**CARE PLAN**

**Name……………………………....**

**Preferred Name…………………..**

**Address……………………………**

**Date of Birth……………………...**

**Date of Admission………………..**

**Allergies…………………………..**

**Photo**

Confidential

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| 1. **Level of Understanding** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Communication** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Mobility** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Personal Care** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Continence Care** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Oral Care** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Nutrition and Hydration** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Skin Care** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Social Interest and Activities** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Night Time Support** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Emotional Support** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Expressing Sexuality** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Spiritual and Cultural Well-Being** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Health Care** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Medication Management** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **End of Life Preferences** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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| 1. **Shopping and House Cleaning** |
| What care and support needs do I currently have? |
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| What are my desired outcomes? |
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| How do I want staff to support me to achieve my desired outcomes? |
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