

SAMPLE PALLIATIVE CARE PLAN

Name: _____
 Prefers to be called: _____
 MRN: _____

U/R/B: _____
 Religion: _____
 Date of Birth: _____

Current Admit Date: _____
 Primary Language: _____
 Laundry By: _____

Problem	Goal	Approach	Discipline
Comfort Care Related to Terminal Diagnosis. DX: _____	<ol style="list-style-type: none"> 1. PT will be comfortable as possible, pain will be relieved or reduced to a tolerable level within 1 hour, pain will be controlled before it becomes severe. 2. PT/family will demo coping skills consistent with the grieving process. 	<p>Assess for pre-illness coping skills – i.e. What did the patient do to help manage stress in the past?</p> <p>Assess for grieving process – i.e. – denial, anger, bargaining, depression, acceptance, allow pt/family to verbalize thoughts, feelings.</p> <p>Spiritual support, social support for patient and family</p> <p>Refer to, and update P.I.C./POLST Form PRN</p> <p>Monitor PT for S/S of Pain or discomfort, i.e. – restlessness, grimacing, moaning</p> <p>Administer Meds, Treatments as ordered, position for comfort; assess effectiveness of interventions</p> <p>Assess need for:</p> <ul style="list-style-type: none"> - indwelling Foley Cath - special mattress - deferral of weight and lab orders - bowel care (monitor for BM Q 1-3 days – at risk for constipation due to narcotic use) <p>Report to MD</p>	<p>LN SS CHAP</p> <p>ALL SS CHAP</p> <p>ALL LN</p> <p>LN</p>