



PROGRESS TO GOALS – IN SHORT

1. This is the 485/Plan of Care that we used to do inside the OASIS at the bottom of every section/system – in a pink border.
2. It was removed as a fillable format and changed into a “click and assign” system so it will be assigned in the OASIS and can be accessed in the visit notes to address. – As a reminder, the whole purpose of creating a 485/POC in the first place is for us to use it by creating our goal or purpose and implement them when we are doing our revisits. However, at that time, you will have needed to print the 485/POC to be able to see it and address it on your revisit notes. Now, you don’t need to. This new system automates it and carries it over to the revisit notes.
3. The Goals and Interventions are the same as the ones listed in the previous OASIS. Unlike the previous system, we now have the ability and can add more goals and interventions as we see fit – and make it patient specific.
4. If needed, you can choose to type in free text your goals and interventions instead.
5. To make it a little easier to transition to the new system, here are the old Goals and Interventions format as it was listed per system in the previous version.
6. Always remember which system you are in when you are assigning your Goals and Interventions.

RISK

Interventions	
<input type="checkbox"/>	SN to assist patient to obtain ERS button
<input type="checkbox"/>	SN to develop individualized emergency plan with patient
<input type="checkbox"/>	SN to instruct patient on importance of receiving influenza and pneumococcal vaccines
<input type="checkbox"/>	SN to administer influenza vaccination as follows: <input style="width: 480px; height: 20px;" type="text"/>
<input type="checkbox"/>	SN to administer pneumococcal vaccination as follows: <input style="width: 480px; height: 20px;" type="text"/>
Goals	
<input type="checkbox"/>	The patient will have no hospitalizations during the certification period
<input type="checkbox"/>	The <input style="width: 120px; height: 20px;" type="text"/> will verbalize understanding of individualized emergency plan by: <input style="width: 100px; height: 20px;" type="text"/>

SENSORY STATUS

Interventions	
<input type="checkbox"/>	SN to administer ear medication as follows: <input type="text"/>
<input type="checkbox"/>	SN to instill ophthalmic medication as follows: <input type="text"/>
<input type="checkbox"/>	ST <input type="text"/> (freq) to evaluate week of: <input type="text"/> 
<input type="checkbox"/>	SN to provide patient with written instructions in large font
Goals	
Additional Goals:	<input type="text"/>

PAIN

Interventions	
<input type="checkbox"/>	SN to assess pain level and effectiveness of pain medications and current pain management therapy every visit
<input type="checkbox"/>	SN to instruct patient to take pain medication before pain becomes severe to achieve better pain control
<input type="checkbox"/>	SN to instruct patient on nonpharmacologic pain relief measures, including relaxation techniques, massage, stretching, positioning, and/or hot/cold packs
<input type="checkbox"/>	SN to assess patient's willingness to take pain medications and/or barriers to compliance, e.g., patient is unable to tolerate side effects such as drowsiness, dizziness, constipation
<input type="checkbox"/>	SN to report to physician if patient experiences pain level not acceptable to patient, pain level greater than <input type="text"/> , pain medications not effective, patient unable to tolerate pain medications, pain affecting ability to perform patient's normal activities
Goals	
<input type="checkbox"/>	Patient will verbalize understanding of proper use of pain medication by <input type="text"/> 
<input type="checkbox"/>	Patient will achieve pain level less than <input type="text"/> within <input type="text"/> weeks

INTEGUMENTARY STATUS

Interventions	
<input type="checkbox"/>	SN to instruct Patient/ Caregiver on turning/repositioning every 2 hours
<input type="checkbox"/>	SN to instruct the Patient/ Caregiver to float heels
<input type="checkbox"/>	SN to instruct the Patient/ Caregiver on methods to reduce friction and shear
<input type="checkbox"/>	SN to instruct the Patient/ Caregiver to pad all bony prominences
<input type="checkbox"/>	SN to instruct Patient/ Caregiver on wound care as follows: <div style="border: 1px solid gray; height: 100px; width: 100%; margin-top: 5px;"></div>
<input type="checkbox"/>	Other: <div style="border: 1px solid gray; height: 100px; width: 100%; margin-top: 5px;"></div>
<input type="checkbox"/>	SN to assess skin for breakdown every visit
<input type="checkbox"/>	SN to assess/evaluate wound(s) at each dressing change and PRN for signs/symptoms of infection. Report to physician increased temp >100.5, chills, increase in drainage, foul odor, redness, unrelieved pain > on 0-10 scale, and any other significant changes
<input type="checkbox"/>	SN to instruct the Patient/ Caregiver on signs/symptoms of wound infection to report to physician, to include increased temp >100.5, chills, increase in drainage, foul odor, redness, unrelieved pain > on 0-10 scale, and any other significant changes
<input type="checkbox"/>	May discontinue wound care when wound(s) have healed

