

Personal Care Plan- Community Settings

Individual: Mary Mallon

ID# 12345-6789-00-1

Incontinence:

Mary has predictable incontinence. If taken to the bathroom on a regular schedule she can avoid incontinence episodes, staying clean and dry. If she drinks caffeine, she will have incontinence more frequently. Before Mary goes out into the community, check to make sure her bag is stocked with a change of clothing, incontinence briefs, and wipes. Mary also has skin barrier cream that is to be applied after each brief change. Typically, Mary has a bowel movement after her morning feeding, before activities begin. However, if Mary has a bowel movement while in the community it needs to be documented on the BM Chart Log so that medical staff are aware. Mary will require a family friendly bathroom where staff can take care of her personal hygiene needs. If an adult changing table is available staff can transfer Mary to the table, this is the best method to provide care. If a changing table is not available, Mary can stand (with staff support) holding on to the grab bars long enough for staff to pull clothing down and get her seated on the toilet. Staff will alert nursing if skin breakdown or discoloration is noted after hygiene care.

G-Tube Feedings

Mary may choose to eat by mouth. Make sure Ninja blender is packed so that food can be prepared to the ordered consistency of pureed. Thickener will also need to be available to thicken liquids to a honey consistency. Mary may choose to take her nutrition by G-Tube. Pack the necessary supplies to provide G-Tube feeding (Mic-Key extension, feeding bag, 60ml syringe, (2) 24oz bottles of water and (2) cartons of formula. Only one carton is needed per meal, however it is best to have a spare with you in the event of an emergency. Mary likes a calm environment to eat in, she likes for soft music to be playing. If upset, Mary will tighten her stomach muscles causing the flow of the G-tube feeding to slow or stop. It will take much longer to complete a feed if she is upset.

Eating by mouth

Mary has the option to eat by mouth or take her nutrition by G-tube. 80% of the time she chooses G-Tube. Staff will ask Mary how she wants to eat. Menus will be read to Mary. Staff need to make sure money to purchase food is taken in community in case she chooses eating by mouth. Mary likes to carry her money in her purse. Mary likes to hand the cashier the money herself.

Seating

Due to dysphagia, it is important that staff are trained on Mary's seating protocol. To ensure that Mary is feed in a safe manner, the nurse will provide training on how Mary should be seated and how staff should be seated in relation to Mary.

Seating is also important to Mary when toileting. Using the correct seating positioning encourages bowel movements, provides the natural sitting posture that enables Mary to bear down.

In Put/Out Put

Due to Mary's history of dehydration and the fact that she receives 80% of her nutrition via G-tube, it is necessary to document how many times Mary has a wet brief throughout the day and also how much fluid Mary received during the day. This is important for nursing to be able to assess if Mary has received enough fluids per her orders.

Repositioning/Transferring/Lifting

When Mary is in the community she will need two staff for repositioning, transferring, and lifting. Mary has a Hoyer lift available at DS and home, it is not possible to take a Hoyer lift out in the community. For Mary's skin to stay healthy and free from breakdown, staff will follow the repositioning and transferring protocols. Mary is repositioned every two hours, more frequently if she is starting to grimace.