How to use the Long Term Care Plan

This is designed to reduce duplication of information and work load. Most facilities have an **initial assessment** which is the basis for the **Long Term Care Plan**, however, there is no reason why this whole process cannot be done as a once only process.

On admission do the following steps

- sit down with the client/resident, and/or their family member
- tick or highlight the relevant information on the care plan or write in spaces provided
- At the end of each section discuss with client a goal they would like to achieve.

NB Goals have to **achievable**. It has to be relevant to the person. It doesn't matter how small the goal is. For example, A person who has had a stroke may have swallowing problems. In the Eating and Drinking section, he may require thickened fluids and pureed food. The person's goal may be to be able to drink unthickened fluids and eat a normal diet (as normal as possible). This is specific

- to one area of his care/lifestyle
- it may be achievable, if not fully, at least partially,
- it can be measured, and
- you can assess their progress.

From the information you get from the Assessment/Long Term Care (Lifestyle) Plan you then can develop a Specific or Short Term Care Plan.

At the bottom of the Long Term Care Plan, tick the box that will tell the staff there is more information to be followed for care and where to find it..

Any Specfiic Care Plan Needed Yes/No
☐ Behaviour ☐ ADL's ☐ Pain Assessment/Plan ☐ Wound Care ✓ Meals/Nutrition
☐ Continence Assessment/Plan ☐ Falls Risk Assessment/Plan ☐ Sleeping Plan ☐ Sexuality
☐ Cultural ☐ Skin Assessment ☐ Breathing ☐ Safety/restraint/enabler Monitoring

Then do the plan on how this goal or the health issue is going to be resolved. Below is an example of a person who has had a stroke and wants to get off thickened fluids and pureed food. To be evaluated.

Name: _Mary Smith

D.O.B 20-02-1934 NHI No: ABC123

Date Commenced: 30-05-2008

Reviewed: ____________ Reviewed: ____________

Reviewed ____________ Reviewed: ____________

Reviewed: ____________ Reviewed: ____________

Reviewed: ____________ Reviewed: ____________

Reason	**Goal:** In 6 months, Mary Smith will be eating soft food (not pureed) and drinking unthickened fluids.
So Mary Smith can tolerate improve her swallowing and tolerate unthickened fluids and a normal diet	**Treatment Plan:** Assessment by Speech Language Specialist to be arrange. Thickener 1 desert spoon of thickener per 500 mils. Reduce thickener in fluid by ½ teaspoon per week and record on fluid chart how well she tolerates it and the amount of fluid she drinks Each week, try Mary with some mashed food i.e. as opposed to pureed. Supervise Mary's eating to ensure she doesn't choke

Date	Treatment Given	Evaluation
30-05-08	Supervised Mary eating and drinking to assess her	Tolerates pureed and thickened fluids well
6-06-08	Visited by Speech Language Therapist.	Plan devised is suitable for her. Begin plan today. Reduce
13-06-08	Thicken reduced by 1 teaspoon	Tolerated it well. Continue with this regime for the next 7 days
	Given mashed potato today as apposed to pureed	Didn't tolerate this well. Keep on pureed food and try again in 2 weeks time

NB this is an example only. Each client it an individual and the above is an illustration only on how to use the Specific/Short term Care Plan