Goals	
<input type="checkbox"/>	Wound(s) will heal without complication by: <input type="text"/> 
<input type="checkbox"/>	Wound(s) will be free from signs and symptoms of infection during 60 day episode
<input type="checkbox"/>	Wound(s) will decrease in size by <input type="text"/> % by <input type="text"/> 
<input type="checkbox"/>	Patient skin integrity will remain intact during this episode

RESPIRATORY STATUS

Interventions	
<input type="checkbox"/>	SN to instruct caregiver on pulmonary toilet including percussion therapy and postural drainage (freq) <input type="text"/>
<input type="checkbox"/>	SN to perform pulmonary toilet including percussion therapy and postural drainage (freq) <input type="text"/>
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on proper use of nebulizer/inhaler, and assess return demonstration
<input checked="" type="checkbox"/>	SN to assess O2 saturation on room air (freq) <input type="text" value="PRN"/>
<input type="checkbox"/>	SN to assess O2 saturation on O2 @ <input type="text"/> LPM/ <input type="text"/> (freq) <input type="text"/>
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on factors that contribute to SOB, including avoiding outdoors on poor air quality days. Avoid leaving windows open when outside temperature is above <input type="text"/>
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> to avoid smoking or allowing people to smoke in patient's home. Instruct patient to avoid irritants/allergens known to increase SOB
<input type="checkbox"/>	SN to instruct patient on pursed lip breathing techniques
<input type="checkbox"/>	SN to instruct patient on energy conserving measures including frequent rest periods, small frequent meals, avoiding large meals/overeating, controlling stress
<input type="checkbox"/>	SN to instruct patient on proper use of nebulizer treatment with <input type="text"/>

<input type="checkbox"/>	SN to instruct patient on proper use of <input type="text"/>
<input type="checkbox"/>	SN to instruct caregiver on proper suctioning technique
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on methods to recognize pulmonary dysfunction and relieve complications
<input checked="" type="checkbox"/>	Report to physician O2 saturation less than <input type="text" value="90"/> %
Goals	
<input checked="" type="checkbox"/>	Patient's respiratory rate will remain within established parameters during the episode
<input checked="" type="checkbox"/>	Patient will be free from signs and symptoms of respiratory distress during the episode
<input type="checkbox"/>	Patient and caregiver will verbalize an understanding of factors that contribute to shortness of breath by: <input type="text"/> 
<input type="checkbox"/>	Patient will demonstrate proper pursed lip breathing techniques by <input type="text"/> 
<input type="checkbox"/>	Patient will verbalize an understanding of energy conserving measures by: <input type="text"/> 
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will verbalize and demonstrate safe management of oxygen by: <input type="text"/> 
<input type="checkbox"/>	Patient will return demonstrate proper use of nebulizer treatment by <input type="text"/> 
<input type="checkbox"/>	Patient will demonstrate proper use of <input type="text"/> by: <input type="text"/> 

