

Personal Care Assistance Care Plan

Plan Dates

Care Plan Start Date: \_\_\_\_\_ Care Plan End Date: \_\_\_\_\_

IEP Start Date: \_\_\_\_\_ IEP End Date: \_\_\_\_\_

Student Demographics

Student Name: \_\_\_\_\_ Building: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Responsible Party

Responsible Party Name: \_\_\_\_\_ Relationship To Student: \_\_\_\_\_ IEP Manager

Responsible Party Phone #1: \_\_\_\_\_ Responsible Party Phone #2: \_\_\_\_\_

Instructions for Contacting Responsible Party

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff

Primary Personal Care Assistance Staff:

By signing this document you are indicating that you have been trained and oriented on the needs of this student.

Print Name

Signature

Date

Print Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Backup Staffing Plan:

Staff in building will be accessed as necessary if assigned staff are unavailable.

Emergency Plan

Plan for Addressing Safety and Vulnerability Issues

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Care Assistance Care Plan

Signatures

Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_

Responsible Party Title: \_\_\_\_\_

Date: \_\_\_\_\_

Qualified Professional Signature: \_\_\_\_\_

Qualified Professional Title: \_\_\_\_\_

Date: \_\_\_\_\_

Attachments: \_\_\_\_\_

# Personal Care Assistance Care Plan

Care Plan Start Date: \_\_\_\_\_

Care Plan End Date: \_\_\_\_\_

IEP Start Date: \_\_\_\_\_

IEP End Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Building: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

IEP Manager: \_\_\_\_\_

## Eating:

Meals:

- breakfast
- lunch
- snack

Type:

- cold
- hot
- combination hot and cold
- tube feeding

Restricted diet: \_\_\_\_\_

Tray:

- student independent in carrying
- staff assists to carry tray
- staff carries
- student independent in dumping
- staff assists to dump tray
- staff dumps

ID Number:

- student can enter ID number independently
- student requires assistance in entering ID number  hand over hand  stating #
- staff enters ID

Food items:

- student independent in obtaining food items
- staff guidance required to determine food items
- staff makes choice of food items

Feeding utensils/plates/bowls:

- sippy cup
- regular cup
- straw
- modified fork
- modified spoon
- modified bowl/plate

Beverage:

- white milk
- chocolate milk
- juice
- water

Preparation:

- provide oral stimulation before eating (per OT)
- prepare entire meal

- cut into bite sized pieces
- open most packages & containers
- open all packages & containers
- insert straw
- puree items
- mash items

When:

- breakfast \_\_\_\_\_
- snack \_\_\_\_\_
- lunch \_\_\_\_\_

Where:

- resource room
- classroom
- cafeteria

Seating:

- regular chair/seat
- other

Choking Risk:  Y  N

Procedure:

- completely independent in eating once is seated
- eats independently after meal prepared
- requires additional time
- put food onto utensil to self feed
- hand over hand - guide food to mouth
- may spear food
- finger feeds
- requires feeding of  most  all food items

Behaviors:

- encourage/monitor chewing
- requires regular prompting/coaching
- avoid student stuffing food into mouth
- encourage student to slow down
- discourage student from holding food in mouth
- encourage student to swallow
- encourage student to continue eating/finish meal
- encourage student to drink beverage
- limit food intake
- guide utensils and cups to tray/table

Comments:

Toileting:

Type of clothing:

- wears underwear
- wears variation of underwear and pullup
- wears personal care item:

- pull up at all times
- diaper at all times
- diaper and liner at all times

Catheterized:

- self catheterized
- staff catheterized - see health plan

Bathrooming:

- staff completes in entirety
- totally dependent in all bathrooming
- totally independent in all bathrooming
- not bathroomed trained at all
- requires reminders to use bathroom
- working on bathroom training
- needs assistance following a BM
- needs assistance with menses

Frequency:

- bathroom every \_\_\_ hours
- bathroom at the following times: \_\_\_\_\_
- notification to staff of need to use bathroom:
  - is unable to notify staff of need to use bathroom
  - can verbalize urination need
  - uses augmentative device for urination
  - can verbalize bowel movement need
  - uses augmentative device for bowel movement

Room for bathrooming: \_\_\_\_\_

Transfer:

- ambulates to stool
- ambulates to urinal
- stands alone at stool with no support
- stands alone at urinal with no support
- can place self on stool
- stands at stool, but requires staff support to do so
- stands at urinal, but requires staff support to do so
- sits on stool, but requires staff support to do so
- use gait/transfer belt
- requires  1  2 person to assist in pivoting to stool and off
- requires  1  2 person lift to sit on stool and get off
- requires  1  2 person lift to be placed on changing  table  mat and off again
- Hoyer lift - requires  1  2 person

Needed items:

- grab bar
- specific toilet seat
- splash guard
- disposable wipes
- disposable under pad
- gloves
- disinfectant spray

Procedure:

- requires complete assistance with all bathrooming needs

- urinates  standing at stool  standing at urinal  sitting on stool with no assistance
- after urination  can wipe independently  needs assistance with wiping
- after bowel movement  can wipe independently  needs assistance with wiping
- requires  1  2 person support while pulling down pants/protection
- change  while stands near stool/grab bar/urinal  while sits on stool
- change on  floor  changing table
- change on  floor  changing table for BM's only
- prompt/coach through procedure
  - verbal: unbuckle, pants up, pants down, sit , flush, roll
  - pictos

