

**Treatment Plan
Training
Wernersville State
Hospital**

Treatment Team

- Psychiatrist
- Nurse
- Social Worker
- Psychologist
- Recreational therapist
- Occupational therapist
- Aide
- Chaplaincy
- Guardian
- Family
- Medical Physician
- Dentist
- Pharmacy
- Physical therapist
- Patient

CMS Standards

482.61

The patient and treatment team collaboratively develop the patient's treatment plan. The treatment plan is an outline of what the hospital has committed itself to do for the patient, based on an assessment of the patient's needs. The facility selects its format for treatment plans and treatment plan updates.

B119

- The plan must be based on an inventory of the patient's strengths and disabilities.

A disability is any psychiatric, biopsychosocial problem requiring treatment/intervention.

- There must be periodic review of the patient's response and progress toward meeting planned goals.

Treatment plan reviewed:

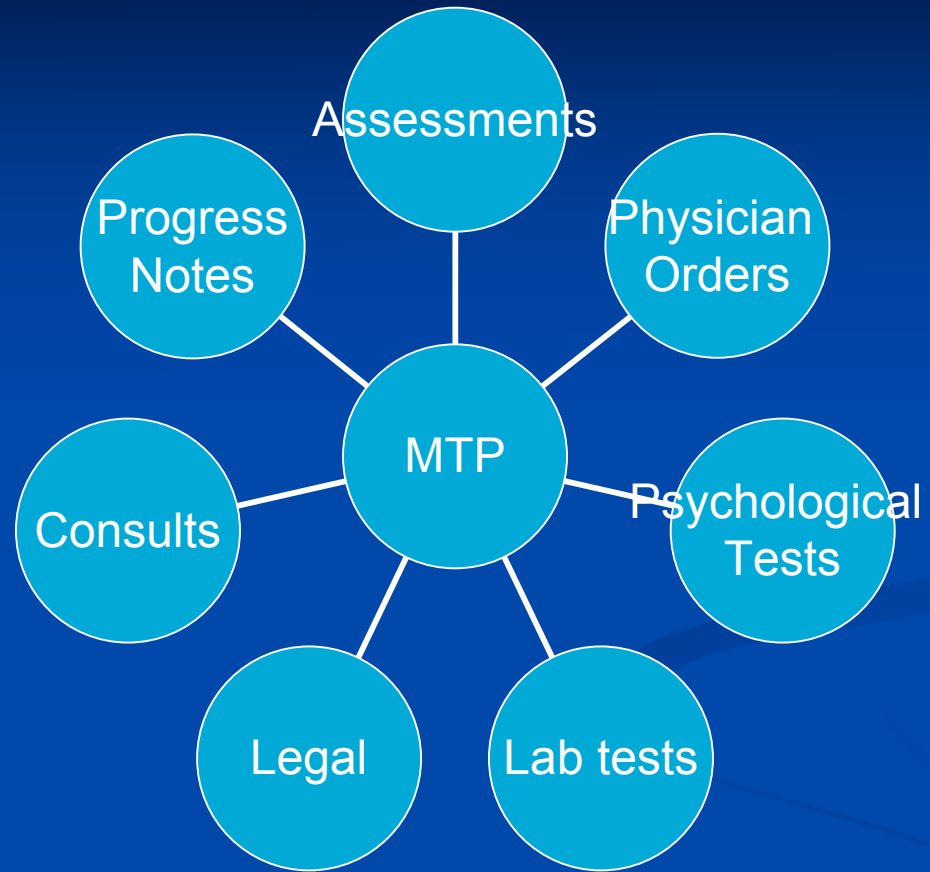
- Whenever a goal has been accomplished
- When a patient is regressing
- When a patient fails to progress
- When a patient requires a new treatment goal

