University Medical Center

CAP

| Signature | Title | Initial |
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| Signature Requiring Co-Signature | Date/Shift | Initial/Title |
|---|---|---|
| | | |
| | | |

ADDRESSOGRAPH

## DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

| Problem/ Needs | Day _____ Date: _____ | D | E | N |
|---|---|---|---|---|
| Knowledge Deficit related to plan of care | Patient/family verbalizes understanding of anticipated plan of care and participates in decision making. | | | |
| | | | | |
| Pain Management | Pain free or verbalizes relief after intervention. | | | |
| | | | | |
| Ineffective Airway Clearance & Breathing Pattern Shortness of Breath | Coughing diminished | | | |
| | Able to clear secretions | | | |
| | Respirations easy and regular without accessory muscle use | | | |
| | Lungs sounds clear or at baseline | | | |
| | | | | |
| Anxiety | Verbalizes decreased level of anxiety | | | |
| | | | | |
| Alterations in ADL's | Maximum participation in ADL's | | | |
| | Maximum mobility status | | | |
| | | | | |

| Problem/ Needs | | D | E | N |
|---|---|---|---|---|
| Switch Criteria | Switch criteria met | | | |
| | Switched to P.O. antibiotics | | | |
| | | | | |
| | | | | |
| Medication Safety | Patient remains free from untoward reactions to medications | | | |
| | | | | |
| Discharge | Discharge criteria met | | | |
| | Discharge order obtained | | | |
| | | | | |
| Patient Safety | Remains injury free in a safe environment. | | | |
| | | | | |
| Skin Integrity | No evidence of skin breakdown. | | | |
| | | | | |
| Patient/Family Satisfaction | Patient/family verbalizes satisfaction with hospital stay/care. | | | |
| | | | | |

## INTERVENTIONS (continued on back)

| Patient Care Categories | | D | E | N |
|---|---|---|---|---|
| Discharge Plan | | | | |

| Patient Care Categories | | D | E | N |
|---|---|---|---|---|
| Nutrition | * Diet: | | | |
| | % of diet consumed: | | | |
| | Breakfast _____% | | | |
| | Lunch _____ % | | | |
| | Dinner _____ % | | | |
| | High risk nutritional assessment completed. | | | |
| | | | | |

* indicates medical orders needed

MR # _____ **INTERVENTIONS**

| Patient Care Categories | DAY ____ Date: _____ | D | E | N |
|---|---|---|---|---|
| *Assessment & Treatments* | * Vital signs q. _____ hr | | | |
| | * $O_2$: _____ | | | |
| | * I&O<br>Encourage 1500 cc fluids / day | | | |
| | Assess rate, rhythm and quality of respirations | | | |
| | Assess for adventitious breath sounds such as rhonchi, wheezing or crackles | | | |
| | Assess use of accessory muscles | | | |
| | Assess $O_2$ saturation via pulse oximetry | | | |
| | Assess switch therapy criteria:<br>- Absence of fever for 12 hours or TMax for 24 hours < 37.8° C or 100° F<br>- Cough and shortness of breath improving<br>- Absence of high risk or resistant pathogen. *(i.e., Staph aureus Pcn-resistant Strep pneumoniae)*<br>- WBC's trending down towards normal<br>- Gut absorption and adequate po / enteral intake | | | |
| | Consult MD to switch antibiotics to po | | | |
| | Assess discharge criteria:<br>- Meets above criteria<br>- WBC's at < 12,000<br>- Stable co-morbid conditions<br>- Normal oxygenation i.e., $O_2$ Sat > 90% on room air or in patients diagnosed with COPD a $PaO_2$ > 60 mm Hg & $PaCO_2$ 45 mm Hg or baseline | | | |
| | Consult MD to obtain discharge order | | | |
| | Administer Influenza and Pneumonia vaccine if eligible on day of discharge | | | |
| | | | | |
| | * Respiratory Care provided.<br>(See Respiratory Care Record) | | | |

| Patient Care Categories | | D | E | N |
|---|---|---|---|---|
| *Teaching & Psychosocial* | Encourage verbalization of fears / concerns. | | | |
| | Learning needs / teaching plan:<br>- CAP Teaching Protocol<br>- Benefits of Influenza & Pneumococcal Vaccine | | | |
| | | | | |
| *Specimens & Diagnostics* | Lab / diagnostics results reviewed; MD notified if indicated. | | | |
| | * Tests / Procedures:<br>* CBC<br>* SMA 7<br>* CXR | | | |
| | | | | |
| *Safety & Activity* | Falls protocol initiated. | | | |
| | * Activity level: | | | |
| | | | | |

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** indicates medical orders needed*