ENDOCRINE

Interventions	
<input type="checkbox"/>	SN to instruct <input type="text" value="Patient/ Caregiver"/> on all aspects of diabetic management to include disease process, foot assessments, signs and symptoms of hypo/hyperglycemia, glucometer use and preparation and administration of diabetic medications ordered by physician
<input type="checkbox"/>	SN to instruct <input type="text" value="Patient/ Caregiver"/> to inspect patient's feet daily and report any skin or nail problems to SN
<input type="checkbox"/>	SN to instruct <input type="text" value="Patient/ Caregiver"/> to wash patient's feet in warm (not hot) water. Wash feet gently and pat dry thoroughly making sure to dry between toes
<input type="checkbox"/>	SN to instruct <input type="text" value="Patient/ Caregiver"/> to use moisturizer daily but avoid getting between toes
<input type="checkbox"/>	SN to instruct patient to wear clean, dry, properly-fitted socks and change them every day
<input type="checkbox"/>	SN to instruct <input type="text" value="Patient/ Caregiver"/> on appropriate nail care as follows: trim nails straight across and file rough edges with nail file
<input type="checkbox"/>	SN to instruct <input type="text" value="Patient/ Caregiver"/> that patient should never walk barefoot
<input type="checkbox"/>	SN to instruct <input type="text" value="Patient/ Caregiver"/> that patient should elevate feet when sitting
<input type="checkbox"/>	SN to instruct <input type="text" value="Patient/ Caregiver"/> to protect patient's feet from extreme heat or cold
<input type="checkbox"/>	SN to instruct <input type="text" value="Patient/ Caregiver"/> never to try to cut off corns, calluses, or any other lesions from lower extremities
<input type="checkbox"/>	SN to perform finger stick for fasting blood sugar/random blood sugar during visit if it has not been done or if patient reports signs and symptoms of hypo/hyperglycemia
<input type="checkbox"/>	SN to give patient 4 oz of fruit juice or 1 tablespoon of sugar in H ₂ O if blood sugar is <input type="text"/> mg/dl or below, and recheck blood sugar in 15 to 20 minutes. If blood sugar remains <input type="text"/> mg/dL or below, notify physician
<input type="checkbox"/>	SN to prepare and administer insulin (freq) <input type="text"/> as follows: <input type="text"/>
<input type="checkbox"/>	SN to assess blood sugar via finger stick every visit prior to insulin administration
<input type="checkbox"/>	SN to prefill insulin syringes (freq) <input type="text"/> as follows: <input type="text"/>

<input type="checkbox"/>	SN to perform inspection of patient's lower extremities every visit and report any alteration in skin integrity to physician
Goals	
<input type="checkbox"/>	Patient's fasting blood sugar will remain between <input type="text"/> mg/dl and <input type="text"/> mg/dl during the episode
<input type="checkbox"/>	Patient's random blood sugar will remain between <input type="text"/> mg/dl and <input type="text"/> mg/dl during the episode
<input type="checkbox"/>	Patient will be free from signs and symptoms of hypo/hyperglycemia during the episode
<input type="checkbox"/>	The <input type="text" value="Patient/Caregiver"/> will be independent with glucometer use by: <input type="text"/> 
<input type="checkbox"/>	The <input type="text" value="Patient/Caregiver"/> will verbalize an understanding of skin conditions that must be reported to SN or physician immediately
<input type="checkbox"/>	The <input type="text" value="Patient/Caregiver"/> will be independent with insulin administration by: <input type="text"/> 
<input type="checkbox"/>	The <input type="text" value="Patient/Caregiver"/> will verbalize understanding of proper diabetic foot care by: <input type="text"/> 

CARDIAC STATUS

Interventions	
<input type="checkbox"/>	SN to instruct patient on daily weight self-monitoring program where the patient utilizes the same scales on a hard, flat surface each morning prior to breakfast and after urination. Report to SN weight <input type="radio"/> gain <input type="radio"/> loss of <input type="text"/> lb/1 day, <input type="text"/> lb/1 week
<input type="checkbox"/>	SN to assess patient's weight log every visit
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/Caregiver"/> on measures to recognize cardiac dysfunction and relieve complications
<input type="checkbox"/>	SN to instruct patient on measures to detect and alleviate edema
<input type="checkbox"/>	SN to instruct patient when (s)he starts feeling chest pain, tightness, or squeezing in the chest to take nitroglycerin. Patient may take nitroglycerin one time every 5 minutes. If no relief after 3 doses, call 911
<input type="checkbox"/>	SN to instruct the patient the following symptoms could be signs of a heart attack: chest discomfort, discomfort in one or both arms, back, neck, jaw, stomach, shortness of breath, cold sweat, nausea, or dizziness. Instruct patient on signs and symptoms that necessitate calling 911

<input type="checkbox"/>	No blood pressure or venipuncture in <input type="text"/> arm
Goals	
<input type="checkbox"/>	Patient weight will be maintained between <input type="text"/> lbs and <input type="text"/> lbs during the episode
<input type="checkbox"/>	Patient's blood pressure will remain within established parameters during the episode
<input type="checkbox"/>	Patient's pulse will remain within established parameters during the episode
<input type="checkbox"/>	Patient will remain free from chest pain, or chest pain will be relieved with nitroglycerin, during the episode
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will verbalize understanding of symptoms of cardiac complications and when to call 911 by: <input type="text"/> 
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will verbalize and demonstrate edema-relieving measures by: <input type="text"/> 

