treatment plan with the patient. This participation shall be noted by the staff's signature on the treatment plan.

B. Interdisciplinary Treatment Plan

1. The physician, Social Service Clinician, and Expressive Arts Therapist upon completion of their evaluation/assessment of the patient will add treatment interventions on their assessment of patient needs.
2. Under the direction of the attending physician, existing and any additional problems will be addressed and documented at the interdisciplinary treatment planning meeting. Information from the interdisciplinary assessments will be utilized to develop an individualized, comprehensive treatment plan which meet's the patient's specific needs. The patient's presenting problems, physical health,

emotional status and behavioral status will be included. The interdisciplinary treatment planning meetings are one mechanism to ensure that there is interdisciplinary communication, collaboration, and consistency in the treatment planning and implementation process.

3. Short, and long term goals, will be identified and documented for each problem on the treatment plan. Expected measurable target/achievement dates for attainment of a given goal will be included.
4. Interventions will include the individual/ and discipline responsible for implementation and the frequency of services and shall be documented by the discipline responsible for implementing the service or treatment.
5. Treatment plans will be reviewed or revised as appropriate based on patient condition. Changes (e.g., sudden onset of medical problems or dramatic changes in mental status) in a patient's condition will be addressed on the treatment plan immediately so that identified patient concerns are aggressively and consistently treated to maintain safety and promote stabilization of symptoms. Patient/family education needs are identified and teaching provided to assist in managing/coping with crisis situations. Treatment plans shall be revised following an evaluation of the patient's progress in attaining treatment goals/objectives, changes in treatment approaches, and revised target dates, and assessment of the medication effect on the patient and planned changes in the medication regime.
6. The patient goals and progress reassessment shall be documented by an interdisciplinary team member on the "Interdisciplinary Treatment Plan Update" form during treatment planning or rounds meetings, or more frequently as required by the patients' condition. Identified new problems will be listed with identified goals and target dates on the "Treatment Plan Update" form as directed by the physician.
7. The patient and family/significant other/guardian, will participate in the development of the treatment plan as appropriate. The patient shall be asked questions concerning their care during the first few days of admission. These questions will be reviewed by members of the treatment team and the patient feedback/input taken into consideration when updating the treatment plan and developing teaching goals. Staff shall utilize the treatment plan as a guide for all interventions with the patient. Effectiveness of interventions as specified in the treatment plan shall be documented in the progress notes.

IV. Patient/Family Education: N/A

V. Documentation: N/A

References / Regulations		Applies To: John Muir Behavioral Health Center	
Sponsor Name: Randi Hackbarth		Supersedes:	
Sponsor Title: Director of Nursing & Patient Care Services		Interdisciplinary Treatment Plans #801	
Record of Additional Approval Body/ Date:			
Performance Improvement Committee	JMBHC MEC 12/30/10	JMBHC Board 1/26/11	
Origination Date: 12/91	Review Dates: 7/94, 7/96, 3/00, 2/03, 6/06, 5/08	Revision Dates: 7/94, 7/96, 3/00, 2/03, 12/10	

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: ADDICTION (page 1 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
WITHDRAWAL SYMPTOMS MANAGED TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will not have vomiting or seizures. V/S will be within normal limits [#] _____ % of the time for [#] _____ day(s). Patient will report withdrawal symptoms are adequately managed AEB: _____		DAILY EVALUATION of current diagnosis and treatment and withdrawal management for Patient's substance dependency	<u>Attending Physician</u>
		1:1 EDUCATION (ongoing and as needed) on diagnosis, symptoms, and treatment options for patient's addiction.	
		DETOX PROTOCOL: <input type="checkbox"/> CIWA Protocol / <input type="checkbox"/> COWS Protocol Monitor vital signs and assess Patient's response to withdrawal and medicate as needed (PRN) per detox protocol.	<u>RN → Nursing Staff</u>
		DETOX MED EDUCATION: 1:1 EDUCATION (ongoing and as needed [PRN]) about detox medications, including purpose, dose, side effects. Detox medications include: <input type="checkbox"/> Ativan <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Other: _____	
		Encourage fluids, small frequent meals and rest.	
		1:1 EDUCATION ON WARNING SIGNS OF IMPENDING SEIZURE including changes in smell, certain tastes, various sounds, blurry vision and tingling feelings; feelings of fear or panic or a feeling of calm and pleasantness; other early symptoms include dizziness, light-headedness, nausea, numbness and headache.	
ADEQUATE SLEEP TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will be observed by staff to sleep [#] _____ hours per night and Patient will report improved sleep for at least [#] _____ consecutive days AEB: _____		DAILY EVALUATION of sleep disturbance and adjust medication to improve sleep.	<u>Attending Physician</u>
		1:1 EDUCATION on sleep hygiene.	
		SLEEP HYGIENE: 1:1 EDUCATION at least [#] _____ times before discharge on sleep hygiene techniques including <u>[list]</u> :	<u>RN → Nursing Staff</u>
		RELAXATION <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to educate Patient on ways to relax and improve sleep including <u>[list]</u> :	
UNDERSTANDS CONSEQUENCES OF USE TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state consequences of drug and/or alcohol use at least [#] _____ time(s) before discharge AEB: _____		1:1 EDUCATION (ongoing & PRN) on diagnosis, symptoms, and treatment options for Patient's addiction.	<u>Attending Physician</u>
		ADDICTION ISSUES: 1:1 EDUCATION (ongoing) including <u>[list]</u> :	<u>RN → Nursing Staff</u>
		12 STEP GROUP <u>[group name]</u> : [#] _____ time(s) per week to educate Patient on 12-step issues including <u>[list]</u> :	
		PROCESS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ time(s) per week to encourage patient to verbalize feelings and issues related to <u>[list]</u> :	<u>Social Services</u>
		EXPRESSIVE ARTS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ time(s) per week to assist Patient to explore the consequences of addiction through creative outlets such as <u>[list]</u> :	<u>Expressive Arts</u>

John Muir Behavioral Health Center
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Date Initiated: _____

PROBLEM: ADDICTION (page 2 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
USES HEALTHIER COPING SKILLS TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will demonstrate [#] _____ new healthy coping skill(s) at least [#] _____ time(s) before discharge.		COPING SKILLS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to help Patient identify new ways to cope such as <u>[list]</u> :	<u>RN →Nursing Staff</u>
		EXPRESSIVE ARTS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ time(s) per week to help Patient identify different ways to cope through creative activities such as <u>[list]</u> :	<u>Expressive Arts</u>
MANAGES STRESSORS TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state [#] _____ way(s) to manage stressors and a plan for implementation at least [#] _____ time(s) before discharge AEB: _____		Supportive psychotherapy.	<u>Attending Physician</u>
		STRESS MANAGEMENT <input type="checkbox"/> Group [#] _____ time(s) per week / <input type="checkbox"/> 1:1 Education [#] _____ times(s) per week to educate Patient on ways to manage <u>[list stressors]</u> :	<u>RN →Nursing Staff</u>
		PROCESS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ time(s) per week to encourage Patient to verbalize feelings and issues related to <u>[list stressors]</u> :	<u>Social Services</u>
		REFERRAL TO CHAPLAIN to assess and to educate Patient on ways to manage spiritual distress related to addiction issues or upon Patient request.	<u>Expressive Arts</u>
		EXPRESSIVE ARTS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ time(s) per week to assist Patient to identify stressors, their role in Patient's addiction and feelings associated with addiction.	
NAMES SOURCES OF SUPPORT & AFTERCARE TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state need for support system after discharge and will name at least [#] _____ sources of support at least [#] _____ time(s) prior to discharge.		DISCHARGE PLANNING <input type="checkbox"/> Group [#] _____ time(s) before discharge / <input type="checkbox"/> 1:1 [#] _____ time(s) before discharge to reinforce importance of maintaining a support system and help Patient name at least [#] _____ sources of support. Referral for <u>[list]</u> :	<u>Social Services</u>
		DISCHARGE PLANNING: 1:1 [#] _____ time(s) before discharge to help Patient identify sobriety support groups.	
		FAMILY MEETING with <u>[list family]</u> _____ to address addiction and family issues including <u>[list]</u> :	
		HOME SAFETY: Use available resources to evaluate Patient's home safety regarding addiction issues including <u>[select]</u> : <input type="checkbox"/> Presence of drugs/alcohol in home <input type="checkbox"/> Safe storage of medications <input type="checkbox"/> Other <u>[list]</u> :	

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PROBLEM: ANTICOAGULANT THERAPY (page 1 of 2)

Patient is taking anticoagulants for the following conditions:

- To prevent and treat blood clots.
- To prevent complications of heart disease (rapid atrial fibrillation, heart attack, etc.)
- To prevent complications from having a heart valve replacement.
- Other: _____

