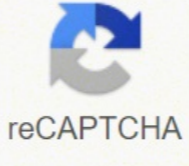




I'm not robot



**Open**



Technology Integrated Lesson Plan Template  
(with rubrics assessment)



**Title:**

<b>Subject:</b>	Technology/Equipment/Supplies Needed:
<b>Topic:</b>	
<b>Grade Level:</b>	Collaboration (w/media specialist, other staff):
<b>Lesson Length/ No of Sessions:</b>	
<b>Task/Objectives:</b>	
<b>Process (strategies &amp; activities):</b>	
<b>Resources:</b>	

Picture Source: thesiswritinghelpuk.com

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NURSING CARE PLAN**  
*This is an example of a care plan, so please use it as an example*

Client:	Age:	Sex:	Goals	Objective-criteria	Interventions	Rationale	Evaluation
<b>Assessment</b> Infraction: Pt states that the Dr needed to clean every thing up when ask why she had the surgical procedure performed on 10/00/00. Pt states that she is not sure what the Dr did during the procedure or what procedure was performed. Objective: Pt is 81 yr old. The time between the ER visit and the surgical procedure was least than 24hr. The pt was in tremendous pain. While the pt was intubated on the procedure her age, pain and time between admit and surgery may have made it difficult for the pt to remember the information provide to her. Pt is AAO Times 3. Pt exhibits no signs of short-term memory loss.	<b>Nurs Dx</b> Knowledge deficit related surgical procedure. Intentional: Pt knowledge deficit related surgical procedure performed in developmental related to environmental factors that hinder the pt learning environment. (Abdominal pain, urgency of surgical procedure)	(1) The pt will verbally express her understanding of surgical procedure on 3/00/00. (2) The pt will verbally express why surgical procedure was needed on 3/00/00.	(1) The pt will be able to verbally express in laymen terms, (diagnosis) surgical opening of the abdomen and (perforated small bowel) escape or leakage of the contents of the small bowel to to the abdominal cavity, on 3/00/00. (2) The Pt will be able to express verbally why surgical procedure was performed in laymen terms, preoperative diagnosis possible ischemic bowel (blood loss to area of bowel), on 3/00/00.	(1) Nursing student will determine pt current knowledge base having patient state current knowledge regarding surgical procedure. (1) Monitor pt for fatigue. (2) Provide pt with quiet, well lighted, temperature-controlled teaching environment during teaching sessions. (2) Teach only absolutely relevant information first.	(1) Provides a stepping-stone to pieces of information that may be incorrect or lacking. "Clinical applications of nursing diagnosis, Con pg 442" (1) Fatigue interferes with concentration, which decreases learning. "Clinical applications of nursing diagnosis, Con pg 442" (2) Limits distractions. "Clinical applications of nursing diagnosis, Con pg 440" (2) Pt will remember initial information more than subsequent information. Avoids overwhelming patient with information. "Clinical applications of nursing diagnosis, Con pg 440"	(1) Pt stated she understood surgical procedure. However, was not able to express a complete understanding of surgical procedure. Achieve 50% goal one , continue with goal and reevaluate on 3/00/00. (1) Pt exhibits no signs of fatigue during teaching session, re-eval she expressed that she was tired. 100% of intervention met. (2) Pt verbally expressed an understanding of why surgical procedure was performed. Pt expressed knowledge what an ischemic bowel is in laymen terms. Achieved 75% of goal two, continue with goal and reevaluate on 3/00/00. (2) Pt indicated that there was no environmental distraction. 100% of intervention met.	

NHS Personalised Care Plan  
Giving patients control of their own health

Patient Details	
Name: JONES, Adam (M)	
Address: 3 Mill Road, Upper Moor Side, Booth Wood, West Yorkshire, WF5	
Home Tel: 01432150074	Date of Birth: 08-Apr-1947
Mobile Tel:	NHS Number: 540 575 2588
Residential status: No events found.	Main language: unknown
Home access information: No events found.	Door access keycode: No events found.
GP Practice Details	
Usual GP: BURNS, Robert (D)	
Practice name: Ardene Training (Practice 2)	
Practice address: Fulford Grange, Mickelthield Lane, Rawdon, Rawdon, Leeds, Yorkshire, LS19 6DA	
Practice telephone: 01132500000	
Case Manager (if applicable): No events found.	
Case Co-ordinator: No events found.	
Other people involved in care	
Other professionals:	No events found.
Patient Carers	
Patient Carers:	No events found.
No patient carers recorded.	
Next of Kin (and other contacts)	
Next of Kin:	No events found.

Senior Care Information Form

Form filled out by: \_\_\_\_\_ Position: \_\_\_\_\_

**Contact information for person requesting care**

First Name	
Last Name	
Main telephone number	
Additional telephone number	
Address	
City	
Postcode/Zip	
Postcode/Zip code	
Main telephone number	
Additional telephone number	
Your relationship to person needing care	
Age	
Birthdate	
Gender	
Cultural Background	
Language spoken at home	

**General information of senior needing care**

First Name	
Last Name	
Address	
City	
Postcode/Zip	
Postcode/Zip code	
Main telephone number	
Additional telephone number	
Your relationship to person needing care	
Age	
Birthdate	
Gender	
Cultural Background	
Language spoken at home	

Current living situation of person requiring assistance

Lives at home alone  
 Lives at home with wife/husband/partner  
 Lives at home with family  
 Lives in care facility  
 Lives in nursing home  
 Lives in hospital

Additional information: \_\_\_\_\_

**Types of senior care services desired**

Hourly routine care  
 On-call care (in-home)  
 Overnight care  
 Live-in 24/7 care  
 Live-in 24/7 care

**Senior assistance assessment**

TYPE OF ASSISTANCE	NEEDS ASSESSMENT	SOME ASSISTANCE	FULL ASSISTANCE
Bathing/Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding/Incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving/Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication/Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bill payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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