

LTC Nursing Care Plan – Parkinson’s Disease (PD) Psychosis

Resident Name: _____ Room #: _____ Physician: _____ Date: _____

Concerns & Problems	Resident/Family Nursing Goals	Assessment Date	Nonpharmacologic and/or Pharmacologic Interventions	Responsible Discipline	Reevaluation	Team Initials
Symptoms: Hallucinations¹: Eg, seeing or hearing things that are not there _____ _____ Delusions¹: Eg, paranoia _____ _____ Observable behaviors: _____ _____ _____ _____ _____	Resident/Family: <input type="checkbox"/> Stabilization, reduction, or remission of symptoms/episodes <input type="checkbox"/> Decreased intensity of symptoms/episodes <input type="checkbox"/> Increase/preserve social interaction Nursing: <input type="checkbox"/> Engage in activities of daily living (ADLs) <input type="checkbox"/> Participate in PT/OT/ST as ordered to promote overall functioning and psychosocial well-being <input type="checkbox"/> Maintain safe environment <input type="checkbox"/> Monitor risk for falls <input type="checkbox"/> Other _____ _____ _____ _____		Assessment/systematic observation²: <input type="checkbox"/> Identify problems through assessments of symptoms <input type="checkbox"/> Assess the history and consequences of symptoms <input type="checkbox"/> Clarify who is negatively affected Ascertain causes for symptoms²: <input type="checkbox"/> Resident has negative view of caregiver <input type="checkbox"/> Resident doesn't understand intent of caregiver <input type="checkbox"/> Resident is suffering from social isolation or sensory deprivation <input type="checkbox"/> Resident misinterprets situations Conduct intervention matching causes of symptoms, resident's habits and preferences, and current abilities^{2,3}: <input type="checkbox"/> Music therapy <input type="checkbox"/> Orientation training <input type="checkbox"/> Exercise <input type="checkbox"/> Art-cognitive activity Intervention addressed to²: <input type="checkbox"/> Resident <input type="checkbox"/> Environment <input type="checkbox"/> Staff member <input type="checkbox"/> Family Assess and reevaluate whether symptoms and quality of life have improved post-intervention ² Pharmacologic Interventions⁴: <input type="checkbox"/> Administer medications per order <input type="checkbox"/> Observe for effectiveness of medications <input type="checkbox"/> Observe for adverse reactions <input type="checkbox"/> Missed/refused medications <input type="checkbox"/> Consult healthcare provider for any drug/dose changes		At 30 Days: _____ _____ _____ _____ At 60 Days: _____ _____ _____ _____ At 90 Days: _____ _____ _____ _____ Quarterly: _____ _____ _____ _____ PRN: _____ _____ _____ _____	

Under CMS F657 a **comprehensive care plan** must be developed within 7 days after completion of the comprehensive assessment. This care plan should be prepared by an interdisciplinary team that includes, but is not limited to, the attending physician, a registered nurse with responsibility for the resident, a nurse aide with responsibility for the resident, a member of food and nutrition services staff, and, to the extent practicable, the resident, the resident's representatives, and other appropriate staff or professionals in disciplines determined by the resident's needs or as requested by the resident. This care plan should be reviewed and revised by the interdisciplinary team after each assessment, including the comprehensive and quarterly review assessments.⁵

Additional notes:

This planning tool is provided by ACADIA for educational purposes only. Please use your clinical judgment for establishing a full comprehensive nursing care plan for patients with Parkinson's Disease Psychosis.

This tool has been approved by:



For additional information regarding PD psychosis, please visit www.moretoparkinsons.com.

References: 1. Ravina B, Marder K, Fernandez HH, et al. Diagnostic criteria for psychosis in Parkinson's disease: report of an NINDS, NIMH work group. *Mov Disord.* 2007;22(8):1061-1068. 2. Cohen-Mansfield J. Nonpharmacologic interventions for psychotic symptoms in dementia. *J Geriatr Psychiatry Neurol.* 2003;16(4):219-224. 3. Chen R, Liu C, Lin M, et al. Non-pharmacological treatment reducing not only behavioral symptoms, but also psychotic symptoms of older adults with dementia: a prospective cohort study in Taiwan. *Geriatr Gerontol Int.* 2014;14(2):440-446. 4. Dunlop SR, Gerstenhaber M. Long-term care and nursing home issue. In: Menza M, Marsh L, eds. *Psychiatric Issues in Parkinson's Disease: A Practical Guide*. New York, NY: Informa Healthcare USA, Inc; 2009. 5. US Centers for Medicare & Medicaid Services. *State Operations Manual Pub 100-07. Appendix PP - Guidance to Surveyors for Long Term Care Facilities*. Baltimore, MD: US Dept of Health and Human Services; 2017.