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<u>UNDERSTANDS REASON FOR ANTICOAGULANT THERAPY</u> TARGET DATE: _____ <input type="checkbox"/> Goal: Patient will state the reasons for anticoagulant therapy at least [#] _____ time(s) before discharge.		1:1 EDUCATION ON REASONS FOR ANTICOAGULANT THERAPY: Anticoagulants help lower the chance of forming blood clots. Blood clots can cause a stroke, heart attack or other serious conditions such as blood clots in the legs or lungs.	RN →Nursing Staff
<u>UNDERSTANDS ANTICOAGULANT MEDICATIONS</u> TARGET DATE: _____ <input type="checkbox"/> Goal: Patient will state the purpose, dosage, side effects, medication interactions and proper way to take anticoagulant medication properly at least [#] _____ time(s) before discharge.		1:1 EDUCATION ON TAKING ANTICOAGULANT MEDICATION PROPERLY: You will need to take this medication exactly as prescribed and at the same time every day. Notify your healthcare provider (here and when you leave the hospital) if you: <ul style="list-style-type: none"> • Miss a dose. • Take too much medication. • Are sick with diarrhea, an infection or have a fever. • You have any planned surgeries, medical or dental procedures. • If you fall or injure yourself, especially if you hit your head. 	RN →Nursing Staff
		1:1 EDUCATION ON MEDICATION SIDE EFFECTS: Serious side effects include: <ul style="list-style-type: none"> • Death of skin tissues - if you have pain, color or temperature changes to any area of your body • "Purple Toes Syndrome" - if your toes have pain or look dark or purple in color. Other side effects can include: <ul style="list-style-type: none"> • Allergic reactions • Liver problems • Low blood pressure • Swelling • Low red blood cells • Paleness • Fever • Rash Call your healthcare provider if you have any serious or other side effects that bother you.	RN →Nursing Staff
		1:1 EDUCATION ON MEDICATION INTERACTIONS: Medication Interactions: Many other medications (prescription and non-prescription, including herbal supplements) can interact with this drug and affect the dosage you need or increase the medication side effects. Always tell your healthcare provider about all the medicines you are taking. Do not stop medications or start anything new (even over-the-counter medications) unless you have talked to your healthcare provider. Do not take any other medications that contain Warfarin, the active ingredient in Coumadin.	RN →Nursing Staff

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: ANTICOAGULANT THERAPY (page 2 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<u>PT/INR IN THERAPEUTIC RANGE</u> TARGET DATE: _____ <input type="checkbox"/> Goal: PT/INR will be within therapeutic range of: _____		Order and monitor PT/INR values and make adjustments to anticoagulant dose as needed. Monitor PT/INR values as ordered. Notify MD/NP of levels.	<u>Physician/NP</u> <u>RN →Nursing Staff</u>
<u>UNDERSTANDS NEED FOR LABORATORY MONITORING</u> TARGET DATE: _____ <input type="checkbox"/> Goal: Patient will state the type of lab tests needed and reason for monitoring at least [#] _____ time(s) before discharge.		1:1 EDUCATION ON LABORATORY MONITORING: Your healthcare provider will be testing your blood to see how fast your blood is clotting while on the medication. This test is called a PT/INR test. The healthcare provider would like your INR to be in the range of: _____ While you are here, you will get your blood drawn to check the INR level every _____ days.	<u>RN →Nursing Staff</u>
<u>UNDERSTANDS FOOD INTERACTIONS AND ACTIVITY RESTRICTIONS</u> TARGET DATE: _____ <input type="checkbox"/> Goal: Patient will list foods that can interact with Coumadin and activity restrictions while on anticoagulant medication at least [#] _____ time(s) before discharge.		1:1 EDUCATION ON FOOD INTERACTIONS: Some foods can interact with Coumadin: <ul style="list-style-type: none"> • Do NOT eat LARGE amounts of leafy green vegetables because they contain Vitamin K which can lower the effect of Coumadin. • Do NOT drink cranberry juice or eat cranberry products. • Avoid drinking alcohol. 	<u>RN →Nursing Staff</u>
<u>UNDERSTANDS ISSUES AND SYMPTOMS TO REPORT TO HEALTHCARE PROVIDER</u> TARGET DATE: _____ <input type="checkbox"/> Goal: Patient will state at least [#] _____ issues/symptoms to report to his/her healthcare provider on at least [#] _____ occasion(s) before discharge.		1:1 EDUCATION ON ISSUES AND SYMPTOMS TO REPORT TO HEALTHCARE PROVIDER: Contact your healthcare provider right away if you experience the following: <ul style="list-style-type: none"> • Headache, dizziness, weakness • Bleeding from shaving or other cuts that takes a long time to stop or nosebleeds. • Throwing up or coughing up blood • Bleeding of gums when you brush your teeth • Unusual bruising (black and blue marks on your skin) for unknown reasons • Dark brown or bloody urine • Red or black color in your stool • Unusual or increased menstrual or vaginal bleeding • Unusual pain or swelling or discomfort • You become pregnant 	<u>RN →Nursing Staff</u>

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PROBLEM: ANXIETY (page 1 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<p><u>↓ ANXIETY / PANIC ATTACKS</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Anxiety level will decrease from [#] _____ out of 10 (on admit) to [#] _____ out of 10 daily. Patient will report anxiety has decreased <u>AEB:</u></p>		<p>DAILY EVALUATION of signs and symptoms of anxiety and adjustment of anti-anxiety medications.</p>	<p><u>Attending Physician</u></p>
		<p>Supportive psychotherapy.</p>	
		<p>Order and review laboratory tests to identify medical factors related to anxiety or which might require modification of psychotropic medication treatment.</p>	
		<p>1:1 EDUCATION on medications used as needed (PRN) to help decrease symptoms of anxiety. Medicate as ordered PRN.</p>	<p><u>RN →Nursing Staff</u></p>
		<p>STRESS MANAGEMENT <input type="checkbox"/>GROUP [#] _____ time(s) per week / <input type="checkbox"/>1:1 EDUCATION [#] _____ times(s) per week to educate Patient on ways to manage stressors including <u>[list]:</u></p>	
		<p>ANXIETY TRIGGERS: 1:1 education to help Patient recognize triggers for anxiety. Have Patient list at least [#] _____ personal anxiety triggers.</p>	
		<p>PROMOTE SOCIAL CONTACT: Encourage Patient to engage in activities that promote social contact and communication with staff and peers a minimum of [#] _____ time(s) a day.</p>	
		<p>SOCIAL SKILLS GROUP [#] _____ time(s) per week to help Patient improve social skills and reduce social anxiety including <u>[list]:</u></p>	
		<p>PROCESS <input type="checkbox"/>GROUP [#] _____ time(s) per week / <input type="checkbox"/>1:1 [#] _____ time(s) per week to allow Patient to discuss and explore anxiety-related issues including <u>[list]:</u></p>	<p><u>Social Services</u></p>
<p><u>ADEQUATE SLEEP</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will be observed by staff to sleep [#] _____ hours per night and Patient will report improved sleep for at least [#] _____ consecutive days <u>AEB:</u></p>		<p>DAILY EVALUATION of sleep disturbance and adjust medication to improve sleep.</p>	<p><u>Attending Physician</u></p>
		<p>1:1 EDUCATION on sleep hygiene.</p>	
		<p>SLEEP HYGIENE: 1:1 EDUCATION at least [#] _____ time(s) before discharge on sleep hygiene techniques including <u>[list]:</u></p>	<p><u>RN →Nursing Staff</u></p>
	<p>RELAXATION <input type="checkbox"/>GROUP [#] _____ time(s) per week / <input type="checkbox"/>1:1 EDUCATION [#] _____ times(s) per week to teach Patient ways to relax and improve sleep including <u>[list]:</u></p>		
<p><u>TAKES MEDICATIONS AS PRESCRIBED</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will take prescribed medications and demonstrate understanding of need for compliance for at least [#] _____ consecutive days.</p>		<p>1:1 EDUCATION on purpose, dose, side effects, risks and benefits of medications used to treat anxiety.</p>	<p><u>Attending Physician</u></p>
		<p>MEDICATION EDUCATION <input type="checkbox"/>GROUP [#] _____ time(s) per week / <input type="checkbox"/>1:1 EDUCATION [#] _____ times(s) per week to teach Patient about prescribed medications to treat anxiety and importance of medication compliance.</p>	<p><u>RN →Nursing Staff</u></p>

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INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: ANXIETY (page 2 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
USES HEALTHIER COPING SKILLS TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state and/or demonstrate [#]_____ new healthy coping skill(s) at least [#]_____ time(s) before discharge.		PHYSICAL ACTIVITY BENEFITS: 1:1 EDUCATION on the positive effects of physical activity to help decrease anxiety and stress level. Encourage increased physical activity as tolerated.	<u>RN →Nursing Staff</u>
		COPING SKILLS <input type="checkbox"/> Group [#]_____ time(s) per week / <input type="checkbox"/> 1:1 Education [#]_____ times(s) per week to help Patient identify new ways to cope with anxiety symptoms such as <u>[list]</u> :	
		PROCESS <input type="checkbox"/> GROUP [#]_____ time(s) per week / <input type="checkbox"/> 1:1 [#]_____ time(s) per week to encourage patient to verbalize feelings and anxiety-related issues <u>[list]</u> :	<u>Social Services</u>
		EXPRESSIVE ARTS <input type="checkbox"/> GROUP [#]_____ time(s) per week / <input type="checkbox"/> 1:1 [#]_____ time(s) per week to assist Patient to learn how to express and manage feelings related to anxiety by <u>[list]</u> :	<u>Expressive Arts</u>
		REFERRAL TO CHAPLAIN to assess and teach Patient ways to manage spiritual distress related to anxiety or upon Patient request.	
UNDERSTANDS DIAGNOSIS AND TREATMENT TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state an understanding of anxiety diagnosis and treatment at least [#]_____ time(s) before discharge <u>AEB</u> :		1:1 EDUCATION (ongoing and as needed) on diagnosis, disease process, symptoms, symptom management and treatment options for Patient's anxiety symptoms.	<u>Attending Physician</u>
		ANXIETY DISORDER / MEDICATION EDUCATION: 1:1 (ongoing) on disease process, symptoms, symptom management and medication purpose, dose and side effects and importance of medication compliance and continued aftercare.	<u>RN →Nursing Staff</u>
NAMES SOURCES OF SUPPORT AND AFTERCARE TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state need for support system after discharge and will name at least [#]_____ sources of support at least [#]_____ time(s) before discharge.		DISCHARGE PLANNING <input type="checkbox"/> Group [#]_____ time(s) before discharge / <input type="checkbox"/> 1:1 [#]_____ time(s) before discharge to reinforce importance of maintaining a support system and help Patient name at least [#]_____ sources of support. Referral for <u>[list]</u> :	<u>Social Services</u>
		FAMILY MEETING with <u>[list family]</u> to address anxiety and family issues including <u>[list]</u> :	
DEVELOPS A CRISIS PLAN TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will develop/state a crisis plan for after discharge at least [#]_____ time(s) before discharge.		DISCHARGE PLANNING <input type="checkbox"/> GROUP / <input type="checkbox"/> 1:1 [#]_____ time(s) before discharge to assist Patient to identify [#]_____ ways to manage a crisis episode after discharge including <u>[list]</u> :	<u>Social Services</u>