ELIMINATION

Interventions	
<input type="checkbox"/>	SN to instruct patient on bladder training program, including timed voiding
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on signs/symptoms of UTI to report to MD/SN. SN may obtain urinalysis and urine culture & sensitivity (C&S) test as needed for signs/symptoms of UTI, to include pain, foul odor, cloudy or blood-tinged urine and fever
<input type="checkbox"/>	SN to change foley catheter with <input type="text"/> Fr <input type="text"/> cc catheter every <input type="text"/> beginning on <input type="text"/> 
<input type="checkbox"/>	SN to change suprapubic tube with <input type="text"/> Fr <input type="text"/> cc catheter every <input type="text"/> beginning on <input type="text"/> 
<input type="checkbox"/>	SN to irrigate suprapubic tube with 100-250cc of sterile normal saline as needed for blockage, leakage
<input type="checkbox"/>	SN to irrigate foley with 100-250cc of sterile normal saline as needed for blockage, leakage
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on proper foley care
<input type="checkbox"/>	SN to allow <input type="text"/> additional visits for dislodgement, blockage, or leakage of foley or drainage system

<input type="checkbox"/>	SN to instruct patient/caregiver on ostomy management as follows: <input type="text"/>
<input type="checkbox"/>	SN to perform ostomy care as follows: <input type="text"/>
<input type="checkbox"/>	SN to digitally disimpact patient for constipation unrelieved by medications for <input type="text"/> days
<input type="checkbox"/>	SN to instruct <input type="text" value="Patient/Caregiver"/> on measuring and recording intake and output
<input type="checkbox"/>	SN to instruct patient to increase activity to alleviate constipation
<input type="checkbox"/>	SN to administer enema <input type="text"/> if no bowel movement in <input type="text"/> days
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/Caregiver"/> on signs and symptoms of constipation to report to SN or physician
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/Caregiver"/> on foods that contribute to acid reflux/indigestion
<input type="checkbox"/>	SN to instruct patient not to eat 4 hours before bedtime to reduce acid reflux/indigestion
Goals	
<input type="checkbox"/>	Foley will remain patent during this episode and patient will be free of signs and symptoms of UTI
<input type="checkbox"/>	Suprapubic tube will remain patent during this episode and patient will be free of signs and symptoms of UTI
<input type="checkbox"/>	Patient will be without signs/symptoms of UTI (pain, foul odor, cloudy or blood-tinged urine and fever) during this episode
<input type="checkbox"/>	The <input type="text" value="Patient/Caregiver"/> will be independent in ostomy management by: <input type="text"/> 
<input type="checkbox"/>	Patient will be free from signs and symptoms of constipation during the episode
<input type="checkbox"/>	The <input type="text" value="Patient/Caregiver"/> will verbalize understanding of foods that contribute to acid reflux/indigestion by: <input type="text"/> 
<input type="checkbox"/>	Patient will verbalize understanding not to eat 4 hours before bedtime to reduce acid reflux/indigestion by: <input type="text"/> 
<input type="checkbox"/>	Patient will not develop any signs and symptoms of dehydration during the episode

NUTRITION

Interventions	
<input type="checkbox"/>	SN to instruct <input type="text" value="Patient/ Caregiver"/> on <input type="text"/> diet
<input type="checkbox"/>	SN to assess patient for diet compliance
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> to keep a diet log
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on methods to promote oral intake
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on parenteral nutrition and the care/use of equipment, to include: <input type="text"/>
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on enteral nutrition and the care/use of equipment, to include <input type="text"/>
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on proper care of <input type="text"/> tube
<input type="checkbox"/>	SN to change <input type="text"/> tube every <input type="text"/> beginning <input type="text"/> 
<input type="checkbox"/>	SN to irrigate <input type="text"/> tube with <input type="text"/> cc of <input type="text"/> every <input type="text"/> as needed for <input type="text"/>
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> to give <input type="text"/> cc of free water every <input type="text"/>
Goals	
<input type="checkbox"/>	Patient will maintain <input type="text"/> diet compliance during the episode
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will demonstrate compliance with maintaining a diet log during the episode
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will demonstrate proper care/use of enteral nutrition equipment by <input type="text"/> 
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will demonstrate proper care/use of parenteral nutrition equipment by <input type="text"/> 
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will demonstrate proper care of <input type="text"/> tube by <input type="text"/> 