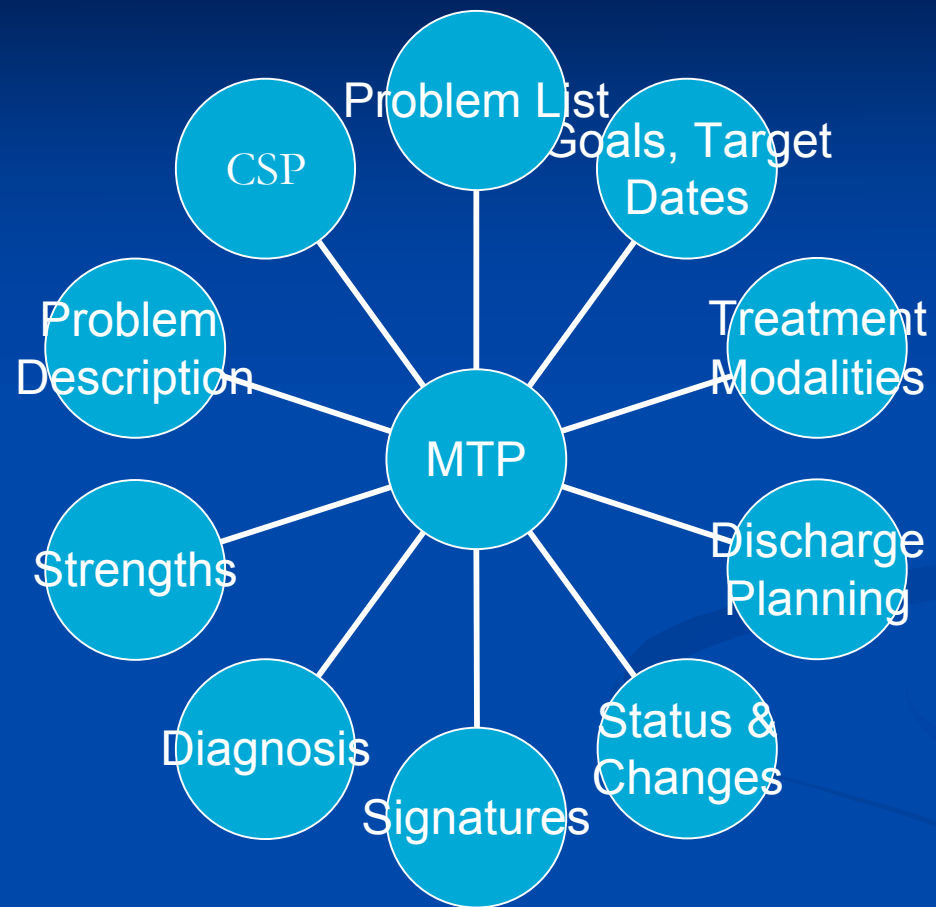
Function of the team

- Direct treatment
- Psychiatrist is the team leader or director

Opening Statement

- Treatment plans do not stand alone. The treatment plan, including the nursing care plan, is the vehicle which drives the treatment process; however, it must work in conjunction with the rest of the patient's record.





Treatment Plan Reviews

- When pt. Is transferred or discharged
- Change occurs in the clinical condition
- Successful completion of treatment goals
- Failure to reach treatment goals
- 28 day review

Definitions

- MTP/ITP – master or individual treatment plan
- Long term goal – what it takes to get out
- Short term goal/objective – steps needed to achieve LTG
- Modalities/interventions – what we do to help the patient to achieve their goals

- Goals = “ends”
- Modalities (interventions) = “means”

Four steps to write goals

1. “Pt will ____ [plus active verb] ...”
2. Behavior expected [observable and measurable]
3. Target frequency
4. Time period

Four Steps For Building Goals

1. Pt will...	2. Behavior expected (observable/measurable)	3. Target frequency	4. Time period
Pt will make...	At least one nondelusional relevant comment in community meeting...	Twice a week...	For 1 month.
Pt will discuss...	The importance of taking his meds as prescribed...	For 15 minutes...	For 1 month.
Pt will cooperate...	With at least one treatment team member in the treatment planning process...	Once daily...	For 1 week.
Pt will maintain...	Relevance and focus on topics beyond the first two sentences of a conversation...	Three times a week...	For 1 month.
Pt's motivation will improve such that she will have...	Her personal dorm area in acceptable order...	At least 3 out of 5 weekdays...	For 1 month.

