

Advanced Home Support
15800 Crabbs Branch Way
Suite 205
Rockville, MD 20855
(240) 430-1500



Santa Clause Assessment and Care Plan

Address:

15800 Crabbs Branch Way
Suite 205
Rockville, MD 20855

Contact Info:

Home: (240) 430-1500

Mobile: (555) 555-5555

Work: (555) 555-5555

Email: Kriskringle@gmail.com

Emergency Contact: Jody Claus (Spouse) (240) 430-1500

Care Needs:

Initial Contact:

Start Date:

Care Goals:

Kris 500yo WM and is slightly overweight, loves to eat sweets, jolly and outgoing. He is Diabetic so need to push fluids and healthy diet. His wife who is also 500yo, is his primary caregiver but recently fell so their son Elfy, is helping them as much as he can. FALL RISK - Do not let him drive the sleigh! TO GET IN THE TOY SHOP DIAL 1225 ON THE KEY PAD. You will be greeted by Rudolph - a large reindeer, don't be afraid, he's very friendly. Call the office if no one seems to be home and but don't leave until you are told to - they may be drinking hot coco on the roof.

Proposed Schedule:

M-F 8a-5p

Demographics:

Date of Birth: 12/25/1900 Age: 117 Height: 60in Weight: 250

Marital Status: Married Spouse Name: Mrs Clause

Lives With: wife and elves Religion: Christianity Attends Services: Unknown

DNR: Yes No Unknown Languages: English

Past Profession: gift giver

Activities of Daily Living (ADLs)

Activities and associated caregiver tasks

Ambulation & Transfer: Walking or getting around; getting in and out of bed or chair ✓ REQUIRES ASSISTANCE

NOTES: uses a walker or cane

Bathing: Bathing in shower or tub ✓ REQUIRES ASSISTANCE

NOTES: has a shower bench

Continance: Self-control of urination and defecation ✓ INDEPENDENT

Dressing & Grooming: Picking clothes, managing fasteners, combing hair, shaving, toothbrushing ✓ REQUIRES ASSISTANCE

NOTES: help pick appropriate clothing

Eating: Feeding self, buttering bread, cutting food	✓ INDEPENDENT
Incontinence Care: Need changing, Toileting, Clean up NOTES: wears depends	✓ REQUIRES ASSISTANCE
Laundry: Clothing, Linens	✓ DEPENDENT
Light Housekeeping: Vacuum, Dusting, Kitchen, Bathroom, Bedroom, Living area	✓ DEPENDENT
Meal Preparation: Breakfast, Lunch, Dinner	✓ DEPENDENT

Instrumental Activities of Daily Living (IADLs)

Activities and associated caregiver tasks

Medication: Taking medications at correct dose at correct time NOTES: remind only - mrs clause preps pill box	
Shopping: Navigating a store, making selections, and paying NOTES: take him to grocery store as needed	✓ DEPENDENT
Traveling: Driving or traveling on bus, taxi NOTES: drive him to dr appts	✓ DEPENDENT
Using Telephone: Looking up numbers, dialing, and receiving calls	✓ REQUIRES ASSISTANCE

Medical Conditions:

List any chronic or acute conditions as well as recent hospital/skilled nursing stays:
diabetic, high BP, obesity, STML

- Hearing: Good Poor Deaf Hearing aid
- Speech: Good Poor None
- Vision: Good Poor Blind Glasses
- Swallowing: Good Poor None
- Other: Smoker Sensitive to smell On oxygen Colostomy bag Feeding tube

Mental/Behavior Conditions:

Diagnosed Disorders / Medications:

very friendly and cooperative but forgets things - remind him of your name and why you are there - where you name badge

- Depression Lethargy Past/Current Substance Abuse

Can client be left alone? Yes Wanderer? No Dementia: Forgetful

- | | | |
|--|--|--|
| Symptoms: <input type="checkbox"/> Frequent mood changes | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Problem solving |
| <input checked="" type="checkbox"/> Short term memory loss | <input type="checkbox"/> Completing tasks | <input type="checkbox"/> Sundowning |
| <input type="checkbox"/> Spatial/visual relationships | <input checked="" type="checkbox"/> Misplacing items | <input type="checkbox"/> Poor eating |
| <input type="checkbox"/> Speaking/conversing | <input type="checkbox"/> Poor judgment | <input type="checkbox"/> Sleeping problems |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Agitation | <input type="checkbox"/> Fear |
| <input type="checkbox"/> Paranoia | <input type="checkbox"/> Suspicion | <input type="checkbox"/> Aggression |
| <input type="checkbox"/> Confusion of time/place | <input type="checkbox"/> Wthdrawal | <input type="checkbox"/> Depression |
| <input checked="" type="checkbox"/> Repetition | <input type="checkbox"/> Wandering | |

Triggers:

Allergies:

Allergies: No Known Allergies (NKA)

Notes:

Exercise:

Importance: 1 Does client have specific exercise/rehab regimen? Encourage exercises?

Notes:

PT comes 3 times a week

Equipment/Environment:

Has safety assessment been done? Unknown Interested in Lifeline? Unknown

- Bedrails Hospital Bed Bed Commode Grab Bars
 Lift Chair Raised Toilet Seat Shower Bench Handheld Showerhead
 Other: walker and cane

Notes:

Pet Care:

- Cat Cat Litter Box Dog Feeding Walk Dog
 Other: reindeer

Notes:

has 4 cats and 5 dogs plus other animals in the yard and barn - walk all the dogs and clean out all the litter boxes

Signatures:

Client Signature: Signed: _____ Date: _____

Care Provider Signature: Signed: _____ Date: _____