NEURO/EMOTIONAL/BEHAVIORAL

Interventions	
<input type="checkbox"/>	*SN TO NOTIFY PHYSICIAN THIS PATIENT WAS SCREENED FOR DEPRESSION USING THE PHQ-2 SCALE AND MEETS CRITERIA FOR FURTHER EVALUATION FOR DEPRESSION
<input type="checkbox"/>	SN to assess for changes in neurological status every visit
<input type="checkbox"/>	SN to assess patient's communication skills every visit
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/Caregiver"/> on seizure precautions
<input type="checkbox"/>	SN to instruct caregiver on orientation techniques to use when patient becomes disoriented
<input type="checkbox"/>	MSW: <input type="radio"/> 1-2 OR <input type="radio"/> <input type="text" value=""/> visits, every 60 days for provider services
<input type="checkbox"/>	MSW: <input type="radio"/> 1-2 OR <input type="radio"/> <input type="text" value=""/> visits, every 60 days for long term planning
<input type="checkbox"/>	MSW: <input type="radio"/> 1-2 OR <input type="radio"/> <input type="text" value=""/> visits, every 60 days for community resource assistance
Goals	
<input type="checkbox"/>	Patient will remain free from increased confusion during the episode
<input type="checkbox"/>	The <input type="text" value="Patient/Caregiver"/> will verbalize understanding of seizure precautions
<input type="checkbox"/>	Caregiver will verbalize understanding of proper orientation techniques to use when patient becomes disoriented
<input type="checkbox"/>	Patient's community resource needs will be met with assistance of social worker

ADL/IADLS

Interventions	
<input type="checkbox"/>	Physical therapy <input type="text"/> (freq) to evaluate week of <input type="text"/> 
<input type="checkbox"/>	Occupational therapy <input type="text"/> (freq) to evaluate week of <input type="text"/> 
<input type="checkbox"/>	Home Health Aide (freq) <input type="text"/> for assistance with ADLs/IADLs
<input type="checkbox"/>	SN to assess for patient adherence to appropriate activity levels
<input type="checkbox"/>	SN to assess patient's compliance with home exercise program
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on proper ROM exercises and body alignment techniques
<input type="checkbox"/>	SN to perform circulatory checks and cast care every visit
Goals	
<input type="checkbox"/>	Home exercise program will be established by physical therapist
<input type="checkbox"/>	Home exercise program will be established by occupational therapist
<input type="checkbox"/>	Patient's mobility will be improved with assistance of physical therapist
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will demonstrate proper ROM exercise and body alignment techniques
<input type="checkbox"/>	Patient will remain free from impaired circulation related to cast or other orthotic device
<input type="checkbox"/>	Patient's ADL/IADL needs will be met with assistance of home health aide

FALL RISK

Interventions	
<input type="checkbox"/>	SN to instruct patient to wear proper footwear when ambulating
<input type="checkbox"/>	SN to instruct patient to use prescribed assistive device when ambulating
<input type="checkbox"/>	SN to instruct patient to change positions slowly
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> to remove throw rugs or use double-sided tape to secure rug in place
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> to remove clutter from patient's path such as clothes, books, shoes, electrical cords, or other items that may cause patient to trip
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> to contact agency for increased dizziness or problems with balance
<input type="checkbox"/>	SN to assess date of patient's last eye exam
<input type="checkbox"/>	SN to instruct patient to have annual eye exams
<input type="checkbox"/>	SN to instruct patient to use non-skid mats in tub/shower
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on importance of adequate lighting in patient area
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> to contact agency to report any fall with or without minor injury and to call 911 for fall resulting in serious injury or causing severe pain or immobility
<input type="checkbox"/>	SN to request Physical Therapy Evaluation order from physician
Goals	
<input checked="" type="checkbox"/>	The patient will be free from falls during the certification period
<input checked="" type="checkbox"/>	The patient will be free from injury during the certification period
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will verbalize understanding of need for annual eye examination by: <input type="text"/> 

<input type="checkbox"/>	The <input type="text" value="Patient/Caregiver"/> will remove all clutter from patient's path, such as clothes, books, shoes, electrical cords, and other items, that may cause patient to trip by: <input type="text"/> 
<input type="checkbox"/>	The <input type="text" value="Patient/Caregiver"/> will remove throw rugs or secure them with double-sided tape by: <input type="text"/> 