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: DEPRESSION (page 1 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
FEELS LESS DEPRESSED TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will report feeling less depressed AEB:		DAILY EVALUATION of current diagnosis and treatment and 1:1 EDUCATION (ongoing and as needed) on diagnosis, symptoms, symptom management and treatment options.	<u>Attending Physician</u>
		Order and review laboratory tests to identify medical factors related to depression which might require modification of psychotropic medication treatment.	
		Supportive psychotherapy.	
		SELF-ESTEEM GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to learn at least [#] _____ ways to improve self-esteem issues including [list]:	<u>RN →Nursing Staff</u>
INCREASED SOCIAL CONTACT TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will increase social contact at least [#] _____ time(s) daily AEB:		ENCOURAGE SOCIAL INTERACTION: 1:1 education (ongoing) to encourage Patient to engage in activities that promote social contact and communication with others a minimum of [#] _____ time(s) a day.	<u>RN →Nursing Staff</u>
		SOCIAL SKILLS GROUP [#] _____ time(s) per week to help Patient improve social skills including [list]:	
		EXPRESSIVE ARTS <input type="checkbox"/> Group [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ times(s) per week to assist Patient to learn how to increase social interactions and encourage Patient to express feelings around others.	<u>Expressive Arts</u>
IMPROVED HYGIENE TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will have improved hygiene AEB:		Assess patient's appearance daily. 1:1 education to encourage patient to perform ADL's daily. Prompt and/or assist Patient with hygiene and laundry as needed. Provide appropriate positive feedback.	<u>RN →Nursing Staff</u>
		SELF-ESTEEM GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to learn at least [#] _____ ways to improve self-esteem issues including [list]:	
ADEQUATE SLEEP TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will be observed by staff to sleep [#] _____ hours per night and Patient will report improved sleep for at least [#] _____ consecutive days AEB:		DAILY EVALUATION of sleep disturbance and adjust medication to improve sleep.	<u>Attending Physician</u>
		1:1 EDUCATION on sleep hygiene.	
		SLEEP HYGIENE : 1:1 EDUCATION at least [#] _____ time(s) before discharge on sleep hygiene techniques including [list]:	<u>RN →Nursing Staff</u>
TAKES MEDICATIONS AS PRESCRIBED TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will take prescribed medications and demonstrate understanding of need for compliance for at least [#] _____ consecutive days.		1:1 EDUCATION on purpose, dose, side effects, risks and benefits of medication(s).	<u>Attending Physician</u>
		MEDICATION EDUCATION <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week about prescribed medications to treat depression and importance of medication compliance.	<u>RN →Nursing Staff</u>

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Date Initiated: _____

PROBLEM: DEPRESSION (page 2 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<p><u>USES HEALTHIER COPING SKILLS</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state and/or demonstrate [#] _____ new healthy coping skill(s) at least [#] _____ time(s) before discharge.</p>		<p>COPING SKILLS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to help Patient identify new ways to cope such as <u>[list]</u>:</p> <p>STRESS MANAGEMENT <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to educate Patient on ways to manage stressors including <u>[list]</u>:</p> <p>PROCESS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ time(s) per week to encourage patient to verbalize depressive symptoms and stressors and identify new ways to manage both.</p> <p>EXPRESSIVE ARTS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ time(s) per week to assist Patient to express feelings and to explore ways to manage depression by <u>[list]</u>:</p>	<p><u>RN → Nursing Staff</u></p> <p><u>Social Services</u></p> <p><u>Expressive Arts</u></p>
<p><u>UNDERSTANDS DIAGNOSIS / TREATMENT</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state an understanding of depression diagnosis and treatment at least [#] _____ time(s) before discharge AEB: _____</p>		<p>1:1 EDUCATION (ongoing & PRN) on diagnosis, disease process, symptoms, symptom management and treatment options for Patient's symptoms of depression and importance of medication compliance and aftercare. Address stressors and factors leading to depressive symptoms.</p> <p>DEPRESSION / MEDICATION EDUCATION: 1:1 (ongoing) on disease process, symptoms, symptom management and medication purpose, dose and side effects and importance of compliance.</p>	<p><u>Attending Physician</u></p> <p><u>RN → Nursing Staff</u></p>
<p><u>NAMES SOURCES OF SUPPORT & AFTERCARE</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state need for support system after discharge and will name at least [#] _____ sources of support at least [#] _____ time(s) before discharge</p>		<p>DISCHARGE PLANNING <input type="checkbox"/> Group [#] _____ time(s) before discharge / <input type="checkbox"/> 1:1 [#] _____ time(s) before discharge to reinforce importance of maintaining a support system and help Patient name at least [#] _____ sources of support. Referral for <u>[list]</u>:</p> <p>FAMILY MEETING with <u>[list family]</u> _____ to address depression issues including <u>[list]</u>:</p>	<p><u>Social Services</u></p>
<p><u>DEVELOPS A CRISIS PLAN</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will develop/state a crisis plan for after discharge at least [#] _____ time(s) before discharge.</p>		<p>DISCHARGE PLANNING <input type="checkbox"/> Group [#] _____ time(s) before discharge / <input type="checkbox"/> 1:1 [#] _____ time(s) before discharge to help Patient identify [#] _____ ways to manage a crisis episode after discharge including <u>[list]</u>:</p>	<p><u>Social Services</u></p>

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: IMPULSIVE / OUT-OF-CONTROL (page 1 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<u>NO SELF HARM</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will not harm self <u>AEB</u> : Patient will remain out of seclusion or restraints.		EVALUATION OF CURRENT DIAGNOSIS/TREATMENT (daily) with a focus on the impact of medication(s) on Patients self harm thoughts and behaviors.	<u>Attending Physician</u>
		Assess need for increased or decreased supervision level on a daily basis.	
		MONITOR ON INCREASED LEVEL OF OBSERVATION: <input type="checkbox"/> 1:1 <input type="checkbox"/> LOS <input type="checkbox"/> Q 15 min. <input type="checkbox"/> Other: _____ Notify Physician of self-harm, increased thoughts to harm self or unsafe behaviors.	<u>RN →Nursing Staff</u>
		REDIRECT PATIENT when having suicidal thoughts or suicidal behavior to <u>[list alternative behaviors]</u> :	
<u>NO HARMING OF OTHERS</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will not harm others and will report decreased agitation <u>AEB</u> : Patient will remain out of seclusion or restraints.		EVALUATION OF CURRENT DIAGNOSIS/TREATMENT (daily) with a focus on the impact of medications on Patients agitation and aggressive behavior.	<u>Attending Physician</u>
		Assess need for increased or decreased supervision level on a daily basis.	
		MONITOR ON INCREASED LEVEL OF OBSERVATION: <input type="checkbox"/> 1:1 <input type="checkbox"/> LOS <input type="checkbox"/> Q 15 min. <input type="checkbox"/> Other: _____ Notify MD of increased agitation, aggression or unsafe behaviors.	<u>RN →Nursing Staff</u>
		REDIRECT PATIENT when patient is agitated or aggressive to <u>[list alternative behaviors]</u> :	
<u>DECREASED IMPULSIVE / OUT-OF-CONTROL BEHAVIOR</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient's will have decreased impulsive or out-of-control behaviors <u>AEB</u> :		DAILY EVALUATION of Patient's impulsive/out-of-control behaviors and adjustment of medications to help decrease these behaviors.	<u>Attending Physician</u>
		Supportive psychotherapy.	
		REDIRECT PATIENT when having impulsive / out-of-control behavior to <u>[list alternative behaviors]</u> :	<u>RN →Nursing Staff</u>
		MANAGING IMPULSIVE BEHAVIOR 1:1 EDUCATION and Intervention (prn) on ways to manage impulsive behavior at least [#] _____ time(s) before discharge and as needed including <u>[list]</u> :	
		SOCIAL SKILLS GROUP [#] _____ time(s) per week to help Patient improve social skills including <u>[list]</u> :	
		RELAXATION <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to educate Patient on ways to relax and decrease anxiety and/or agitation including <u>[list]</u> :	
		EXPRESSIVE ARTS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ times(s) per week to assist Patient to learn how to express feelings and to experience a sense of control through hands-on activities such as <u>[list]</u> :	<u>Expressive Arts</u>

