**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? |
|  |
| What are my desired outcomes? |
|  |
| 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**
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| 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**
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| 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**
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| 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**
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| 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**
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| 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**
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| 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**
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| 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**
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| 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**
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| 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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