



## **Plan of Care for Ruth Morganto\***

February 15, 2016

by Karen Wolfrom MSA, RNC, CMC  
Holistic Elder Services®

### **Needs/Challenges**

1. Frequent moves between two daughters and other extended family over past several years
2. Dementia, anxiety and depression
3. Nutrition altered: weight loss, poor diet
4. Alcohol and tobacco dependence
5. Insomnia due to frequent urination
6. Socialization impaired
7. Reluctance to seek medical attention, follow advice
8. Pain in hands due to gout, arthritis
9. Assistance with IADLs (instrumental activities of daily living)
10. Medication monitoring
11. End-of-life planning – state specific documents, funeral, etc.

### **Desired Outcomes**

1. Permanent residence within 30 minutes of family/POA who will advocate for her
2. Environment that is comfortable, calm, supportive
3. Weight stabilized, consuming nutritious foods, balanced diet for energy and wellness
4. Alcohol and tobacco use curtailed
5. Seven to eight hours of rest at night with no more than two bathroom visits
6. Participation in activities of interest; interaction with peers, family, develop new friendships
7. Will accept medical advice to improve wellness, prevent illness
8. Pain relieved to 5 or less (scale of 1 – 10, with 10 being worst pain) and able to do activities of choice with minimal assistance
9. Advocate or designated person manages IADLs (paying bills, making appointments, transportation, etc.)
10. Medications taken as ordered by physician with supervision
11. Medical directives and personal wishes discussed and documented for advocates to follow



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### **Actions**

1. Research independent living/subsidized apartments in Seattle, WA & southeastern (Chester County) PA or northern DE areas ; consult with GCMs (geriatric care manager) who can do analysis
2. Admit directly to the facility ; evaluation by geriatric psychiatrist
3. Monitor weight, provide nutritious snacks, consult with nutritionist or dietitian
4. Offer alternatives to alcohol – carbonated drinks, smoothies; consider nicotine patch; encourage activities with non-drinking & non-smoking peers for distraction
5. Investigate the cause of nocturnal bathroom visits – (i.e. low grade urinary tract infection, bladder or uterine prolapse, etc.) May need to limit evening fluids, wear protective pads if distressed by possible leakage.
6. Involve in activities of choice at facility. Family visits regularly after initial adjustment period.
7. Research and use medical practitioners that are attentive and willing to cooperate with expressed directives and wishes of client and advocate.
8. Medications, occupational and /or physical therapies to maintain function and decrease pain
9. IADLs completed by designated person or family, perhaps with assistance of GCM as necessary
10. Facility staff administer medications
11. Consider completing Medical Orders Scope of Treatment (MOST) form; monitor finances and apply to skilled nursing facilities if finances dwindle to apply for Medicaid; monitor for appropriateness of palliative/hospice care in future

\*fictitious name