

Objectives

At the conclusion of this session, you will be able to:

1. articulate what tasks/conditions require a plan of nursing service
2. articulate the essential components of a plan of nursing service for direct care staff
3. write a plan of nursing service that includes all of the essential elements
4. write a plan of nursing service protocol for a low literacy staff person

Why Write Plans of Nursing Service?

- Improve the quality of care provided to consumers by direct care staff.
- Provide direction and support for direct care staff.

BECAUSE WE'VE GOT TO!!

Nursing Care Plan vs. Plan of Nursing Service

Nursing school nursing care plan:

- intended to guide RN and LPN in organizing care and evaluating care
- included real and potential problems
- For direct care staff, too much:
 - information
 - formal language
 - information the staff perceives as irrelevant to their job

Diagnosed Chronic Medical Condition

The easiest to figure out.

Includes all diagnosed chronic medical conditions such as:

GERD

Diabetes

hypothyroidism

seizures

Medication to Prevent a Medical Condition

Probably most difficult to conceptualize.

Medication is prescribed either to treat a medical condition or to prevent the development of a medical condition.

Need to provide instruction to staff not only on medication, but on the signs/symptoms of the condition we are trying to prevent.

Medication to Prevent a Medical Condition – Example

Coumadin

Purpose: to increase clotting time to prevent the development of blood clots.

Plan of nursing service includes

- > specifics for Coumadin administration
- > observation for signs of bleeding
- > observation for signs/symptoms of blood clots.

No Medical Terms or Jargon

Only use abbreviations you are CERTAIN knows!!

Keep a list of approved abbreviations for easy reference

If abbreviating, watch your capitals!

Is o.d. the same as O.D.? Is o.u. the same as O.U.?

When in doubt, write it out!

What Does Worse Look Like?

Always include observable signs and symptoms that indicate something is getting worse.

Include things staff can

see

hear

taste

touch

feel

When To Call for Help

Element most frequently missing in plans of nursing service

Tell them what to look for, and when you want to be called

When to Call for Help

Always include the caveat:

If any event occurs that causes concern for the consumer's well-being immediately notify the RN!!!

If any event occurs that may represent a threat to the consumer's health/well-being, activate the emergency medical services by calling _____.

Writing for Low Literacy Staff

Aim for a 6th grade or lower reading level/Flesch Reading Ease Rating of 80% or higher

How to get there:

- use lists/bullets instead of paragraphs
- Use lots of pictures
- Use short words whenever possible
- Ask some direct care staff to read the material and tell you what they do not understand.

Let's recap

Plans of nursing service are:

- ❖ intended to provide direction to direct care staff
- ❖ use simple language
- ❖ step-by-step directions for providing care

PLAN OF NURSING SERVICE
MANAGEMENT OF A CONSUMER ON COUMADIN (WARFARIN) THERAPY

Consumer's name: _____

1. Administer Coumadin the same time every day. As the dosage may change, check the doctor's order EACH TIME the medication is administered.
2. Do NOT start any new medication, or administer ANY standing order or over-the-counter medication without first calling the RN on-call.
3. Follow the diet ordered by the doctor/dietitian. Notify the dietitian or the RN if the consumer does not eat the prescribed diet, including the amounts indicated. Do not substitute items on the diet without permission.
4. Observe daily for signs of bleeding. Call the RN on call if you see any of the following signs or symptoms:
 - ✓ bleeding gums more than usual after brushing teeth
 - ✓ any bruise, especially on the arms or legs
 - ✓ pinpoint size purple spots on skin
 - ✓ dizziness or weakness
 - ✓ bleeding from a cut that does not stop
 - ✓ nosebleed
 - ✓ black stool
 - ✓ dark brown, red or pink urine
 - ✓ throwing up or coughing up blood
 - ✓ throwing up what looks like coffee grounds
 - ✓ heavier than usual menses (obviously this one will be removed if the consumer is a male)
5. Observe or signs and symptoms of possible blood clots. Call the RN on call immediately if you see any of the following signs or symptoms:
 - ✓ sharp chest pain
 - ✓ heart rate over _____
 - ✓ shortness of breath or difficulty breathing
 - ✓ fever over _____
 - ✓ sudden pain, swelling and/or a slight blue coloration of an arm or leg
 - ✓ an arm or leg that feels warm, is red and/or hard
 - ✓ visual disturbances
 - ✓ weakness (particularly on one side)
 - ✓ seizure in a person who does not have a seizure disorder
 - ✓ more difficulty speaking than usual (if verbal)
 - ✓ abdominal pain
 - ✓ vomiting and/or diarrhea
 - ✓ unexplained change in behavior

6. Follow up is essential for proper care:

- ✓ Ensure lab and doctor appointments are kept
- ✓ Do not cancel a lab or doctor appointment without permission.

