

Activities of Daily Living Care Plan - Isolation

Date Initiated: _____

PROBLEM	GOALS	TARGET DATE	APPROACHES/INTERVENTIONS	DISCIPLINES
I am at risk of poor personal hygiene and decreased psychosocial well-being related to isolation.	I will not experience unexpected declines in personal hygiene or psychosocial well-being		☐ Adaptive equipment will be modified as indicated to enhance my confidence/safety and encourage independent activities of daily living ☐ Staff will assess my ability to execute independent personal hygiene tasks such as shaving, oral care, etc. ☐ I will be challenged to use bilateral hands during care, and to focus on core/trunk stability and fine/gross motor coordination ☐ I will perform hand hygiene per proper technique while seated and standing and before and after meals ☐ I will perform daily hygiene activities and dress in appropriate clothing daily ☐ My dentures and/or hearing aids will be clean, charged and in place daily	

RESIDENT NAME _____ ROOM # _____

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.