

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 st 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.

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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
MSAS Symptom Assessment/Physical Concern Items (p 22) INTENSITY			(Pain Score, Pain Meds Ordered, Pain Meds Taken) 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
<input type="checkbox"/> NA	Moderate	Severe/Very Severe	
Pain (pg. 22)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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
Distress Thermometer (p 26) Score = 6 0 (no distress) to 10 (extreme distress)				States that her distress is R/T side effects
MSAS Psychological Concerns Items (p 22) INTENSITY <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
Social Support Items (p 20) (None of the time of A little of the time) <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