LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER – SHREVEPORT

PLANNING AND PROVIDING CARE

Purpose:
To delineate policy for the planning and providing of patient specific care, medication use, nutrition care, care during operative and other invasive procedures, rehabilitation care, and care during special procedures including restraint or seclusion.

Policy:

1. The planning and provision of care will be based on individual patient assessment and focuses on the patient’s response to actual or potential alterations to health.

2. The planning of care provides for communication of pertinent problems/needs, delineation of age-appropriate interventions to meet these needs, and documentation of the effectiveness of the intervention in the medical record. Care is planned by qualified staff.

3. When care is not planned to meet all identified needs this is documented in the medical record.

4. Integration of the plan will be accomplished through collaboration with various disciplines/departments, and is communicated through assessments, physician’s orders, 24-Hour Patient Progress Report/Plan of Care, consults, progress notes, discharge plans and interdisciplinary meetings. The most recent patient orders will be utilized.

5. The planning and provision of care is driven by consideration of the rights of patients to make informed decisions regarding their care, including the right to accept or refuse care.

6. Patient progress is periodically evaluated against care goals and the plan of care and when, indicated the plan or goals are revised.

7. Goals for the patient are based on assessment, needs, and diagnosis and are evident in the planning and provision of care as defined by the various disciplines involved in the care.

8. Provision of care will be accomplished by competent staff who are permitted by job descriptions, legal parameters, and hospital policy to perform the task/function.
9. The setting for care is determined by the patient's problems/needs, diagnosis, and care requirements for that particular patient. Admission and discharge criteria for intensive care standards of care and patient acuity system will serve as guides to the care given in planning and providing care. At no time will a patient be placed on a closed unit unless approved by the Administrator on call.

10. Follow up care is coordinated to ensure the patient’s needs are met or referred through the appropriate department or service.

Administrator

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7/20/12

Date

Approved by Clinical Board: 1/12/01, 7/15/03, 11/21/06, 10/16/07, 4/21/09, 7/17/12
Written: 1/95
Reviewed: 10/97, 1/01, 10/06, 9/07, 2/09, 7/12
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