Four steps to write interventions

1. “Staff will _____ [plus active verb]
2. Time period
3. Frequency
4. Modality

Four Steps for Building Treatment Interventions

1. Staff will...	2. Time period	3. Frequency	4. Modality
Nurse will meet with pt...	For at least 15 minutes...	Once weekly...	To educate pt about her illness and the importance of taking her meds.
Nursing staff will assess pt...	[time necessary]	When she returns from passes...	For any evidence of intoxication and will report significant findings to the psychiatrist.
Psychiatrist will meet with pt...	For at least 35 minutes...	Once weekly...	To assess pt's level of psychosis and to prescribe medications such as Zyprexa.
Rehab staff will schedule pt...	For 1 hour...	Twice weekly...	For AA meetings to learn more about alcohol abuse risk factors and how to avoid them.

Case Discussion #1

- 34 year-old male (George) is admitted 4/1/07 with depression consisting of not sleeping (DFA & SCD), poor appetite with 20 lbs weight loss since 3/10/07, no energy or motivation and attempted to hang himself.

Long Term Goal

- George will report normalization of mood as evidenced by 1. sleeping 6-8 hours per night, 2. obtaining a weight within his ideal body weight and 3. absence of suicidal ideation/plan or intent for 4 weeks.

Short Term Goal

1. George will report falling asleep within 45 minutes of going to bed three times per week for 1 week.
2. George will report the ability to sleep throughout the night 5 of 7 nights by day 21.
3. George will be free of any suicidal ideation for 2 weeks.

Interventions

- Dr. Adams, Psychiatrist, will meet with George for a least 20 minutes weekly to provide supportive therapy, assess side-effects/effectiveness of medication, assess need for special precautions, review importance of sleep hygiene to improve sleep and will treat with antidepressants for depression. Will use sedative-hypnotics for 3-7 days for insomnia.

Janice Jones, RN and nursing staff,

1. Will question George at least once each shift to determine whether he is having impulses to hurt himself.
2. if there are concerns about George attempting to hurt himself, at a minimum, will have him verbally contract for safety each time he goes off the ward. For safety reasons, he may be restricted to the ward and placed on special precautions until the psychiatrist can evaluate him.
3. will provide support and praise when George is demonstrating appropriate coping skills to maintain safe behaviors.

Dr. Butler, Psychologist,


1. will meet with George 1:1 weekly for 45-minute cognitive therapy sessions to help him develop strategies to more effectively cope with stressors rather than becoming suicidal.
2. will lead the suicide prevention group, Monday 2-2:45 pm, to help reduce feelings of hopelessness and worthlessness and more effectively deal with stress.

Case Discussion #2



- Joe has a long history of drinking water and other fluids to a dangerous excess, which results in electrolyte imbalances. Two years ago this resulted in seizures when Na^+ dropped to 124.

Long Term Goal (s)

 Joe will maintain a Na^+ of 130 or greater for 6 months.

 Joe's Na^+ levels will be maintained at an “acceptable” level (134 or greater) for 6 months.





Short Term Goal (s)

-  Joe's Na⁺ levels will be maintained at an “acceptable” level (134 or greater) for 3 months.
-  Joe will not gain 8 pounds or more during a 24-hour period for 3 months.

Interventions

Dr. Smith, medical physician, will order electrolytes twice weekly and daily if Na^+ falls below 130. Will restrict pt to the unit if Na^+ falls below 130.

Marilyn Davis, RN and staff,

-  Will weigh pt twice daily.
-  Will restrict pt to the unit if pt gains 8 pounds during a 12-hour period and will have a serum Na⁺ drawn immediately.
-  When pt is restricted to the unit, nsg staff will maintain intake/output records.
-  Nsg. Staff will provide positive re-enforcement when pt is able to maintain his serum Na⁺ level at 134 or greater.