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: IMPULSIVE / OUT-OF-CONTROL (page 2 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<u>TAKES MEDICATIONS AS PRESCRIBED</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will take prescribed medications for at least [#] _____ consecutive days and state understanding of need for compliance at least [#] _____ times before discharge.		1:1 EDUCATION on purpose, dose, side effects, risks and benefits of medication(s) used to decrease impulsivity.	<u>Attending Physician</u>
		MEDICATION EDUCATION <input type="checkbox"/> Group [#] _____ time(s) per week / <input type="checkbox"/> 1:1 Education [#] _____ times(s) per week about prescribed medication(s) and importance of medication compliance.	<u>RN →Nursing Staff</u>
<u>DESIRE FOR NO SELF-HARM</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will demonstrate a desire for no self-harm for at least [#] _____ consecutive days(s) before discharge <u>AEB</u> :		1:1 EDUCATION on recognizing and identifying at least [#] _____ triggers for self-harm behavior and help Patient name at least [#] _____ reasons to avoid self-harm at least [#] _____ times(s) before discharge.	<u>RN →Nursing Staff</u>
		PROCESS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ time(s) per week to discuss issues which lead patient to feel out of control and explore alternatives to harming or killing self.	<u>Social Services</u>
<u>USES HEALTHIER COPING SKILLS</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will demonstrate [#] _____ new healthy coping skill(s) at least [#] _____ time(s) before discharge <u>AEB</u> :		COPING SKILLS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to assist Patient to identify new ways to cope including <u>[list]</u> :	<u>RN →Nursing Staff</u>
		TRIGGERS FOR IMPULSIVE BEHAVIOR: 1:1 EDUCATION at least [#] _____ times(s) before discharge to help Patient recognize triggers and stressors leading to impulsive / out-of-control behavior. Have Patient verbally list these stressors.	
		ANGER MANAGEMENT: 1:1 EDUCATION at least [#] _____ time(s) before discharge on anger management techniques including <u>[list]</u> :	
		EXPRESSIVE ARTS <input type="checkbox"/> Group [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ times(s) per week to assist Patient to learn how to express feelings and to develop and explore ways to manage impulsive behavior.	<u>Expressive Arts</u>
		PROCESS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ time(s) per week to express feelings and to develop and explore ways to manage impulsive behavior.	<u>Social Services</u>
<u>DEVELOPS A CRISIS PLAN</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will develop/state a crisis plan for after discharge at least [#] _____ time(s) before discharge.		FAMILY MEETING with <u>[list family]</u> _____ to address aftercare plans and management of Patient's symptoms after discharge including <u>[list]</u> :	<u>Social Services</u>
		HOME SAFETY: Use available resources to evaluate Patient's home environment for safety issues including <u>[select]</u> : <input type="checkbox"/> Medication safety <input type="checkbox"/> Access to Firearms/weapons <input type="checkbox"/> Other <u>[list]</u> :	
		DISCHARGE PLANNING <input type="checkbox"/> GROUP [#] _____ time(s) before discharge / <input type="checkbox"/> 1:1 [#] _____ time(s) before discharge to help Patient identify [#] _____ ways to manage a crisis episode after discharge including <u>[list]</u> :	

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: MANIA (page 1 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<u>MOOD MORE STABLE</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will report mood is more stable <u>AEB</u> :		DAILY EVALUATION of signs and symptoms of mania and adjustment of psychotropic medications to stabilize mood.	<u>Attending Physician</u>
		DAILY EVALUATION of current diagnosis and treatment and 1:1 EDUCATION (as needed) on bipolar diagnosis, symptoms, and treatment for Patient's manic symptoms and importance of medication compliance.	
		Order and review laboratory tests to identify medical factors related to mania which might require modification of psychotropic medication treatment.	
		Supportive psychotherapy.	
		CALM APPROACH: Be calm and approach in a non-threatening manner. Give plenty of space. Decrease stimuli as needed.	<u>RN →Nursing Staff</u>
		REDIRECT PATIENT when Patient is having inappropriate and/or impulsive behaviors to <u>[list alternative behaviors]</u> :	
		PROVIDE DIVERSIONAL ACTIVITIES appropriate to a short attention span including <u>[list]</u> :	
		COPING SKILLS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to assist Patient to identify new ways to cope such as <u>[list]</u> :	
		SOCIAL SKILLS GROUP [#] _____ time(s) per week to help Patient <u>[list]</u> :	
		ANGER MANAGEMENT: 1:1 EDUCATION at least [#] _____ time(s) before discharge on anger management techniques including <u>[list]</u> :	
<u>IMPROVED HYGIENE</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will have improved hygiene <u>AEB</u> :		Assess patient's appearance daily. 1:1 education to encourage patient to perform ADL's daily. Prompt and/or assist Patient with hygiene and laundry as needed. Set limits on inappropriate clothing as needed. Provide appropriate positive feedback.	<u>RN →Nursing Staff</u>
		SELF-ESTEEM GROUP [#] _____ time(s) per week to learn at least [#] _____ ways to improve self-esteem issues including <u>[list]</u> :	

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: MANIA (page 2 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
ADEQUATE SLEEP TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will be observed by staff to sleep [#] _____ hours per night and Patient will report improved sleep for at least [#] _____ consecutive days AEB: _____		DAILY EVALUATION of sleep disturbance and adjust medication to improve sleep.	<u>Attending Physician</u>
		1:1 EDUCATION on sleep hygiene.	
		SLEEP HYGIENE: 1:1 EDUCATION at least [#] _____ time(s) before discharge on sleep hygiene techniques including <u>[list]</u> :	<u>RN →Nursing Staff</u>
		RELAXATION <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to educate Patient on ways to relax and improve sleep including <u>[list]</u> :	
TAKES MEDS AS PRESCRIBED TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will take prescribed meds and demonstrate understanding of need for compliance for at least [#] _____ consecutive days.		1:1 EDUCATION on purpose, dose, side effects, risks and benefits of medications used to treat mania and importance of medication compliance.	<u>RN →Nursing Staff</u>
		MEDICATION EDUCATION GROUP [#] _____ time(s) per week to learn proper ways to take mood-stabilizing medication(s) and importance of medication compliance.	
UNDERSTANDS DIAGNOSIS/TREATMENT TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state an understanding of Bipolar Disorder diagnosis and treatment at least [#] _____ time(s) before discharge AEB: _____		1:1 EDUCATION on bipolar disorder, symptoms and treatment for Patient's manic symptoms.	<u>Attending Physician</u>
		TRIGGERS FOR MANIA: 1:1 EDUCATION at least [#] _____ times before discharge to help Patient identify triggers for and symptoms of mania.	<u>RN →Nursing Staff</u>
NAMES SOURCES OF SUPPORT AND AFTERCARE TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state need for support system after discharge and will name at least [#] _____ sources of support at least [#] _____ time(s) before discharge.		FAMILY MEETING with <u>[list family]</u> _____ to address aftercare plans and management of Patient's symptoms after discharge including <u>[list]</u> :	<u>Social Services</u>
		DISCHARGE PLANNING <input type="checkbox"/> GROUP [#] _____ time(s) before discharge / <input type="checkbox"/> 1:1 [#] _____ time(s) before discharge to help Patient identify [#] _____ sources of support. Referral for <u>[list]</u> :	

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN
MEDICAL

Date Initiated: _____

<input type="checkbox"/> PROBLEM: INFECTION aeb: _____		
✓	GOALS	TARGET DATE
	Short Term Goal: Vital signs will be within normal limits.	
	Short Term Goal: Patient will report how to manage treatment of _____	
	Long Term Goal: Lab values will be within normal limits	
	Long Term Goal: Signs and symptoms of infection will be resolved by discharge.	
	Long Term Goal: Patient will be able to state signs of worsening infection AEB: _____	
✓	INTERVENTIONS	Staff Responsible
	Monitor vital signs as ordered and prn.	RN →Nursing Staff
	1:1 EDUCATION to teach Patient to recognize signs of increasing or recurring infection and to report these to staff.	
	INITIATE WOUND TREATMENT PLAN FOR ALL WOUNDS	

<input type="checkbox"/> PROBLEM: DIABETES aeb: BLOOD SUGAR: _____		
✓	GOALS	TARGET DATE
	Short Term Goal: Blood sugars will be maintained at: _____	
	Short Term Goal: Patient will state an understanding of need to follow prescribed diet [pt's diet] _____ for diabetes at least _____ times before discharge.	
	Short Term Goal: Patient will report any s/s or hypo- or hyperglycemia and will be able to state these s/s on at least _____ occasions prior to discharge.	
	Long Term Goal: Patient will be able to demonstrate proper way to test blood glucose at least _____ times before discharge.	
	Long Term Goal: Patient will be able to demonstrate proper insulin administration at least _____ times before discharge.	
✓	INTERVENTIONS	Staff Responsible
	REFER PATIENT TO NUTRITIONIST to assess Patient's nutritional needs, food likes/dislikes and educate Patient on proper diet.	Physician/NP
	PRESCRIBE _____ to manage blood sugar and keep in safe range.	
	1:1 EDUCATION to teach Patient to do own blood glucose testing.	RN →Nursing Staff
	1:1 EDUCATION to teach Patient how to administer own insulin.	
	1:1 EDUCATION to teach Patient on s/s of hypo- and hyperglycemia and to report these to staff.	
	NUTRITION GROUP _____ times(s) before discharge to learn the importance of eating a balanced diet and limiting high sodium foods.	

<input type="checkbox"/> PROBLEM: HYPERTENSION aeb: BP on admit: _____		
✓	GOALS	TARGET DATE
	Short Term Goal: Vital signs will progress toward normal range.	
	Short Term Goal: Patient will report any s/s of elevated BP _____	
	Long Term Goal: Vital signs will be within normal range.	
	Long Term Goal: Patient will be able to accept the need for taking prescribed BP medication.	
✓	INTERVENTIONS	Staff Responsible
	PRESCRIBE _____ to manage HTN and keep in safe range.	Physician/NP
	Monitor vital signs as ordered and prn.	RN →Nursing Staff
	MEDICATION EDUCATION GROUP: Patient to attend _____ time(s) prior to discharge to learn about the proper way to take medications and the importance of compliance with BP meds.	
	NUTRITION GROUP: _____ times(s) before discharge to learn the importance of eating a balanced diet and limiting high sodium foods.	

