

NURSING AND REHABILITATION SPEECH/LANGUAGE CARE PLAN

Resident:

Room Number:

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"/> 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 have wants and needs met x _____ days <input type="checkbox"/> Resident will increase ability to express wants/needs x _____ days	<input type="checkbox"/> Ask yes/no questions <input type="checkbox"/> Decrease environmental distractions <input type="checkbox"/> Speak slowly <input type="checkbox"/> Allow adequate time for resident response <input type="checkbox"/> Utilize external aides <input type="checkbox"/> Make eye contact during conversation <input type="checkbox"/> Provide translator (Language _____) <input type="checkbox"/> ST to evaluate and tx _____ x _____ x _____ weeks <input type="checkbox"/> _____	

