

CLINICAL PLANS SHOULD:

(1)Identify Problems or Needs (2) Outline short/long term goals (3) Establish approaches and intervention to meet the goal

BIOLOGICAL ELEMENTS (*Medical, Physical, Genetic*)

*Have there been recent medical and dental exams? Any issues, treatment in progress? Is there a history of recurring medical/dietary/dental condition (digestive, ear, urinary, heart, respiratory, abscess)? Any noticeable change in eating, sleeping, physical routine/elimination, self care, energy level, mood, facial/communication/behavioral expressions? Any medication? Any side effects? What diagnosis? What else might be causing physical discomfort? Is there any syndromes/ predisposing genetic conditions? Any sensory limitations, sensitivity, vulnerabilities or disabilities (hearing, vision, sensitivity to touch, noise)? **What else?**

**Adapted from the "Over-to-U" tool developed by the Central Network of Specialized Care*

Identify Presenting Issues or Needs	Short/Long Term Goals/Objectives	Approaches/Intervention/Task	Responsibility	Date Est.	Date Achieved
a-Oral Health	a-Promote good oral health, increase quality of life. Rule out any underlying condition that might be contributing to behaviors	e- Approaches/Intervention/Task: 1) Provide oral health hygiene education and supports (e.g. toothbrush, toothpaste) 2) Referral to ___ dental clinic by nursing staff (most recent referral is Sept. 24, 2014) 3) Client declined to get dentures (March 2014)	a-nursing staff/ dentist/ medial doctor	04/14	Ongoing
b-Schizophrenia/ developmental delay & anxiety	b- To ensure that CLIENT is receiving adequate medical care to address his health concerns and improve his quality of life	b- Approaches/Intervention/Task: 1) Effectively managed with Clonazepam, Quetiapine, <u>Lorazepam (PRN , Loxapine(PRN)</u> 2) consistent use of behavioral program 3) need for structure (Daily schedule; written contacts and routine) 4) Preparation and support through transitions (daily and future) Staff Training 5) assistance to organize belongings 6) assistance to set up and verbal prompting for ADL's as required	1)Psychiatrist	04/14	Ongoing
			2)entire team		Ongoing
			3)entire team		Ongoing
			4)BT		05/14
			5)entire team		Ongoing
			6)entire team		Ongoing

PSYCHOLOGICAL ELEMENTS (*Thoughts, Feelings, Behaviors, Internal resources*)

*Are there mood /behavior issues/ agitation, any pattern or trigger? Any changes in cognitive functioning (focus, concentration, orientation, communication)? Any unusual behaviours that are interfering with daily routine, normal enjoyment of the person and those around them? Are there aspects of this person’s developmental disability which are expressed through specific behaviours? Any changes in the person’s function/ adaptive skills? Any changes in positive and negative emotional expression? Have you reflected fully on this person’s internal resources (problem solving, ADL, personal skills, empathy), capabilities, on what they are able to do? **What else?**

**Adapted from the “Over-to-U” tool developed by the Central Network of Specialized Care*

Identify Presenting Issues or Needs	Short/Long Term Goals/Objectives	Approaches/Intervention/Task	Responsibility	Date Est.	Date Achieved
b-Verbal aggression	b-decrease in verbal aggression, and an increase in adaptive verbalization of wants and needs	b- Approaches/Intervention/Task: 1) staff training sessions regarding client’s needs and dual clients 2) updated current BT plan (e.g. collect additional data) 3) daily morning updates regarding client’s plan 4) Performance management checklist 5) Consistent implementation of BT plan (including twice daily reward system) 6) Monitoring of pain and plan to respond to pain 7) Use of PRN when necessary 8) Consistent use of contracting (functional communication tools) 9) Training in communication tools 10) Engagement in programming	b- 1)BT/Nurse 2)BT 3)Entire team 4)BT 5)Entire team 6)Nursing staff 7)Nursing staff 8)Entire team 9)BT 10)Entire team	04/14	1)04/14 2)04/14

SOCIAL ELEMENTS (*Environmental, Cultural, Spiritual, External Resources*)

*Any environmental sensitivities, requirements, accommodations regarding people, activities, transitions, routine/structure, physical stimuli (sound, touch, visuals), weather/season? Who does the person have in their formal and informal social support network? What activities have meaning for this person? Level of community participation (faith, club, group, recreational interest)? What do you know about this person’s story, family, cultural background, history of support and services? Any identified family support needed? Is the community needs list and DSO list updated? Any environmental modifications needed? Any OT equipment **What else?**

**Adapted from the “Over-to-U” tool developed by the Central Network of Specialized Care*

Identify Presenting Issues or Needs	Short/Long Term Goals/Objectives	Approaches/Intervention/Task	Responsibility	Date Est.	Date Achieved
a-Community Engagement	a-Support client to engage in daily activities in community and demonstrate safe behaviour while in community	b- Approaches/Intervention/Task: 1) Comprehensive list of potential day placement options that might be appropriate 2)- Review privileges /limitation to community access	a-Team	04/14	00/00
b-Discharge planning/support	b-To support client to live in community with appropriate supervision	b- Approaches/Intervention/Task: 1) Monthly CAIR meetings 2) Regularly update CAIR plan 3) Will need a family doctor upon discharge 4)Request clinical case conference in 3 months 5) Remain on DSO waitlist for housing 6) Recommend CAIR staff support	b-CAIR/entire team 5-SW 6-CAIR		