

Nurse TB  
MD KR

PCI Interdisciplinary Care Plan

PT ID tb326 JB  
Date 3/12/12

Patient Demographics & Disease Data	
Age: 70 Ethnicity: Latino Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F Marital Status: Married Caregiver: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Relationship: Husb Children: 4 #Sons 1 # Dtrs #Other Employment: Artist Religion: Catholic Date of 1 <sup>st</sup> Dx: 1/2010 Routinely Exercise: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Other Cancer Dx:	Comorbidities: None Stage: Supportive Services: Nutrition during rad KPS: 60 Smoking Hx: <input checked="" type="checkbox"/> Never Smoker <input type="checkbox"/> Current Smoker <input type="checkbox"/> Previous smoker but not currently a smoker Advance Directive: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Insurance: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Sponsored <input type="checkbox"/> Charity <input type="checkbox"/> Private: <input type="checkbox"/> Medi-Cal: <input type="checkbox"/> Medicare: <input type="checkbox"/> None: <input type="checkbox"/>
PHYSICAL DOMAIN	IDT Suggestions
Lab Values Date: 2/20/2 Weight in Lbs: 89 / BMI: 18.00 Height: 4'11" WBC: 15.80 G/dL (4.0-11.0) Hgb: 13.80 K/uL (11.5-15.5) Albumin: 3.40 G/dL (3.5-5.0) BUN: 17.00 MG/dl (4-20) Cr: 0.75 MG/dl (0.70-1.30)	Address weight with BMI of 18
ADL (p3) Needs assistance with: <input checked="" type="checkbox"/> NA <input type="checkbox"/> Bathing <input type="checkbox"/> Transfer/Ambulation <input type="checkbox"/> Dressing <input type="checkbox"/> Continence <input type="checkbox"/> Toileting <input type="checkbox"/> Eating	
Your Daily Activities (p 14) Needs assistance with: <input type="checkbox"/> NA <input type="checkbox"/> Use of telephone <input type="checkbox"/> Take own meds <input checked="" type="checkbox"/> Get to places out of walking distance <input type="checkbox"/> Handle own money <input type="checkbox"/> Shopping for ..... <input type="checkbox"/> Eyesight <input checked="" type="checkbox"/> Prepare own meals <input type="checkbox"/> Hearing <input checked="" type="checkbox"/> Housework <input type="checkbox"/> Patient Self-Eval (any of last 4)	Depends on which week after chemo it is. the second week out she is much better but first week after chemo she is very limited.

PHYSICAL DOMAIN cont.			IDT Suggestions
Food Intake (p 21) <input type="checkbox"/> NA <input checked="" type="checkbox"/> < Usual <input type="checkbox"/> Little solids <input type="checkbox"/> Liquids/supplements			Usual foods but limited amount, especially after chemo. 10 pd weight loss in past 4 months
<b>MSAS Symptom Assessment/Physical Concern Items (p 22) INTENSITY</b>			(Pain Score, Pain Meds Ordered, Pain Meds Taken)
<input type="checkbox"/> NA	Moderate	Severe/Very Severe	
Pain (pg. 22)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pain when sitting on couch with pillows is 1/10. When moving it is 4/10 and is a dull/stabbing pain. When coughing, an 8/10 and feels sharp/shooting. Pain is related to the tumor on her hip. Movement and coughing seems to pull on those muscles.  She takes 1/2 Vicodin in the morning and 1/2 at night because it makes her dizzy. Also tends to make her nauseated and constipated. Stated that Dr. R offered her other things but she refused.  Numbness and tingling related to the tumor on her spine.  Nausea, lack of appetite, feeling drowsy all related to SE of radiation.  Recommendation: Referral to palliative care, Focused teaching on these symptoms
Lack of Energy (pg. 22)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cough (pg. 22)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dry Mouth (pg. 22)	<input type="checkbox"/>	<input type="checkbox"/>	
Nausea (pg. 22)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Feeling Drowsy (pg. 22)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Numbness/tingling in hands/feet (pg. 22)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Difficulty sleeping (pg. 23)	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling bloated (pg. 23)	<input type="checkbox"/>	<input type="checkbox"/>	
Problems with urination (pg. 23)	<input type="checkbox"/>	<input type="checkbox"/>	
Vomiting (pg. 23)	<input type="checkbox"/>	<input type="checkbox"/>	
SOB at rest/with exertion (pg. 23)	<input type="checkbox"/>	<input type="checkbox"/>	
Diarrhea (pg. 23)	<input type="checkbox"/>	<input type="checkbox"/>	
Sweats (pg. 23)	<input type="checkbox"/>	<input type="checkbox"/>	
Itching (pg. 24)	<input type="checkbox"/>	<input type="checkbox"/>	
Lack of appetite (pg. 24)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dizziness (pg. 24)	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty swallowing (24)	<input type="checkbox"/>	<input type="checkbox"/>	
Rash on face (pg. 24)	<input type="checkbox"/>	<input type="checkbox"/>	
Rash on body (pg. 24)	<input type="checkbox"/>	<input type="checkbox"/>	
Crusting of skin (pg. 24)	<input type="checkbox"/>	<input type="checkbox"/>	
Dry skin (pg. 24)	<input type="checkbox"/>	<input type="checkbox"/>	
Nail changes (pg. 24)	<input type="checkbox"/>	<input type="checkbox"/>	
Mouth sores (pg. 25)	<input type="checkbox"/>	<input type="checkbox"/>	
Change in food taste (pg. 25)	<input type="checkbox"/>	<input type="checkbox"/>	

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MSAS Physical Concerns cont.		moderate	severe	IDT Suggestions cont.
Weight loss (pg. 25)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Hair loss (pg. 25)	<input type="checkbox"/>	<input type="checkbox"/>		
Constipation (pg. 25)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Swelling arms/legs (pg. 25)	<input type="checkbox"/>	<input type="checkbox"/>		
Changes in skin (pg. 25)	<input type="checkbox"/>	<input type="checkbox"/>		
Sensitivity at surgical site (pg. 25)	<input type="checkbox"/>	<input type="checkbox"/>		
Electric shocks/burning pain at surgical site (pg. 25)	<input type="checkbox"/>	<input type="checkbox"/>		
Shoulder pain since surgery (pg. 25)	<input type="checkbox"/>	<input type="checkbox"/>		
PSYCHOLOGICAL DOMAIN				IDT Suggestions
<b>Distress Thermometer (p 26)</b>  Score = 6  0 (no distress) to 10 (extreme distress)				States that her distress is R/T side effects
<b>MSAS Psychological Concerns Items (p 22) INTENSITY</b> <input checked="" type="checkbox"/> NA				States that anxiety is related to symptoms
	Moderate	Severe/Very Severe		
Difficulty concentrating (pg. 22)	<input type="checkbox"/>	<input type="checkbox"/>		
Feeling nervous (pg. 22)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Worrying (pg. 23)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
I feel sad (pg. 23)	<input type="checkbox"/>	<input type="checkbox"/>		
I'm enjoying things (pg. 28)	<input type="checkbox"/>	<input type="checkbox"/>		
SOCIAL DOMAIN				IDT Suggestions
<b>Social Support Items (p 20) (None of the time of A little of the time)</b> <input checked="" type="checkbox"/> NA  <input type="checkbox"/> Someone to help if confined in bed <input type="checkbox"/> Someone to count on to listen <input type="checkbox"/> Someone to take pt to doctor				2 of 4 sons are local and they and their spouses are very helpful 1 son has cardiac disease and diabetes and is getting worse so can't assist. 1 son has had no contact with the family in 3 years. Her husband is "very helpful but I think he is getting