

Participant: Wanda (Winnie) Misk

Diagnosis: Diabetes, Arthritis, Obesity,

Strengths: Very social, cognitively intact, motivated to stay in her apartment, agrees she needs to exercise and lose weight and has agreed to try, enjoys being productive and helping, continues to read and learn. Good relationship with family members and has friends.

Concern	Intervention(s)	Resp. party /discipline	Frequency	Goal
Risk for falls, has had two falls in last six months due to not using her walker in the community as she feels it makes her look old.	<ol style="list-style-type: none"> 1. Provide reminders, encouragement and reinforcement of Winnie's use of walker. 2. Provide counseling to help Winnie improve self-image & enhance motivation to use walker at all times. 3. Provide reminders to Winnie when she is not using her walker. 	<ol style="list-style-type: none"> 1. RN 2. SW 3. PA 	<ol style="list-style-type: none"> 1. Daily 2. 1x per week. 3. Daily 	Winnie will not have any falls in the next six-months.
Winnie would like to walk without a walker, unable to ambulate > 100' without becoming SOB. Has poor strength and balance. (Complicated by obesity.)	<ol style="list-style-type: none"> 1. Provide strength and balance training 15-30 min. 2. Provide Endurance training. 15-30 min. 3. Winnie will engage in an at home exercise program provided by PT. 4. Strength and balance training 15-30 min. 5. Provide encouragement in regards to staying on exercise and diet program, check to ensure she does not experience pain during home exercise program. 	<ol style="list-style-type: none"> 1. PTM 2. PTM 3. Winnie 4. PTR 5. RN 	<ol style="list-style-type: none"> 1. 3x per week 2. 3x per week 3. 1x per week or more. 4. 1x per week. 5. 1x per week. 	Winnie will be able to ambulate 100' without becoming SOB and will be able to walk safely without a walker.
Winnie has diabetes, BG	<ol style="list-style-type: none"> 1. Check Winnies BG on days she 	<ol style="list-style-type: none"> 1. RN 	<ol style="list-style-type: none"> 1. 4x per week. 	Winnie's BG readings will be in the

<p>ranges from 83-308 (complicated by not following prescribed diet, not checking BG on days she does not attend center and obesity)</p>	<p>attends the center. 2. Provide education on how to check BG at home and encouragement to do so, provide feedback regarding BG readings. 3. Winnie to check BG at home on days she does not attend the center.</p>	<p>2. RN 3. Winnie</p>	<p>2. 1x per week. 3. 3x per week.</p>	<p>normal range of 100-200.</p>
<p>Obesity due to lack of exercise and not following prescribed diet; uses food as a coping tool.</p>	<p>1. Winnie to complete diet diary provided by the center RN. 2. Review diary with Winnie and provide positive feedback for food choices that support her health and goals. 3. Weigh Winnie and provide feedback re: success of diet and exercise program. 4. Meet with Winnie to collaborative discuss diet, support her in choosing foods that are healthy and she likes to eat. 5. Review food diary with Winnie and RN.</p>	<p>1. Winnie 2. RN 3. RN 4. RD 5. RD</p>	<p>1. 5x per week minimum. 2. 1x per week. 3. 1x per month. 4. 1x per Q. 5. 1x per Q.</p>	<p>Winnie will lose between 1-4 lbs per month. Winnie will follow the diet prescribed by her physician at least five days per week.</p>
<p>Winnie feels safer and takes medication as prescribed better when a medi-set is completed by the RN.</p>	<p>1. RN to create medi-set for Winnie</p>	<p>1. RN</p>	<p>1. 1x per week.</p>	<p>Winnie will take medication as prescribed.</p>
<p>Winnie would like to lose weight and uses food as a coping tool, 5-7 days per week, impairing ability to</p>	<p>1. Provide 1:1 counseling to help Winnie identify alternative positive coping skills and enhance motivation for change, provide</p>	<p>1. SW 2. LCSW</p>	<p>1. 2-4x per month. 2. 1-2x per month.</p>	<p>Winnie's emotional acceptance of current health concerns will improve as evidenced by utilizing at least one positive coping tool instead of food</p>

<p>lose weight and meet other goals she and staff have identified.</p>	<p>empathetic listening and encourage her to vent her feelings. 2. Provide 1:1 counseling to encourage Winnie to express her fears regarding her health, provide empathetic listening and support or difficult emotions.</p>			<p>weekly. Winnie will state satisfaction with her weight loss and will state decreased fear and more feelings of control over health concerns.</p>
<p>Winnie would like to attend church; staff and Winnie feel that spiritual support is a source of strength. She's been unable to attend church d/t lack of transportation.</p>	<p>1. Support Winnie to arrange transportation with her church if possible. If not possible, assist Winnie in finding alternative transportation to church. 2. Invite Winnie to attend weekly bible study group</p>	<p>1. SW 2. ACT</p>	<p>1. 1x per week till goal reached. 2. 1x per week.</p>	<p>Winnie will express satisfaction with options to meet her spirituality needs; will attend spiritual services at least one time weekly.</p>
<p>Winnie would like to continue to serve as the center librarian to support her desire to continue to feelings of purpose and productivity and social interaction.</p>	<p>1. Provide opportunities for social interaction. 2. Provide Winnie with the materials she need to continue serving as the center librarian.</p>	<p>1. ACT 2. ACT</p>	<p>1. Daily 2. Daily</p>	<p>Winnie will continue to serve as center librarian as long as she chooses.</p>

Text Box:

Winnie lives alone, her biggest concern is that she will become sicker and have to move from her apartment. The staff's primary concerns are her risk for falling and diabetes which is complicated by her failure to eat a diabetic diet, obesity and lack of exercise. Winnie understands that her impaired mobility is related to her obesity and that her obesity is related to her lack of exercise and eating habits. (Her BG levels have consistently been in the 300s). She utilizes food as a tool to help her cope with her health concerns and fear of becoming sicker. Winnie is cognitively intact and very social. She understands the interplay of emotional and physical health problems and her own responsibility to help ensure that she is able to remain in her apartment living independently. She has agreed to the care plan and to the interventions for which she is responsible.

Signatures:

Participant: (Winnie) Misk		Psych:	
RN:		Dietitian:	
SW:		Physician	
ACT:		Speech:	
PT:		Other:	
OT:		Other:	