7. To help prevent problems:

- ✓ Provide a soft tooth brush & electric razor
- ✓ Teach _____ about this drug
- ✓ Ensure that _____ wears a Medic Alert bracelet and carries a Medic Alert Card that identifies him/her as taking Coumadin.
- ✓ Report any injury or fall immediately to the RN on call.

**IF ANY EVENT OCCURS THAT CAUSES CONCERN FOR THE CONSUMER'S WELL-BEING
IMMEDIATELY NOTIFY THE RN!!**

**IF ANY EVENT OCCURS THAT MAY REPRESENT A THREAT TO THE CONSUMER'S
HEALTH/WELL-BEING, ACTIVATE THE EMERGENCY MEDICAL SERVICES BY
CALLING _____**

PLAN OF NURSING SERVICE
RESPIRATORY INFECTIONS

Consumer's name: _____

Physician: _____

Medication for respiratory infection: _____

Medication for fever: _____

Medication for cough: _____

1. Take vital signs (temperature, pulse, respiration and blood pressure) every four hours (q4h) for the first 48 hours, and then every eight hours (q8h). Document this information on the Respiratory Illness Reporting Sheet.

A. Temperature:

i. Take the temperature more often if you observe any of the following symptoms:

1. face is more red than usual
2. skin is warm and dry
3. perspiring more than usual
4. complains of or you see chills

ii. If temperature is greater than _____ ° F, administer

_____. Check temperature in 1 hour.

iii. If temperature is the same, or higher 1 hour after medication, and/or any of the above symptoms last longer than 1 hour immediately call the RN on-call.

iv. If the temperature is increasing or remains elevated after 72 hours on antibiotics, call the RN on-call.

B. Pulse

i. Take the pulse more often if you observe any of the following symptoms:

1. irregular rhythm
2. a faint pulse (that is, it is more difficult to find and count than usual)
3. pulse is between _____ and _____ (These parameters will be established for each person based on their usual pulse.)

ii. If pulse is irregular, or remains above or below the beats per minute indicated above for more than 1 hour, immediately call the RN on-call.

C. Respirations

i. Count respirations more often if you observe any of the following symptoms:

1. respirations that are less than _____ or more than _____ (based on the consumer's usual respiratory rate)
2. respirations that are irregular (that is, they have an uneven rhythm).
3. there is a sound with breathing, such as a wheeze or grunt
4. respirations sound moist or "rattling"
5. nostrils open wide when breathing in.
6. Sitting up, leaning forward, or sitting with the nose tilted up as if sniffing the air.
7. Having skin (especially the face, hands, and feet) color that is pale to slightly gray, or lacelike purple and pale (mottled).

ii. If any of the signs and symptoms above persist for more than one hour, call the RN on-call.

D. Blood Pressure

i. Take the blood pressure more often if you observe any of the following symptoms:

1. The systolic pressure is below _____ mmHg or above _____ mm Hg.
2. The diastolic pressure is below _____ mmHg or above 100 mm Hg
3. The blood pressure is faint or more difficult than normal to hear

ii. If any of the signs and symptoms above persist for more than one hour, call the RN on-call.

2. Perform oximetry every 4 hours (q4h) for the first 48 hours and then every eight hours (q8h) until instructed to discontinue. Document this information on the Respiratory Illness Reporting Sheet and attach print-out (if available). If oximetry decreases for three consecutive readings, and/or the reading is below _____ for more than _____ hour, call the RN on call.

3. Monitor the consumer's mental status every four hours (q4H) for the first 48 hours, and then every eight hours. Document mental status on Respiratory Illness Reporting Sheet.

Monitor mental status if you observe any of the following symptoms:

- A. Unusual irritability (that is, is easily irritated or upset, cries or angers easily or is "very sensitive")
- B. Unusual lethargy (that is, is rousable from a sleeping state but goes right back to sleep).
- C. Confused (that is, does not recognize familiar people, places, or things).