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN
MEDICAL

Date Initiated: _____

<input type="checkbox"/> PROBLEM: HYPOTENSION aeb: BP on admit: _____		
<input checked="" type="checkbox"/>	GOALS	TARGET DATE
	Short Term Goal: Vital signs will progress toward normal range.	
	Short Term Goal: Patient will report any s/s of low BP _____	
	Long Term Goal: Vital signs will be within normal range.	
<input checked="" type="checkbox"/>	INTERVENTIONS	Staff Responsible
	Monitor vital signs as ordered and prn.	RN →Nursing Staff
	1:1 EDUCATION to teach Patient to get up slowly from a sitting or lying position.	
	1:1 EDUCATION to teach Patient the importance of adequate fluid intake. Encourage Patient to drink _____ ml of fluids daily.	
	Place Patient on Fall Risk Protocol.	
<input type="checkbox"/> PROBLEM: EATING PROBLEMS aeb: <input type="checkbox"/> Poor fluid intake <input type="checkbox"/> Poor food intake <input type="checkbox"/> Excess fluid intake <input type="checkbox"/> Paranoia <input type="checkbox"/> Other: _____		
<input checked="" type="checkbox"/>	GOALS	TARGET DATE
	Short Term Goal: ADEQUATE NUTRITION: Patient will reports improved appetite and is observed by staff to eat _____ % of each meal daily by _____ days of admission.	
	Short Term Goal: ADEQUATE FLUIDS: Patient will consume proper fluid intake to maintain bodily functions. Target = _____ ml of fluids daily by _____ days of admission.	
	Long Term Goal: MAINTAINS / INCREASES WEIGHT: Patient will maintain or increase body weight during hospital stay.	
<input checked="" type="checkbox"/>	INTERVENTIONS	Staff Responsible
	NUTRITIONAL SERVICES REFERRAL to assess Patient's nutritional needs, food likes/dislikes and educate Patient on proper diet.	Physician/NP
	MONITOR P.O. INTAKE as ordered (and record) including: <input type="checkbox"/> Meal % <input type="checkbox"/> Intake <input type="checkbox"/> Output. Encourage adequate P.O. food and fluid intake.	RN →Nursing Staff
	MONITOR WEIGHT: As ordered: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____	
	NUTRITION <input type="checkbox"/> GROUP / <input type="checkbox"/> 1:1 EDUCATION _____ time(s) before discharge to learn healthy ways to meet nutritional needs including <input type="checkbox"/> Eating a balanced diet <input type="checkbox"/> Avoiding empty calories <input type="checkbox"/> Proper fluid intake <input type="checkbox"/> Weight management <input type="checkbox"/> Medication and food interaction <input type="checkbox"/> Other: _____.	
<input type="checkbox"/> PROBLEM: ELECTROLYTE IMBALANCE aeb: [describe electrolyte imbalance] _____		
<input checked="" type="checkbox"/>	GOALS	TARGET DATE
	Short Term Goal: Electrolytes will progress towards normal range.	
	Long Term Goal: Electrolytes will be in normal range.	
	Long Term Goal: Patient will not have any complications related to electrolyte imbalance.	
<input checked="" type="checkbox"/>	INTERVENTIONS	Staff Responsible
	Monitor electrolytes as ordered.	RN →Nursing Staff
	If Patient has low sodium (Na) value, limit fluids to _____ ml daily per Physician Orders.	
	Educate Patient on s/s specific to Patient's electrolyte imbalance and instruct Patient to notify staff of these including: _____.	
<input type="checkbox"/> PROBLEM: FALL RISK aeb:		
<input checked="" type="checkbox"/>	GOALS	TARGET DATE
	Short Term Goal: Patient will use assistive device without injury: <input type="checkbox"/> Walker <input type="checkbox"/> W/C <input type="checkbox"/> Other: _____.	
	Long Term Goal: Patient will request assistance from staff PRN for difficulty ambulating or transferring.	
	Long Term Goal: Patient will remain free from falls during hospitalization.	
<input checked="" type="checkbox"/>	INTERVENTIONS	Staff Responsible
	Assign Patient to a room near the nursing station.	RN →Nursing Staff
	Place call bell at bedside. Post sign to remind Patient to "Call Nurse for Assistance" near bed and post Fall Risk sign at Patient's door.	
	1:1 EDUCATION on the importance of calling staff when needing assistance to ambulate or transfer. Assist with ambulation and transfer as needed. Monitor / document changes in Patient's gait.	
	1:1 EDUCATION on safety measures including wearing non-skid shoes, keeping floor uncluttered, and having proper lighting at night.	

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN
MEDICAL

Date Initiated: _____

<input type="checkbox"/> PROBLEM: ASTHMA / COPD aeb:		
✓	GOALS	TARGET DATE
	Short Term Goal: Patient will report any occurrence of wheezing or SOB.	
	Short Term Goal: Patient will demonstrate proper technique when using inhaler(s).	
	Long Term Goal: Patient will state at least _____ triggers to wheezing or SOB at least _____ time(s) before discharge.	
✓	INTERVENTIONS	Staff Responsible
	1:1 EDUCATION to teach Patient to let nursing staff know if they are experiencing wheezing or shortness of breath.	<u>RN →Nursing Staff</u>
	1:1 EDUCATION as needed on proper use of inhalers.	
	1:1 EDUCATION on triggers that can precipitate an episode of wheezing or SOB.	
<input type="checkbox"/> PROBLEM: SLEEP APNEA aeb:		
✓	GOALS	TARGET DATE
	Short Term Goal: Patient will use own CPAP machine when sleeping and will demonstrate proper use of CPAP equipment.	
	Long Term Goal: Patient will be free of complications related to sleep apnea during hospital stay.	
✓	INTERVENTIONS	Staff Responsible
	Assign Patient to a hospital bed or provide "wedge" to elevate HOB.	<u>RN →Nursing Staff</u>
	1:1 EDUCATION as needed on importance of CPAP compliance and proper use of CPAP equipment.	
<input type="checkbox"/> PROBLEM: SEIZURE DISORDER aeb:		
✓	GOALS	TARGET DATE
	Short Term Goal: Patient will verbalize an understanding of the warning signs of an impending seizure on at least [#]_____ occasions prior to discharge.	
	Short Term Goal: Lab values for anticonvulsant medication(s) will be within therapeutic range.	
	Long Term Goal: Patient will verbalize an understanding of the purpose, dose, side effects and ways to take prescribed anticonvulsant medications.	
	Long Term Goal: Patient will be free of seizures during hospital stay.	
✓	INTERVENTIONS	Staff Responsible
	Order lab work and monitor anticonvulsant levels and make adjustments to anticonvulsant medication(s) as needed.	<u>Physician/NP</u>
	PRESCRIBE _____ to manage seizure disorder / prevent seizures.	
	1:1 EDUCATION ON WARNING SIGNS OF IMPENDING SEIZURE including changes in smell, certain tastes, various sounds, blurry vision and tingling feelings; feelings of fear or panic or a feeling of calm and pleasantness; other early symptoms include dizziness, light-headedness, nausea, numbness and headache.	<u>RN →Nursing Staff</u>
	1:1 MEDICATION EDUCATION on purpose, dose, side effects, and proper ways to take prescribed anticonvulsant medication(s).	
	Monitor anticonvulsant lab values as ordered. Notify MD/NP of levels.	

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: PSYCHOSIS (page 1 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<u>DECREASED DISORGANIZATION / BIZARRE BEHAVIORS</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will have decreased disorganization and decreased bizarre or inappropriate behaviors for [#] _____ consecutive days <u>AEB:</u>		REDIRECT BIZARRE / INAPPROPRIATE BEHAVIORS by encouraging Patient to [list]:	<u>RN →Nursing Staff</u>
		HELP PATIENT FOCUS by redirecting conversation as needed to help Patient stay on topic. Focus on the here and now. Decrease stimuli as needed.	
		EXPRESSIVE ARTS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ times(s) per week to engage Patient in structured activities to help Patient experience self-organization.	<u>Expressive Arts</u>
<u>INCREASED SOCIAL CONTACT</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will increase social contact at least [#] _____ time(s) daily <u>AEB:</u>		ENCOURAGE SOCIAL INTERACTION: 1:1 EDUCATION (ongoing) to encourage Patient to engage in activities that promote social contact and communication a minimum of [#] _____ time(s) a day.	<u>RN →Nursing Staff</u>
		SOCIAL SKILLS GROUP [#] _____ time(s) per week to help Patient [list]:	
		EXPRESSIVE ARTS <input type="checkbox"/> Group [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ times(s) per week to assist Patient to learn how to increase social interactions and encourage Patient to express feelings around others.	<u>Expressive Arts</u>
<u>ADEQUATE SLEEP</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will be observed by staff to sleep [#] _____ hours per night and Patient will report improved sleep for at least [#] _____ consecutive days <u>AEB:</u>		DAILY EVALUATION of sleep disturbance and adjust medication to improve sleep.	<u>Attending Physician</u>
		1:1 EDUCATION on sleep hygiene.	
		EVALUATION OF SLEEP DIFFICULTIES to assess factors contributing to Patient's sleep problems including paranoia and hallucinations, room assignment, roommate issues, etc. Educate Patient about Night Rounds by staff for safety.	<u>RN →Nursing Staff</u>
		RELAXATION <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to educate Patient on ways to relax and improve sleep including [list]:	
<u>IMPROVED HYGIENE</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will have improved hygiene <u>AEB:</u>		Assess patient's appearance daily. 1:1 education to encourage patient to perform ADL's daily. Prompt and/or assist Patient with hygiene and laundry as needed. Set limits on inappropriate clothing as needed. Provide appropriate positive feedback.	<u>RN →Nursing Staff</u>
		SELF-ESTEEM GROUP [#] _____ time(s) per week to learn at least [#] _____ ways to improve self-esteem by [list]:	

