Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

48 Hour Baseline Care Plan

Please complete this care plan within 48 hours of admission. All problems, goals and interventions will be reviewed and replaced by a comprehensive care plan, 21 days after admission.

Admitting Diagnosis: _____

Admission Date: _____ Allergies: _____

☐ **CPR** ☐ **DNR** ☐ **Advanced Directive**

Admitted for
- ☐ Disease/illness management
- ☐ Hospice/end-of-life care
- ☐ Long-term care
- ☐ Short-term rehabilitation

Admission Goal
- ☐ Display progress in therapy
- ☐ Participate in therapy
- ☐ Participate in treatment
- ☐ Remain comfortable

Disease and Illness Management

Special Care
- ☐ Catheter
- ☐ Oxygen therapy
- ☐ Post-surgical care/dressings
- ☐ Respiratory treatment
- ☐ Tube feeding

Symptoms
- ☐ Comatose
- ☐ Constipation
- ☐ Diarrhea
- ☐ Pain
- ☐ Nausea/vomiting
- ☐ Weakness
- ☐ Weight loss

Medications
- ☐ Analgesic
- ☐ Anticoagulant
- ☐ Antibiotic
- ☐ IV medication
- ☐ Nutritional supplements
- ☐ Psychotropic
- ☐ Stool softener

Skin
- ☐ At risk for impaired skin integrity
- ☐ Pressure injury location: _____
- ☐ Wound location: _____

Diagnoses
- ☐ Alzheimer's/Dementia
- ☐ Anxiety
- ☐ Cerebral Palsy
- ☐ CHF
- ☐ Depression
- ☐ Diabetes
- ☐ Hemiplegia
- ☐ Hypertension
- ☐ Infection
- ☐ Multiple Sclerosis
- ☐ Parkinson's Disease
- ☐ Pneumonia
- ☐ Post-CVA
- ☐ Quadriplegia
- ☐ Seizures
- ☐ Septicemia

Goal: Disease/illness will be monitored and managed using standards of nursing practices until next assessment

Interventions
- ☐ Monitor medications: side effects, effectiveness
- ☐ Provide safety environment, properly use devices
- ☐ Monitor for complications of illness
- ☐ Monitor conditions, progress of illness. Report changes to physician
- ☐ Monitor lab values and report to physician
- ☐ Provide comfort and care

Resident Name:	**Medical Record Number (MRN):**	**Room:**

Activities of Daily Living (ADL) Management

Goal: All ADL care will be assisted or encouraged for independence until next assessment.

Problem, Requires Assistance with

- ☐ Bathing
- ☐ Dressing
- ☐ Eating
- ☐ Grooming
- ☐ Hygiene
- ☐ Toileting

Interventions

- ☐ Assist with ADLs
- ☐ Encourage self-care/participation in care
- ☐ Provide supportive devices
- ☐ Toileting schedule: _____
- ☐ Monitor for skin issues

Dietary Care

Goal: Follow dietician's recommendations and physician orders for dietary care to assist with nutritional intake through next assessment.

Problem(s) (circle)

Tube Feeding Regular diet

Therapeutic diet: NAS NCS Other: _____

Mechanical diet: Soft Pureed Clear liquid

Regular

Liquids: Nectar thick Honey thick Regular

Interventions

- ☐ Monitor for safety and assist with meals
- ☐ Monitor intake and weight
- ☐ Provide diet as ordered
- ☐ Provide supportive devices

Safety Care

Goal: Safety measures will be monitored and resident will remain free from injury through next assessment

Problems

- ☐ Balance
- ☐ Bleed Risk
- ☐ Brace/splint use
- ☐ Elopement risk
- ☐ Fall risk

Interventions

- ☐ Assist/encourage bed mobility
- ☐ Assist with ambulation
- ☐ Educate/instruct how to use: _____
- ☐ Maintain safety precautions
- ☐ Monitor for location
- ☐ Monitor for physical safety
- ☐ Transfer with _____ assistance
- ☐ Weight bearing (circle all that apply): NWB R L
  Encourage Discourage
- ☐ Other: _____

Resident Name:	**MRN:**	**Room:**

Psychological Social Well/Ill-Being Care

Goal: Mood and behavior will be monitored and managed medically through nursing care until next assessment.

- ☐ Aggression/ combative
- ☐ Blind
- ☐ Deaf
- ☐ Cognition intact
- ☐ Confused
- ☐ History of abuse
- ☐ Non-English
- ☐ Non-verbal
- ☐ Resistive to care
- ☐ Sad/crying
- ☐ Sexually inappropriate
- ☐ Other: _____

Interventions

- ☐ Communication board
- ☐ Monitor medications; side effects and effectiveness
- ☐ Monitor target behaviors
- ☐ PASARR II recommendation
- ☐ Provide comfort and safety
- ☐ Provide emotional support for new environment
- ☐ Redirection for behaviors

Other Special Care Instructions

Follow protocol to care for

- ☐ Central line
- ☐ Catheter
  - ☐ Foley
  - ☐ Suprapubic
- ☐ Immunizations
- ☐ Isolation precautions
- ☐ Oxygen
- ☐ Ostomy
- ☐ Pacemaker
- ☐ Tracheostomy
- ☐ Wound care

Therapy services (circle):

Physical therapy (PT) Occupational therapy (OT) Speech-language Therapy (ST)

Follow all physician orders:

_____

_____

Additional information:

_____

_____

_____

Discharge Planning

Discharge Goals

- ☐ Return to the community
- ☐ Remain in the facility
- ☐ Other: _____

Informed and delivered to resident or resident representative

- ☐ In person
- ☐ Mail
- ☐ Fax
- ☐ Email

Staff Completing

Name: _____

Signature: _____ Date: _____

Resident Name:	**MRN:**	**Room:**

This material was prepared by the Superior Health Quality Alliance, a Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-MI/MN/WI-NH-23-51 051823