

Client Care Plan

Document Signature, Designation and Date for all entries

Name:

Date of Birth:

NHI:

Update White Board	Care Plan (date)	Update (date)
Mental Health Act Status Status, Type, expiry date, District Inspector (DI) – notification		
Level of Observation e.g. seclusion, Level 1 within Level 2 reach, same room & in sight, Level 3 frequent observations 5-15 mins, Level 4 sight at least every 30 mins (document frequency)		
Risk Management e.g. Level of risk, signs of increase risk, plan to minimise risk i.e. de-escalation, sensory modulation 1:1, family, MHA, SOAP, MMHT, Chaplain, increase level of observation, historical risk.		
Leave Status e.g. nurses discretion, brief, 20 mins with family, no leave, short leave, supervised leave		
Medication Management e.g. Own meds, clozapine bloods due, plasma levels, changes to meds, safety plan for declined meds, info provided, observation for administering, reactions, side effects, use of prn meds)		
Recordings / Observations e.g. e.g. B/P, TPR, SpO ₂ , Blood Sugar Level, MSU, EWS, weight, Fluid balance, Medication Plasma Levels, AWS, Neuro Obs		
Spiritual / Cultural e.g. Maori Mental Health Team, Chaplain, Spiritual Advisor, Advocate. Include date referrals sent.		
Smoking Cessation e.g. Smoker, plan, referral to smoking cessation, NRT, NRT type, instructions.		

AUTHOR: CNM MH Inpatient

AUTHORISED: Dec 2020

FILE NUMBER: IPUPDP001

REVIEW DUE: Dec2024

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<p>ADLs e.g. Sleep (use of hypnotics, relaxation techniques, night lights)</p> <p>Diet (normal diabetic, vegetarian, allergies, swallowing difficulties, food chart)</p> <p>Fluids (free, restricted, thickened)</p> <p>Elimination (aperients, bowel chart, fluid balance, MSU)</p> <p>Hygiene (Independent, assistance required, bath/shower – nocte/mane, oral hygiene, washing)</p> <p>Mobility/Transfer e.g. level of mobility, mobility aids, supervision, bariatric needs, equipment.</p> <p>Morse Falls Plan / Pressure Injury Plan / Manual Handling (Document plan on last page of Care Plan where applicable)</p>		
<p>Communication e.g. hearing - aids, sight - glasses, speech, language, requires interpreter, memory, cognition</p>		
<p>Family Engagement e.g. FRAP, COPMIA, Family Meetings (information sharing, ward procedures and discharge planning)</p>		
<p>Transition to Wellness Plan (completed/updated) Goal Planning e.g. goal plan completed / updated. C = Commenced CP = Completed U = Updated</p>		

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Behaviour, Management or Activity Plan		
Activities e.g. art, games, video's, crafts, outings, walks, exercise, gym		
Education e.g. Patient and/or family education – document education/information discussed/provided, Code of Rights		
Legal Issues Custody Arrangements Protection Orders Bail Conditions Driving Restrictions		
Referrals List referrals sent, include date referrals sent (e.g. CMHT, A&OD, ICAHMS, MMHT, NASC, SFA)		
Falls Plan If required as a result of Falls Risk Assessment.		

Released under the Official Information Act 1982

Wellness Plan

1. Signs of wellness for me/ what am I like when I'm well.

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2. My own coping strategies that I can do to take my mind off how I feel.

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3. People and Social settings that make me feel better

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4. Triggers that lead to me becoming unwell:

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5. When would I need more support and how can I/we know?

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6. Support I need for me to function in my family including children/
dependant/community

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7. Actions to take.

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8. Short term goals

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9. Long term goals

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Safety Plan

STEP 1. Warning signs (thoughts, images, mood, situation, behaviour) that a crisis may be developing:

1.
2.
3.

STEP 2. Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1.
2.
3.

STEP 3. Social Distraction: People and social settings that provide distraction:

1. Name Phone
2. Name Phone
3. Place Place

STEP 4. People whom I can ask for help:

1. Name Phone
2. Name Phone
2. Name Phone

STEP 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name Phone
- Clinician Emergency Contact #
2. Clinician Name Phone
- Clinician Emergency Contact #
3. Local Urgent Care Services
- Urgent Care Services Address: Phone
4. Phone or text 1737 (24/7 trained counsellors will take your call)

STEP 6: Making the environment safe:

1.
2.

The one thing that is most important to me and worth living for is:

.....

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Copy to Client Date Signature

Copy to Family Date Signature

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