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: PSYCHOSIS (page 2 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<p><u>DECREASED HALLUCINATIONS AND/OR DELUSIONS</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will report decreased hallucinations and/or verbalize decreased delusional thought content for at least [#] _____ consecutive days(s) before discharge AEB:</p> <p>..</p>		<p>DAILY EVALUATION of signs and symptoms of psychosis and adjustment of psychotropic medications to decrease psychotic symptoms.</p>	<p><u>Attending Physician</u></p>
		<p>Order and review laboratory tests to identify medical factors related to psychosis which might require modification of psychotropic medication treatment.</p>	
		<p>Supportive psychotherapy.</p>	
		<p>REALITY TESTING: 1:1 EDUCATION on reality testing with a trusted source to help Patient determine if sensory input (hearing, seeing, touch, taste and smell) and/or disturbing thoughts are reality based at least [#] _____ time(s) before discharge and as needed. Encourage Patient to verbalize feelings associated with the disturbing thoughts.</p>	<p><u>RN →Nursing Staff</u></p>
		<p>PROVIDE DIVERSIONAL ACTIVITIES: Provide diversional activities appropriate to a short attention span such as <u>[list]</u>:</p>	
		<p>COPING SKILLS <input type="checkbox"/>GROUP [#] _____ time(s) per week / <input type="checkbox"/>1:1 EDUCATION [#] _____ times(s) per week to help Patient identify new ways to manage psychotic symptoms including <u>[list ways]</u>:</p>	
		<p>EXPRESSIVE ARTS <input type="checkbox"/>GROUP [#] _____ time(s) per week / <input type="checkbox"/>1:1 [#] _____ times(s) per week to help Patient to identify activities that can function as a distraction for psychotic symptoms.</p>	<p><u>Expressive Arts</u></p>
<p><u>TAKES MEDICATIONS AS PRESCRIBED</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will take prescribed medications for at least [#] _____ consecutive days and state understanding of need for compliance at least [#] _____ time(s) before discharge.</p>		<p>1:1 MEDICATION EDUCATION: Educate patient on purpose, dose, side effects, risks and benefits of medications used to treat psychotic symptoms.</p>	<p><u>Attending Physician</u></p>
		<p>MEDICATION EDUCATION <input type="checkbox"/>GROUP [#] _____ time(s) per week / <input type="checkbox"/>1:1 EDUCATION [#] _____ time(s) per week (ongoing) to learn proper ways to take antipsychotic medications, purpose, dose, side effects and importance of medication compliance.</p>	<p><u>RN →Nursing Staff</u></p>
<p><u>NAMES SOURCES OF SUPPORT AND AFTERCARE</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state need for support system after discharge and will name at least [#] _____ sources of support at least [#] _____ time(s) before discharge.</p>		<p>FAMILY MEETING with <u>[list family]</u> _____ to address aftercare plans and management of Patient's symptoms after discharge including <u>[list]</u>:</p>	<p><u>Social Services</u></p>
		<p>DISCHARGE PLANNING <input type="checkbox"/>GROUP [#] _____ time(s) before discharge / <input type="checkbox"/>1:1 [#] _____ time(s) before discharge to assist Patient to name at least [#] _____ sources of support by date of discharge. Referral for <u>[list]</u>:</p>	
		<p>HOME SAFETY: Use available resources to evaluate Patient's home environment for safety issues including <u>[list]</u>:</p>	

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: SUICIDAL (page 1 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<p><u>FREE FROM INJURY</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will be injury-free by not harming self while hospitalized.</p>		<p>DAILY EVALUATION of current diagnosis and treatment for managing suicidal thoughts and impulses.</p>	<p><u>Attending Physician</u></p>
		<p>DAILY EVALUATION of Level of Observation regarding patient's safety and suicidality and the safety of others.</p>	
		<p>MONITOR ON INCREASED LEVEL OF OBSERVATION: <input type="checkbox"/> 1:1 <input type="checkbox"/> LOS <input type="checkbox"/> Q 15 min. <input type="checkbox"/> Other: _____ Assess suicidal thoughts, plan and intent every shift. Notify Physician of increase in suicide risk.</p>	<p><u>RN → Nursing Staff</u></p>
		<p>NO SHEETS PROTOCOL if Patient has history of attempted hanging or thoughts to hang self.</p>	
		<p>DECREASE ISOLATION by redirecting Patient to dayroom or groups while awake, do not allow Patient to isolate to room to decrease risk of harming or killing self while isolating.</p>	
		<p>NEAR NURSING STATION: When possible, assign Patient to a room close to the Nursing Station.</p>	
		<p>1:1 to assess Patient for suicidal thoughts. Ask about frequency, intensity, plan and intention of acting on thoughts when assessing and document.</p>	
		<p>1:1 to explore causes related to unsafe behavior. Develop safety plan. Have staff alert Charge Nurse of unsafe behaviors immediately.</p>	
<p><u>DECREASED SUICIDAL THOUGHTS</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will report decrease in suicidal thoughts <u>AEB:</u></p>		<p>DAILY EVALUATION of suicidal thoughts and impulses and adjustment of medications to assist in decreasing suicidal thoughts and improving mood.</p>	<p><u>Attending Physician</u></p>
		<p>1:1 MEDICATION EDUCATION on purpose, dose, side effects, risks and benefits of medications used to help patient manage suicidal thoughts/impulses and improve mood.</p>	
		<p>1:1 EDUCATION [#] _____ time(s) before discharge to help Patient identify reasons for living and what would help Patient be more hopeful for the future.</p>	<p><u>RN → Nursing Staff</u></p>
		<p>PROCESS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ time(s) per week to discuss issues which lead patient to feel suicidal and explore alternatives to harming or killing self.</p>	<p><u>Social Services</u></p>
		<p>EXPRESSIVE ARTS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ times(s) per week to assist Patient to learn to express thoughts and feelings as an alternative to harming or killing self and to experience a sense of hope.</p>	<p><u>Expressive Arts</u></p>
		<p>REFERRAL TO CHAPLAIN to assess and to educate Patient on ways to manage spiritual distress related to suicidal thoughts and feelings or upon Patient request.</p>	

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: SUICIDAL (page 2 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<p>USES HEALTHIER COPING SKILLS TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state and/or demonstrate [#] _____ new healthy coping skill(s) at least [#] _____ time(s) before discharge.</p>		<p>COPING SKILLS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to assist Patient to identify new ways to cope instead of acting on suicidal thoughts including <u>[list]</u>:</p>	<p><u>RN →Nursing Staff</u></p>
		<p>STRESS MANAGEMENT <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 EDUCATION [#] _____ times(s) per week to educate Patient on ways to manage stressors which contribute to suicidal thoughts including <u>[list]</u>:</p>	
		<p>PROCESS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ time(s) per week to encourage patient to verbalize feelings and issues leading to suicidal thoughts including <u>[list]</u>:</p>	<p><u>Social Services</u></p>
		<p>EXPRESSIVE ARTS <input type="checkbox"/> GROUP [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ times(s) per week to assist Patient to learn ways to manage stressors without acting on suicidal thoughts and identify activities that can function as coping skills.</p>	<p><u>Expressive Arts</u></p>
<p>IDENTIFIES TRIGGERS OF SUICIDAL THOUGHTS TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will identify at least [#] _____ triggers and/or stressors which lead to suicidal thoughts on at least [#] _____ occasions before discharge.</p>		<p>1:1 EDUCATION at least [#] _____ times(s) before discharge to help Patient recognize triggers, stressors and feelings leading to suicidal thoughts or self-harm. Have Patient verbally list these stressors and encourage Patient to talk about feelings.</p>	<p><u>RN →Nursing Staff</u></p>
<p>NAMES SOURCES OF SUPPORT AND AFTERCARE TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will state need for support system after discharge and will name at least [#] _____ sources of support at least [#] _____ time(s) before discharge.</p>		<p>DISCHARGE PLANNING <input type="checkbox"/> Group [#] _____ time(s) before discharge / <input type="checkbox"/> 1:1 [#] _____ time(s) before discharge to assist Patient to name at least [#] _____ sources of support by date of discharge. Referral for <u>[list]</u>:</p>	<p><u>Social Services</u></p>
<p>DEVELOPS A CRISIS PLAN TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient will develop/state a crisis plan for after discharge at least [#] _____ time(s) before discharge.</p>		<p>DISCHARGE PLANNING <input type="checkbox"/> GROUP [#] _____ / <input type="checkbox"/> 1:1 [#] _____ time(s) prior to discharge to assist Patient to identify [#] _____ to manage a crisis episode after discharge including <u>[list]</u>:</p>	<p><u>Social Services</u></p>
		<p>HOME SAFETY: Use available resources to evaluate Patient's home environment for safety issues such as [select]: <input type="checkbox"/> Medication safety <input type="checkbox"/> Access to Firearms/weapons <input type="checkbox"/> Other <u>[list]</u>:</p>	

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: VULNERABLE PATIENT (page 1 of 1)

Vulnerable Treatment Plan Initiated Due to the Following Issues that Place Patient at Risk While Hospitalized:

<input type="checkbox"/> Frail physical state	<input type="checkbox"/> Impaired judgment / safety risk /self-endangering behavior:
<input type="checkbox"/> Sensory Impairment: <input type="checkbox"/> Blind <input type="checkbox"/> Deaf	_____
<input type="checkbox"/> Non-English speaking	<input type="checkbox"/> Past trauma history
<input type="checkbox"/> Developmentally delayed	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Confused / psychotic	

