

NURSING AND REHABILITATION COGNITION CARE PLAN

Resident:

Date:

PROBLEMS/NEEDS RELATED TO:	RESULTING IN RISK FOR:
<input type="checkbox"/> CVA <input type="checkbox"/> Alzheimer's Disease <input type="checkbox"/> Dementia <input type="checkbox"/> Symbolic Dysfunction <input type="checkbox"/> Medical Dx: _____	<input type="checkbox"/> Decreased ability to express wants/needs/ideas <input type="checkbox"/> Decreased Ability to return to PLOF <input type="checkbox"/> Further Decline in Function <input type="checkbox"/> Behavioral Outbursts <input type="checkbox"/> Social Isolation <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Increased dependency on caregivers

DATE	GOALS	INTERVENTIONS	DISCIPLINE
	<input type="checkbox"/> Resident will orientate to environment via visual/verbal/tactile cues x _____ days. <input type="checkbox"/> Resident will have wants/needs met x _____ days.	<input type="checkbox"/> ST to evaluate and tx. _____ x _____ x _____ weeks <input type="checkbox"/> Decrease distractions within environment <input type="checkbox"/> Introduce self to patient upon approaching and/or entering the room <input type="checkbox"/> Speak in a calm, low pitched tone. <input type="checkbox"/> Provide choices to patient <input type="checkbox"/> Re-orientate patient to date, time, environment as needed. <input type="checkbox"/> Provide external aides to patient. <input type="checkbox"/> _____	

