Health Care Management Plan

Name:		DOB:			Date of	f ISP:
Address:	City:	Sta	te:	Zip:		
Home Phone:		Agency Phone:				
	Height:	Sex:	Race:	Hair:	Eye color	r:
Name of RN:		Signature:		Revision Date:		Review Date:
RISK AREA or CONDITION Specify Concern	DESIRE	D OUTCOME	Reference (i.e. feeding	LPN INTERVENT e any protocols that ng or positioning); In & schedule of the in	are in use nclude the	DSP INTERVENTION Reference any protocols that are in use (i.e. feeding or positioning); Include the frequency & schedule of the intervention
Cardiovascular						
Endocrine						
Infectious Disease						
Pulmonary						

RISK AREA or CONDITION Specify Concern	DESIRED OUTCOME	RN/LPN INTERVENTION Reference any protocols that are in use (i.e. feeding or positioning); Include the frequency & schedule of the intervention	DSP INTERVENTION Reference any protocols that are in use (i.e. feeding or positioning); Include the frequency & schedule of the intervention
Neurology			
Psychiatry			
Autoimmune			
Gastrointestinal			

RISK AREA or CONDITION Specify Concern	DESIRED OUTCOME	RN/LPN INTERVENTION Reference any protocols that are in use (i.e. feeding or positioning); Include the frequency & schedule of the intervention	DSP INTERVENTION Reference any protocols that are in use (i.e. feeding or positioning); Include the frequency & schedule of the intervention
Nutritional			
Hematological			
Skin			
Skiii			
Musculoskeletal /			
Extremities			

RISK AREA or CONDITION Specify Concern	DESIRED OUTCOME	RN/LPN INTERVENTION Reference any protocols that are in use (i.e. feeding or positioning); Include the frequency & schedule of the intervention	DSP INTERVENTION Reference any protocols that are in use (i.e. feeding or positioning); Include the frequency & schedule of the intervention
Gynecological			
Urological			
Habits			
Behavior			
Other Risk Factors			