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<u>FEELS SAFE & IS FREE FROM INJURY</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will state that he/she feels safe in the hospital on at least [#] _____ occasion(s) and is free from injury during hospital stay <u>AEB</u> :		DAILY EVALUATION for medication side effects that may increase Patient's vulnerability due to sedation, confusion, impairment of vision, disorientation, etc. Daily evaluation for interventions needed to protect Patient. Supportive psychotherapy. Determine when Patient is able to care for self adequately enough to be discharged to the community.	<u>Attending Physician</u>
		MONITOR ON INCREASED LEVEL OF OBSERVATION: <input type="checkbox"/> 1:1 <input type="checkbox"/> LOS <input type="checkbox"/> Q 15 min. <input type="checkbox"/> Other: _____ Assess safety risk every shift. Notify Physician of increased safety risk.	<u>RN →Nursing Staff</u>
		NEAR NURSING STATION: When possible, assign Patient to a room close to the Nursing Station.	
		REDIRECT UNSAFE BEHAVIOR: When behavior is unsafe, redirect Patient to <u>[list alternative behaviors]</u> :	
		PROVIDE ASSISTANCE to Patient for <u>[list]</u> :	
<u>INCREASED SOCIAL CONTACT</u> TARGET DATE: _____ <input type="checkbox"/> Short Term Goal: Patient will increase social contact at least [#] _____ time(s) daily <u>AEB</u> :		DECREASE ISOLATION by redirecting patient to dayroom or groups while awake, encourage group attendance.	<u>RN →Nursing Staff</u>
		SOCIAL SKILLS GROUP [#] _____ time(s) per week to help Patient <u>[list]</u> :	
		EXPRESSIVE ARTS <input type="checkbox"/> Group [#] _____ time(s) per week / <input type="checkbox"/> 1:1 [#] _____ times(s) per week to assist Patient to learn how to increase social interactions and encourage Patient to express feelings around others.	<u>Expressive Arts</u>
<u>COMMUNICATION NEEDS MET</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Patient and/or family will state that communication needs for the Patient have been met on at least at least [#] _____ occasion(s) before discharge.		USE INTERPRETER FOR THE FOLLOWING: <ul style="list-style-type: none"> • All informed consents • History & Physicals • Explanation of diagnosis and treatment • Family conferences • Discharge instructions • Patient complaints • Patient requests requiring medical intervention • Medication instructions and possible side effects • Legal issues (advance directives, guardianship, etc.) • Documents restricting Patient's rights or benefits (e.g. Medicare denial letters) 	<u>RN →Nursing Staff</u>
		TDD USE: Make TDD available to deaf Patients for communication outside of hospital.	
<u>SAFETY NEEDS MET</u> TARGET DATE: _____ <input type="checkbox"/> Long Term Goal: Safety needs will be met during hospitalization and patient and/or family will state awareness of Patients after-discharge safety needs at least [#] _____ time(s) before discharge.		SAFETY NEEDS: 1:1 EDUCATION with Patient and Family about safety needs including <u>[list]</u> :	<u>RN →Nursing Staff</u>
		FAMILY MEETING with <u>[list family]</u> _____ to discuss Patient's after-discharge safety needs including <u>[list]</u> :	<u>Social Services</u>

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: WOUND (page 1 of 2)

TYPE OF WOUND: LACERATION: With sutures in place Without sutures in place With steri strips in place
 Abrasion
 Bite
 Cyst
 Other: _____

WOUND LOCATION: _____

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<p><u>WOUND WILL SHOW SIGNS OF HEALING WITHOUT SIGNS OF INFECTION</u> TARGET DATE: _____ <input type="checkbox"/> Goal: Wound will show signs of healing without infection or other complications and staff will respond appropriately to any changes in condition.</p>		<p>DOCUMENT ASSESSMENT OF:</p> <ul style="list-style-type: none"> • Location of wound • Size: <ul style="list-style-type: none"> • <u>Length</u> (at wound's longest point) • <u>Width</u> (side to side at wound's widest point) • <u>Depth</u> (insert cotton-tipped swab into deepest point of wound, pinch swab at level of intact skin and measure) • Color, temperature, edema, odor, moisture and color and appearance of skin around the wound • Exudates and drainage type and amount • Tenderness to touch, tension (induration), tautness 	<p>RN → Nursing Staff</p>
		<p>OBSERVE FOR SIGNS AND SYMPTOMS OF INFECTION:</p> <ul style="list-style-type: none"> • Redness or induration greater than 2cm around wound • Swelling • Increased levels of exudates or purulent discharge • Malodor • Abscesses • heat or redness • New areas of breakdown • Fragile with bleeding • Hypergranulation • Pyrexia and tachycardia • Increased pain around the site or delayed wound healing <p>Notify NP/Medical Consultant of any signs or symptoms of infection. Swab wound and obtain order to send to laboratory for culture.</p>	
		<p>PHOTOGRAPH WOUND: Take three images and place in medical record:</p> <ol style="list-style-type: none"> 1. Close up using zoom to document detail 2. Midway shot to capture at least 4-6" of border around the wound 3. Distant shot showing entire extremity <p>Avoid patient's identifying characteristics in photo (face, tattoo) but include Patient ID, date, and location.</p>	
		<p>Ensure that pressure is eliminated to affected area.</p>	
		<p>Cleanse wound with normal saline or wound cleanser, gently pat dry. Do NOT use hydrogen peroxide or Betadine (povidone iodine) on wound.</p>	
		<p>Change dressing as ordered every _____ day(s).</p>	

John Muir Behavioral Health Center
INTERDISCIPLINARY TREATMENT PLAN

Date Initiated: _____

PROBLEM: WOUND (page 2 of 2)

GOAL	✓	INTERVENTIONS	STAFF RESPONSIBLE
<p><u>WOUND PAIN MINIMIZED</u> TARGET DATE: _____ <input type="checkbox"/> Goal: Patient's wound pain level will be kept at [#] _____ out of 10 on pain scale.</p>		<p>1:1 EVALUATION of pain level and current treatment regimen upon admission and as needed.</p> <p>Assess pain level daily and as needed.</p> <p>Medicate as ordered as needed for Patient's complaint of pain. Follow-up for effect of pain medication in reducing Patient's pain.</p> <p>1:1 EDUCATION to teach Patient not to wait until pain is unmanageable before asking for pain medications.</p>	<p>Physician / NP</p> <p>RN →Nursing Staff</p>
<p><u>NUTRITIONAL NEEDS FOR WOUND HEALING WILL BE MET</u> TARGET DATE: _____ <input type="checkbox"/> Goal: Patient will consume adequate food/fluids to meet nutritional needs for wound healing.</p>		<p>REFER PATIENT TO NUTRITIONIST to assess Patient's nutritional needs, food likes/dislikes and educate Patient on proper diet.</p> <p>MONITOR P.O. INTAKE as ordered (and record) including: <input type="checkbox"/> Meal % <input type="checkbox"/> Intake <input type="checkbox"/> Output. Encourage adequate P.O. food and fluid intake.</p> <p>NUTRITION <input type="checkbox"/> GROUP / <input type="checkbox"/> 1:1 EDUCATION _____ time(s) before discharge to learn healthy ways to meet nutritional needs including <input type="checkbox"/> Eating a balanced diet <input type="checkbox"/> Avoiding empty calories <input type="checkbox"/> Proper fluid intake <input type="checkbox"/> Weight management <input type="checkbox"/> Medication and food interaction <input type="checkbox"/> Other: _____.</p>	<p>Physician/NP</p> <p>RN →Nursing Staff</p>
<p><u>UNDERSTANDS ISSUES/SYMPTOMS TO REPORT TO STAFF</u> TARGET DATE: _____ <input type="checkbox"/> Goal: Patient will state an understanding of issues to report to Physician or Nursing Staff on at least [#] _____ occasion(s) before discharge.</p>		<p>1:1 EDUCATION ON ISSUES TO REPORT TO STAFF:</p> <p>Contact your Physician or Nursing Staff right away if you have:</p> <ul style="list-style-type: none"> • Breakthrough bleeding or drainage from dressing or if dressing has become wet or soiled • Increased pain at wound or around wound area • Redness of surrounding skin • Any change in wound drainage (especially if yellow or green) or new or increased bleeding • Foul odor from wound • Swelling • Fever or chills 	<p>RN →Nursing Staff</p>

PROBLEMS AND SYMPTOMS SUMMARY

PROBLEM: SUICIDAL aeb:

- Recent suicide attempt by: _____
- _____
- Suicidal thoughts Plan: _____
- _____
- Intent/preparations made: _____
- Hx previous SA: _____
- _____
- Other: _____

PROBLEM: IMPULSIVE / OUT-OF-CONTROL BEHAVIOR aeb:

- Aggressive / Assaultive / Combative behavior: _____
- Self-injurious behavior: Cutting Hitting self
- Other SIB: _____
- Inappropriate social contacts with others: _____
- Self-endangering behavior (consider Vulnerable Pt tx plan)
- Sexually inappropriate behavior (consider Vulnerable Pt tx plan)
- Difficulty concentrating, sitting still or paying attention
- Other: _____

PROBLEM: DEPRESSION aeb:

- Suicidal thoughts / attempt (initiate Suicidal tx plan)
- Depressed mood Melancholia
- Crying Anhedonia
- Hopelessness Fatigue
- Anger Irritability
- Withdrawn / isolating Poor concentration
- Decreased motivation Decreased sex drive
- Appetite disturbance: _____
- Sleep disturbance: Trouble falling asleep Frequent waking
- Early morning waking Other: _____
- Cognitive changes _____
- Medication non-compliance
- Other: _____

PROBLEM: ANXIETY aeb:

- Apprehension Restlessness
- Fatigue Irritability
- Muscle tension Excessive worry
- Social withdrawal / isolation Medication non-compliance
- Somatic complaints: _____
- Cognition changes: _____
- Panic attacks: _____
- PTSD S/S: _____
- Obsessive-compulsive behaviors : _____
- _____
- Suicidal thoughts / attempt (initiate Suicidal tx plan)
- Appetite disturbance: _____
- Sleep disturbance: Trouble falling asleep Frequent waking
- Early morning waking Other: _____
- Other: _____

PROBLEM: PSYCHOSIS aeb:

- Hallucinations: _____
- _____
- Command AH: _____
- Delusions: _____
- _____
- Disorganization: _____
- Bizarre behavior: _____
- _____
- Withdrawn / Isolating: _____
- Appetite disturbance: _____
- Sleep disturbance: Trouble falling asleep Frequent waking
- Early morning waking Other: _____
- Medication non-compliance
- Other: _____

PROBLEM: MANIA aeb:

- Inflated grandiosity / self esteem
- Disorganized or increased goal-directed activity
- Decreased need for sleep
- Distractibility
- Flight of ideas / racing thoughts / pressured speech
- Suicidal thoughts / attempt (initiate Suicidal tx plan)
- Medication non-compliance
- Other: _____

PROBLEM: ADDICTION aeb:
Patient Addicted to [list]:

- Unstable v/s _____
- Nausea Vomiting
- Tremors Diaphoresis
- Abdominal cramping Muscle aches
- Hx DTs Hx W/D related seizures
- Hx Blackouts
- Hallucinations: Auditory Visual Tactile
- Other W/D s/s: _____
- Other: _____

PROBLEM: VULNERABLE PATIENT aeb:

- Frail physical state
- Sensory Impairment: Blind Deaf
- Non-English speaking
- Developmentally delayed
- Confused / psychotic
- Impaired judgment / safety risk /self-endangering behavior: _____
- _____
- Past trauma history
- Other: _____
- _____

Nurse Initiating Treatment Plan Signature:

Date:

Time:

ADMITTING DSM-IV DIAGNOSES	
Axis I	
Axis II	
Axis III	

Change in Diagnosis <small>(by Attending Physician)</small>	
-----------------------------------------------------------------------	--

LEVEL OF OBSERVATION ON ADMISSION
<input type="checkbox"/> 1:1 <input type="checkbox"/> LOS <input type="checkbox"/> Q15 min. checks <input type="checkbox"/> 15/30 min. checks <input type="checkbox"/> Other: _____

PRIORITY PROBLEMS / INITIAL FOCUS OF TREATMENT			
(Select up to 3 from: Addiction, Anxiety, Depression, Impulsive/Out-of-Control, Mania, Psychosis, Suicidal, Vulnerable Patient)			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 5px;">#1:</td> <td style="width: 33%; border: 1px solid black; padding: 5px;">#2:</td> <td style="width: 33%; border: 1px solid black; padding: 5px;">#3:</td> </tr> </table>	#1:	#2:	#3:
#1:	#2:	#3:	

MEDICAL PROBLEMS		
(List only <u>unstable</u> or <u>new</u> medical problems on the Medical Treatment Plan.)		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Anticoagulant Therapy* <input type="checkbox"/> Asthma / COPD <input type="checkbox"/> Chronic pain <input type="checkbox"/> Diabetes: <input type="checkbox"/> IDDM* <input type="checkbox"/> NIDDM <input type="checkbox"/> Eating problems <input type="checkbox"/> Electrolyte imbalance <input type="checkbox"/> Fall Risk </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypotension <input type="checkbox"/> Seizure D/O <input type="checkbox"/> Sleep apnea* <input type="checkbox"/> Wound / Decubitus* <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ </td> </tr> </table>	<input type="checkbox"/> Anticoagulant Therapy* <input type="checkbox"/> Asthma / COPD <input type="checkbox"/> Chronic pain <input type="checkbox"/> Diabetes: <input type="checkbox"/> IDDM* <input type="checkbox"/> NIDDM <input type="checkbox"/> Eating problems <input type="checkbox"/> Electrolyte imbalance <input type="checkbox"/> Fall Risk	<input type="checkbox"/> Hypertension <input type="checkbox"/> Hypotension <input type="checkbox"/> Seizure D/O <input type="checkbox"/> Sleep apnea* <input type="checkbox"/> Wound / Decubitus* <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> Anticoagulant Therapy* <input type="checkbox"/> Asthma / COPD <input type="checkbox"/> Chronic pain <input type="checkbox"/> Diabetes: <input type="checkbox"/> IDDM* <input type="checkbox"/> NIDDM <input type="checkbox"/> Eating problems <input type="checkbox"/> Electrolyte imbalance <input type="checkbox"/> Fall Risk	<input type="checkbox"/> Hypertension <input type="checkbox"/> Hypotension <input type="checkbox"/> Seizure D/O <input type="checkbox"/> Sleep apnea* <input type="checkbox"/> Wound / Decubitus* <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
*Patients with these conditions must always have a Medical Treatment Plan.		

INTERDISCIPLINARY TREATMENT TEAM SIGNATURES			
DISCIPLINE	SIGNATURE	DATE	TIME
Nurse Initiating Tx Plan:			
Physician:			
Social Services:			
Expressive Arts:			
Other:			
Other:			

Patient's Strengths / Assets	Potential Limitations
<ul style="list-style-type: none"> <input type="checkbox"/> Effective cognitive skills <input type="checkbox"/> Quick learner <input type="checkbox"/> Strong educational background <input type="checkbox"/> A warm personality <input type="checkbox"/> Ability to have empathy and bond with others <input type="checkbox"/> Effective social skills <input type="checkbox"/> Assertiveness skills and ability to set appropriate boundaries <input type="checkbox"/> Strong social and/or outpatient therapy support <input type="checkbox"/> Effective connections & communication with family <input type="checkbox"/> Family that will support recovery <input type="checkbox"/> Effective coping skills <input type="checkbox"/> Resilience in light of difficult life experiences <input type="checkbox"/> Effective impulse control and frustration tolerance <input type="checkbox"/> Ability to emote appropriately <input type="checkbox"/> Motivation for treatment and wants recovery <input type="checkbox"/> Capacity for psychological insight <input type="checkbox"/> Ability to be open and honest <input type="checkbox"/> Readiness to discuss appropriate psychological issues <input type="checkbox"/> Understanding of problems related to symptoms <input type="checkbox"/> Strong spiritual background <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Cognitive deficits, such as impaired short term memory <input type="checkbox"/> Difficulty learning or known developmental disability <input type="checkbox"/> Apparent reading problems <input type="checkbox"/> Social distress and/or extreme shyness <input type="checkbox"/> Anger/resentment over past events which may impair development of trust <input type="checkbox"/> Age difference from most other pts which may impair bonding and comfort <input type="checkbox"/> Limited family and/or social supports <input type="checkbox"/> Possible cultural issues or English as a second language <input type="checkbox"/> Physical impairment such as problems with ambulation, vision or hearing <input type="checkbox"/> Hx of poor behavioral choices, impulsivity and/or ineffective frustration tolerance <input type="checkbox"/> Hx of head injury which may impair cognitive or emotional functioning <input type="checkbox"/> Limited insight <input type="checkbox"/> Defensiveness and denial <input type="checkbox"/> Problems with trust <input type="checkbox"/> Potential malnutrition which may affect cognitive abilities and treatment <input type="checkbox"/> Hx of psychotic processes or mania or hypomania <input type="checkbox"/> Recent substance misuse which may affect emotional/cognitive functioning <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

ANTICIPATED DISCHARGE NEEDS / PLAN

<ul style="list-style-type: none"> <input type="checkbox"/> Assistance obtaining medications after discharge <input type="checkbox"/> Return to previous living arrangement <input type="checkbox"/> Needs alternative living arrangement <input type="checkbox"/> Mental Health follow-up after discharge: <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Therapist <input type="checkbox"/> Support Group for: _____ <input type="checkbox"/> Chemical Dependency Program referral <input type="checkbox"/> 12 step recovery group for: _____ <input type="checkbox"/> PHP / IOP / AIOP 	<ul style="list-style-type: none"> <input type="checkbox"/> Family / couples therapy after D/C <input type="checkbox"/> Community Resource Referrals / Info for: <input type="checkbox"/> Crisis Services <input type="checkbox"/> Housing <input type="checkbox"/> Disability <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other: _____ <input type="checkbox"/> Medical referral for: _____ _____ <input type="checkbox"/> Other: _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Nurse Initiating Treatment Plan Signature:	Date:	Time:
---------------------------------------------------	--------------	--------------

LEARNING NEEDS
Patient / Family Learning Needs:
Readiness / Motivation to Learn: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair/Limited <input type="checkbox"/> Poor
Ability / Barriers to Learning:
Learning Style: <input type="checkbox"/> Visual <input type="checkbox"/> Tactile/Hands-on <input type="checkbox"/> Auditory <input type="checkbox"/> Written <input type="checkbox"/> Experiential

PATIENT INPUT INTO TREATMENT PLAN		
Cultural Issues: <input type="checkbox"/> None Identified		
Spiritual Issues / Needs: <input type="checkbox"/> None Identified		
What do you identify as the primary problems or stressors leading to hospitalization?		
How can the Treatment Team help you while you are here?		
How would you like to involve your family in your treatment?		
Nurse Initiating Treatment Plan Signature:	Date:	Time:
Treatment Plan presented to Patient by:	Date:	Time:

John Muir Behavioral Health Center
 INTERDISCIPLINARY TREATMENT PLAN
 UPDATE

Date of Update	Current Diagnosis:
-----------------------	---------------------------

Current Observation Level: <input type="checkbox"/> 1:1 <input type="checkbox"/> LOS <input type="checkbox"/> Q15 min. <input type="checkbox"/> Q30 min.

Change in Diagnosis:	<input type="checkbox"/> None
-----------------------------	-------------------------------

Goal	Progress Status Code*	Progress Comments & New Interventions / Staff Responsible	Revised Target Date

*Progress Status Codes: **A**=Achieved, **I**=Improved, **U**=Unchanged, **D**=Deteriorating, **R**=Resolved

John Muir Behavioral Health Center
 INTERDISCIPLINARY TREATMENT PLAN
 UPDATE

Discharge Issues / Additional Issues Discussed:		
Date:	Time:	Tx Team Member Signature:

New Problems and/or Goals Since Last Treatment Plan / Update			
Problem(s)	Goal(s)	Team Interventions	Staff Responsible
	Target Date: _____		Name: MD RN SS EA
	Target Date: _____		Name: MD RN SS EA

Discipline	Signature	Date	Time
Psychiatrist:			
RN:			
Social Services:			
Expressive Arts:			
Other:			