If these symptoms persist for more than 2 hours, or if the consumer call the RN on-call

If the consumer becomes unresponsive (that is, you are not able to rouse him/her from a sleeping state) call 911.

4. Maintain fluid intake to avoid a deficit due to fever and difficulty breathing. This consumer should take in between _____ ounces and _____ ounces per day. (ALTERNATELY COULD SAY SO MANY OUNCES PER SHIFT, PER HOUR) Document intake and output on Respiratory Illness Reporting Sheet. If intake drops below minimum level, or output is not at least 1/2 of intake, call the RN on call.

5. Provide opportunities for rest to conserve energy and decrease oxygen demand.

6. Administer prescribed antibiotics, antipyretics(fever medicine) and cough medicine as ordered.
7. Use Universal precautions.
8. Dress person comfortably.
9. Elevate the head of the bed.
10. The consumer is to remain at home until the residential RN determines that it is appropriate for him/her to return to program/work (Is a return to work slip required?)

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8. Other: _____

Call 911 immediately if:

- *any of the signs and symptoms above persist during oxygen administration for more than 30 minutes.*
- *pulse oximeter reading does not increase after 1 hour, or decreases in spite of oxygen administration*

3. Discontinue oxygen when the pulse oximetry reading is _____ for at least _____ hour(s).
4. Monitor the consumer's mental status every four hours (q4H) and at least every 30 minutes when administering oxygen. Notify the RN if at any time you observe any of the following:
 - A. Unusual irritability (that is, is more easily irritated or upset than usual, cries or angers more easily than usual or is more "sensitive" than usual)
 - B. Unusual lethargy (that is, is rousable from a sleeping state but goes right back to sleep).
 - C. Confused (that is, does not recognize familiar people, places, or things)
 - D. *Call 911 immediately if the consumer becomes unresponsive (that is, you are not able to rouse him/her from a sleeping state).*
5. Provide opportunities for rest to conserve energy and decrease oxygen demand.
6. Use Universal precautions.
7. Dress person comfortably.
8. Elevate the head of the bed.

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PLAN OF NURSING SERVICE
ADMINISTERING PRN OXYGEN

Consumer's name: _____

Physician: _____

Physician's Phone Number: _____

1. Take respirations and perform pulse oximetry every 4 hours (q4h) and more often if you observe any of the following symptoms:
- A. Respirations that are less than _____ or more than _____. (based of the consumer's usual respiratory rate)
 - B. Respirations that are irregular (that is, they have an uneven rhythm.
 - C. there is a sound with breathing, such as a wheeze or grunt
 - D. respirations sound moist or "rattling"
 - E. nostrils open wide when breathing in.
 - F. Sitting up, leaning forward, or sitting with the nose tilted up as if sniffing the air.
 - G. Having skin (especially the face, hands, and feet) color that is pale to slightly gray or lacelike purple and pale (mottled).
 - H. Other _____

2. If oximetry drops to or below _____ notify RN and begin oxygen administration as ordered.

Oxygen Order: _____ L/M Delivered by: _____ mask _____ nasal cannula

- A. Assemble the necessary equipment as per instructions.
- B. Explain the procedure to the consumer
- C. Place (YOU HAVE TO FILL IN IF MASK OR NASAL CANULA) and fasten the straps around the head.
- D. Every 30 minutes check :
 - i. Mask/nasal cannula to ensure that proper placement
 - ii. Skin for signs of irritation
 - iii. tubing is properly connected and tubing is free from kinks
 - iv. pulse oximetry or more often if any of the following are noted:
 - 1. Respirations that are less than _____ or more than _____. (based of the consumer's usual respiratory rate)
 - 2. Respirations that are irregular (that is, they have an uneven rhythm.)
 - 3. there is a sound with breathing, such as a wheeze or grunt
 - 4. respirations sound moist or "rattling"
 - 5. nostrils open wide when breathing in.
 - 6. Sitting up, leaning forward, or sitting with the nose tilted up as if sniffing the air.
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5. Follow up is essential for proper care:

- ✓ Ensure lab and doctor appointments are kept
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- ✓

6. To help prevent problems:

- ✓ Provide a soft tooth brush & electric razor
- ✓ Teach _____ about this drug
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