Plan of Care

Signed Sep 8, 2026

Plan of Care by Narcis T, RN at 9/8/2026 4:12 AM

Problem: Risk for Fall-Universal
Goal: Fall Prevention During Hospitalization-Universal
Outcome: Progressing

Intervention: Universal Fall Precautions Interventions-IP
Recent Flowsheet Documentation
Taken 9/7/2026 2000 by Narcis Talic, RN
HD IP Universal Fall Precautions Interventions:
- Call light/belongings in reach
- Bed in low position and locked
- Wheelchairs and chairs locked
- Ensure adequate lighting
- Clutter free and spill free environment
- Educate to the purpose of universal fall precautions
- Educate to call for assistance
- Use of footwear (See row information)

Problem: Chronic Kidney Disease
Goal: Maintain best kidney function
Outcome: Progressing

Goal: Educate about Dialysis
Outcome: Progressing

Goal: Educate about nutrition for renal disease
Outcome: Progressing

Goal: Educate about complications of Renal Disease
Outcome: Progressing

Problem: Cardiac: Heart Failure
Goal: Hemodynamic stability will improve by discharge
Description: Hemodynamic stability will improve by discharge
Outcome: Progressing

Goal: Cardiac arrhythmias will improve or return to baseline by discharge
Description: Cardiac arrhythmias will improve or return to baseline by discharge

Outcome: Progressing

Problem: Risk for Decreased Mobility
Goal: Patient's mobility will be maintained/improved during hospital stay
Outcome: Progressing

Goal: Mobility Care consults utilized appropriately
Outcome: Progressing

Goal: Patient mobilizes safely throughout hospitalization
Outcome: Progressing

Problem: Risk for Fall-Low-IP
Goal: Patient will remain free of falls during hospital stay-IP
Outcome: Progressing

Intervention: Universal Fall Precautions Interventions-IP
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HD IP Universal Fall Precautions Interventions:
- Call light/belongings in reach
- Bed in low position and locked
- Wheelchairs and chairs locked
- Ensure adequate lighting
- Clutter free and spill free environment
- Educate to the purpose of universal fall precautions
- Educate to call for assistance
- Use of footwear (See row information)

Intervention: Mobility Interventions-IP
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HD IP Mobility Interventions:
- Minimize the use of immobilizing devices such as urinary catheters and restraints
- Schedule physical activity with assistance throughout the day and inform patient/ family of activity schedule
- Reduce environmental triggers causing dizziness: Keep room cool, avoid helium filled balloons, and provide comfort measures during transport, dangle prior to standing, set up environment to avoid movements that result in dizziness
- Ensure that ambulating patients have mobile IV pole if applicable
- If patient is MODERATE or HIGH RISK: Utilize a bed/ chair fall alarm
- If patient is MODERATE or HIGH RISK: Use fall mats on one or both sides of the bed or in front of chair when OOB. For rehab, at minimum, use mat(s) overnight and when fatigued (in bed).

• Remove fall mat from floor when patient getting out of bed or chair and replace upon return
• Provide assistive device to patients who use at home (walker, cane, etc.). Educate the remaining patients on the correct use of assistive devices and the importance of utilizing the device to ambulate when applicable
• Instruct patient/family to exit bed on their strongest side
• Use proper positioning assist devices (chair belts, wedges, recliners)
• Use gait belt when assisting patient to ambulate when not contraindicated
• Initiate PT Consult (Requires physician order)
• Patient on bedrest should use a bedpan
• Patient requiring the assist of 2 or more for safe ambulation- bedpan if 2 staff are unavailable, BSC when staff is available for entire time
• Provide bed baths for patient on bedrest or those requiring the assistance of 2 or more for safe ambulation (see Row information)

Intervention: Medication Interventions-IP

Recent Flowsheet Documentation

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HD IP Medication Interventions:

• Review medications daily with patient and family and educate on side effects
• Collaborate with physician and pharmacist to assess for medications that can be discontinued or dosage decreased
• Limit combination of PRN medications when possible (ex., sedative, analgesics, etc.)
• Provide patient who received diuretics/laxatives frequent assistive opportunities to use bathroom
• Toilet patient before giving pain medication
• Adjust medication schedule to time meds with side effects to be given during appropriate period of time (i.e., Lasix to be given in am)

Intervention: Volume/Electrolyte Interventions-IP

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HD IP Volume/Electrolyte Interventions: Ensure that the patient remains hydrated