Personal care item (brief, pullup, etc):

- observe for skin breakdown at all times when changing
- cleanse skin with each change of personal care item
- apply salves/ointments only when approved

Dressing:

- requires adjusting of clothes after self completion
- assist with fasteners - buttons, snaps, ties

Cleansing:

- cleanse stool/device/area with disinfectant spray solution after use

Behaviors:

- needs monitoring at all times while in bathroom

Comments:

Grooming:

Hair care:

- completed:  AM  PM  as needed  after swimming
- daily with student completing independently
- daily: requires:  hand over hand  pictos  coaching
- daily with staff completing

Skin (face, arms, etc):

- daily with student completing independently
- daily: requires:  hand over hand  pictos  coaching
- daily with staff completing
- as needed with student completing independently
- as needed requires:  hand over hand  pictos  coaching
- as needed with staff completing

Teeth/Oral Care:

- frequency:  AM  PM  as needed
- student independent in procedure
- student requires reminding
- staff completes procedure
- staff assists with toothpaste
- requires:  hand over hand  pictos  coaching
- staff uses sponge toothettes

Eye wear:

- cleanse  daily  as needed

Hearing aid:

- student can self place
- staff place in ear daily
- check battery: times per day \_\_\_\_

Nails:

- cut as needed

Deodorant:

- student applies     daily     as needed     after swimming
- staff applies         daily     as needed     after swimming

Cosmetics:

- student self applies
- staff assists student with applying
- staff applies as needed

Drooling:

- wears protective item

Comments:

Bathing:

Procedure:

- student completely dependent on staff for bathing
- independent in showering
- requires staff to assist with     soap     cleansing     shampooing     drying
- apply lotion as directed

Comments:

Handwashing (to be completed after meals, bathrooming and as needed):

Procedure:

- student independent
- student requires hand over hand to complete
- student requires assistance with soap
- student requires assistance in obtaining towels
- student requires assistance in drying
- staff completes procedure for student
- student requires     verbal prompts (turn water on, get some soap, etc.)     pictos

Comments:

Dressing:

Procedure:

- student completely dependent on staff for dressing

- student completes independently
- student requires  verbal prompts (pull up/down, zip, button, shoes off)  pictos
- hand over hand due to  minimal self ability  learning procedure
- staff starts task (zippering, etc.) and student can complete
- needs assistance with fasteners - zippers, buttons, snaps, ties
- requires adjusting after self completion
- requires assistance with coat/boots/mittens wear
- requires assistance with hanging items in locker

Devices:

- AFO's  SMO's  shoe inserts  braces  splints
- student leaves on all day
- apply when student arrives at school
- removed and reapplied:  after ambulating  after outside play (sand)  
 after swimming  with winter boots
- observe for redness/color change:  one time per day  when removed  as needed
- apply as directed: \_\_\_\_\_

Laundry:

- student assists
- staff completes

Comments:

Transferring: \*\*\*for bathrooming, see bathrooming section in this document

Student independent in transferring:  Y  N

Requirements for student to get to designated area

- one person lift
- two person lift (if over 45 pounds)
- Hoyer lift - requires  1  2 person assistance
- pivots with  1  2 person assistance
- use gait/transfer belt at all times
- support student while sitting position
- support student while standing
- stand by and assist if necessary
- requires constant supervision
- swimming pool lift

Ability may vary from day to day:  Y  N

Comments:

Mobility:

Ability may vary from day to day:  Y  N

Mode:

- ambulates independently
- ambulates with staff support at all times
- ambulates with staff support as needed
- ambulates with  walker  cane  cart  crutches  holding hand



Requires assistance with elevator/stairs:  Y  N

Comments:

**Behavior:**

Interventions:

- time outs
- attempt to keep safe
- hands to self
- offer choices: verbal/augmentive device
- use of timers
- keep contained
- hands out of mouth
- encouragement to follow directions
- encouragement to stay on task
- redirect
- being kind to self, peers, and adults
- socially acceptable behaviors
- soft/quiet voice
- requires constant supervision
- attempt to de-escalate
- offer positive reinforcements

Behavior may vary from day to day:  Y  N

Comments:

**Health Related Procedures: Are directed and delegated by Licensed School Nurse/PT/OT only**

Medication administration:

- oral
- injections
- inhalers
- nebulizer treatments
- tube feeding
- rectal

Blood glucose monitoring per care plan:  Y  N

Abdominal tube feedings as per care plan:  Y  N

Catheterize as per care plan:  Y  N

Shunt care:

- monitor/protect shunt area in head
- monitor for signs and symptoms of shunt malfunction

Abdominal pump:

- monitor/protect pump site

Activity Level:

- monitor if changes from day to day
- activity is as tolerates

Cleanse toys to prevent infection:  Y  N

Assist to health office as needed:  Y  N

Range of motion (per PT guidance):

frequency per day:  1x  2x

Extremities:  R arm  L arm  R leg  L leg

R hand  L hand  R foot  L foot

Muscle strengthening:

\_\_\_\_\_ times per day

type:  bike  trike  circuit  scooter  individual plan

Comments: