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

EVENINGS N = NIGHTS

	DESI	RED	00	TCC	OMES	D = DAYS E = EVENINGS N = NIG	HTS	2002-05000	
Problem/ Needs	Day Date:	D	E	N	Problem/ Needs	Arbeita de la primer avidante.	D	Ε	٨
Knowledge Deficit related to plan of care	Patient / family verbalizes knowledge of: - Plan of Care - Medications - Diet / Hydration needs - Rehab Program				Potential Complications	No signs / symptoms: - Infection - Deep Vein Thrombosis			
	- Risk factors contributing to stroke - Signs / symptoms of stroke					Bowel / Bladder function normal for			t
Pain free or verbalizes relief after intervention. Management	Pain free or verbalizes relief after intervention.				Alteration in Bowel/Bladder	patient.	\vdash		\vdash
	336				Function	DISCRIPTION DE 15			
						Discharged			T
Neuro Deficit/	Neurologic status stable.				Discharge	Discharge plan completed and			\vdash
Altered LOC					Plan	communicated to patient / family. Ischemic Stroke/TIA Patient discharged on antithrombotic medication.			H
	CEAS beweiver alluam solkerage (1911)					on antitinombotic medication.		-	H
Alteration in	Tolerates tube feeding Nutritional needs met.								
Nutrition / Dysphagia	osa nibernudo no dieculti gravi Rati				Patient Safety	Remains injury free in a safe environment.			
	Ambulating with / without assist.		<u> </u>						
Alterations in	Able to perform ADL's with minimal assist.					No evidence of skin breakdown.	Ī		Г
ADL's / Decreased Mobility					Skin Integrity				\vdash
					Patient/Family Satisfaction	Patient / family verbalizes satisfaction with hospital stay/care.			F
	benkering (boors a start) boothy to this prills waste. 8000	1							
Detient Care	INTERVE				ntinued on bac		ID		_

Patient Care Categories	ROM Hanspaulic Procedures:	D	E	N	Patient Care Categories		D	Ε	N
Discharge	Discharge to:				Nutrition	*Diet:			
Plan						% of diet consumed:			
	8 L.F. Spench: Strailowing					Breakfast% Lunch%		History	
	see Fours works					Dinner %			L
					re e Stant de la companya de la comp	Assess ability to self feed & follow dysphagic guidelines, if indicated.			
					estation to the state of the st	Intake <50%, notify RD.			
						Feeding Tube:	\top		H
						Assess Residual: if > 100% of rate, stop feeding for 2 hrs. and reassess.			
								unigers; s	-

Assessment & Neuro assessment q 8 hrs. and PRN (see Flowsheet) - LOC - Strength / mobility - all extremities - Assess tongue to be midline - Assess smile symmetry - Assess speech and cough quality - Assess swallowing - spontaneously swallows saliva swallows saliva on command. Assess & document BM; intervene if no BM in 24 hrs. * Administer Antithrombotic Medication: - Aspirin - Anti-platelet agent or - Anticoagulant if indicated Assess for signs/symptoms of bleeding if on antithrombotic.	Encourage verbalization of fears / soncerns. Assess patient/family satisfaction. Review Stroke Education information with patient / family. Learning needs / teaching plan: Dysphagia Guidelines Deg care, tube feeding Rehab program Assistive Devices Discharge instructions: Signs / symptoms of stroke Food & drug interactions Modifiable risk factors Medications: Antithrombotic: Other:			
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T empheral to thorapy t totage				
Pressure Ulcer Preventions Protocol				
Pressure Older Preventions Protocol				
* Respiratory Care provided.				
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