

APPENDIX F

DAILY PLAN OF CARE

Directions:

1. Bring Nursing Diagnosis handbook & NOC text to clinical.
2. Complete appropriate Daily Plan of Care for each client assigned.
3. Complete all pertinent Nursing Diagnoses and PCs
4. Complete NOCs with 2 indicators each which match aebs or risk/contributing factors of each Nursing Diagnosis.
5. Provide 2 nursing interventions to accomplish each NOC.
6. Be prepared to submit to instructor at end of clinical day and/or discuss in post conference.
7. Completion and accuracy of Daily Plan of Care contributes to the evaluation of your understanding and use of nursing process. A communication record may be written if consistently incomplete or inaccurate.

Student Name _____
 Date Assigned _____

Daily Plan of Care: Newborn

Name Room #	Diagnosis/Surgery	Vital signs	Behavior - state	Fdg method/I & O	Diag. Studies	Hep B Vaccine	Treatments	Accucheck
<u>Sex</u>	<u>Date/time</u>		Pain (X2)	Type: Amt: Freq:	U/S: Echo: x-ray:		Warmer: Bili light: Circ:	
Priority Assessment Data	Nursing Dx	NOCs	NURSING INTERVENTIONS	MEDICATIONS Allergies:	LABS			
Color				0800	CBC's:			
Weight				0900				
Muscle Tone				1000	Bili:			
Eyes				1100				
Skin Integrity				1200				
Reflexes				1300				
Cord				1400				
Circ								NB Screen

Student Name _____
 Date Assigned _____

Daily Plan of Care: Postpartum Mother

Name/Age Room #	Diagnosis/ Surgery	Vital signs	ROM	Diet	Iv/gtts/min	Treatment s	Accucheck	Labs	Other
G ____: T ____,			Date Time Color Odor	I/O				BI type Rh Hgb Hep B Rubella Gbs	
P ____: A ____,	Date/time		Activity						
L ____									
Priority Assessment Data	Nursing Dx		NOCS		NURSING INTERVENTIONS			MEDICATIONS Allergies:	
B								0800	
U								0900	
B								1000	
B								1100	
L								1200	
E								1300	
H								1400	
E									
Pain									

Student Name _____
 Date Assigned _____

Daily Plan of Care: Laboring Mother & Fetus

Name/Age Room#	Diagnosis/Surgery	Vital signs	ROM	Diet	Iv/gtts/min	Treatments	Accucheck	Labs	Other
G _____ T _____ P _____ A _____ L _____ Wks Gestation	Date & Time	Date Time Color Odor Activity	I/O				Presenting Part Position	BI type Rh Hgb Hep B Rubella Gbs	

Priority Assessment Data

Stage I	Stage II	Stage III	Stage IV
Contractions: Duration Frequency Intensity Dilation: Effacement: Station: Membranes/Fluid: Baseline FHR: Variability: Decels.: Support:	Length: Type of Delivery: Vag. _____, C/S _____, Forceps _____, VE _____ Reason:	Length: EBL: Episiotomy: Lacerations: Claiming Behaviors	Fundus: Bladder: Lochia: Perineum: Vds (ml. of each): Pain: IV (Type & ml/hr) Emotional: T: P: R: BP:
			Transitional Newborn
			Date/Time of Birth: Sex: Apgars: Mec.: SGA/LGA Feedings Initiated: Muscle Tone:
			Weight: # of Cord Vessels: Vd: Accuchecks: T: HR: RR: Lungs: Other:

Nursing Dx	NOCS	NURSING INTERVENTIONS
Mother:		
Fetus:		