MEDICATIONS

Interventions	
<input type="checkbox"/>	SN to assess patient filling medication box to determine if patient is preparing correctly
<input type="checkbox"/>	SN to assess caregiver filling medication box to determine if caregiver is preparing correctly
<input type="checkbox"/>	SN to determine if the <input type="text" value="Patient/Caregiver"/> is able to identify the correct dose, route, and frequency of each medication
<input type="checkbox"/>	SN to assess if the <input type="text" value="Patient/Caregiver"/> can verbalize an understanding of the indication for each medication
<input type="checkbox"/>	SN to establish reminders to alert patient to take medications at correct times
<input type="checkbox"/>	SN to assess the <input type="text" value="Patient/Caregiver"/> ability to open medication containers and determine the proper dose that should be administered
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/Caregiver"/> on medication regimen dose, indications, side effects, and interactions
<input type="checkbox"/>	SN to remove any duplicate or expired medications to prevent confusion with medication regimen
<input type="checkbox"/>	SN to observe patient drawing up injectable medications to determine if patient is able to draw up the correct dose
<input type="checkbox"/>	SN to assess the <input type="text" value="Patient/Caregiver"/> administering injectable medications to determine if proper technique is utilized
<input type="checkbox"/>	SN to report to physician if drug therapy appears to be ineffective
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/Caregiver"/> on precautions for high risk medications, such as, hypoglycemics, anticoagulants/antiplatelets, sedative hypnotics, narcotics, antiarrhythmics, antineoplastics, skeletal muscle relaxants

<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on signs and symptoms of ineffective drug therapy to report to SN or physician
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on medication side effects to report to SN or physician
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on medication reactions to report to SN or physician
<input type="checkbox"/>	SN to administer IV <input type="text"/> at rate of <input type="text"/> via <input type="text"/> every <input type="text"/>
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> to administer IV at rate of <input type="text"/> via <input type="text"/> every <input type="text"/>
<input type="checkbox"/>	SN to change peripheral IV catheter every 72 hours with <input type="text"/> gauge <input type="text"/> inch angiocath
<input type="checkbox"/>	SN to flush peripheral IV with <input type="text"/> cc of <input type="text"/> every <input type="text"/>
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> to flush peripheral IV with <input type="text"/> cc of <input type="text"/> every <input type="text"/>
<input type="checkbox"/>	SN to change central line dressing every <input type="text"/> using sterile technique
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> to change central line dressing every <input type="text"/> using sterile technique
<input type="checkbox"/>	SN to flush central line with <input type="text"/> cc of <input type="text"/> every <input type="text"/>
<input type="checkbox"/>	SN to instruct <input type="text" value="Patient/ Caregiver"/> to flush central line with <input type="text"/> cc of <input type="text"/> every <input type="text"/>
<input type="checkbox"/>	SN to access <input type="text"/> port every <input type="text"/> and flush with <input type="text"/> cc of <input type="text"/> every <input type="text"/>
<input type="checkbox"/>	SN to change <input type="text"/> port dressing using sterile technique every <input type="text"/>
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> to change <input type="text"/> port dressing using sterile technique every <input type="text"/>
<input type="checkbox"/>	SN to change IV tubing every <input type="text"/>
<input type="checkbox"/>	SN to instruct the <input type="text" value="Patient/ Caregiver"/> on signs and symptoms of infection and infiltration

Goals

<input checked="" type="checkbox"/>	Patient will remain free of adverse medication reactions during the episode
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will be independent with medication management by: <input type="text"/> 
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will verbalize understanding of medication regimen, dose, route, frequency, indications, and side effects by: <input type="text"/> 
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will be independent with <input type="text"/> administration by: <input type="text"/> 
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will be independent with setting up medication boxes by: <input type="text"/> 
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will be able to verbalize an understanding of the indications for each medication by: <input type="text"/> 
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will be able to identify the correct dose, route, and frequency of each medication by: <input type="text"/> 
<input type="checkbox"/>	IV will remain patent and free from signs and symptoms of infection
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will demonstrate understanding of flushing central line
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will demonstrate understanding of flushing peripheral IV line
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will demonstrate understanding of changing <input type="text"/> dressing using sterile technique
<input type="checkbox"/>	The <input type="text" value="Patient/ Caregiver"/> will demonstrate understanding of administering IV <input type="text"/> at rate of <input type="text"/> via <input type="text"/> every <input type="text"/>