

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 |
|---|---|-----------------|---|------------------------|---|---------------|
| <p>Symptoms:</p> <p>Hallucinations¹: Eg, seeing or hearing things that are not there _____ _____</p> <p>Delusions¹: Eg, paranoia _____ _____</p> <p>Observable behaviors: _____ _____ _____ _____</p> | <p>Resident/Family:</p> <ul style="list-style-type: none"> <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 <p>Nursing:</p> <ul style="list-style-type: none"> <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 <p>_____ _____ _____ _____</p> | | <p>Assessment/systematic observation²:</p> <ul style="list-style-type: none"> <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 <p>Ascertain causes for symptoms²:</p> <ul style="list-style-type: none"> <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 <p>Conduct intervention matching causes of symptoms, resident’s habits and preferences, and current abilities^{2,3}:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Music therapy <input type="checkbox"/> Orientation training <input type="checkbox"/> Exercise <input type="checkbox"/> Art-cognitive activity <p>Intervention addressed to²:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Resident <input type="checkbox"/> Environment <input type="checkbox"/> Staff member <input type="checkbox"/> Family <p>Assess and reevaluate whether symptoms and quality of life have improved post-intervention²</p> <p>Pharmacologic Interventions⁴:</p> <ul style="list-style-type: none"> <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 | | <p>At 30 Days: _____ _____ _____ _____</p> <p>At 60 Days: _____ _____ _____ _____</p> <p>At 90 Days: _____ _____ _____ _____</p> <p>Quarterly: _____ _____ _____ _____</p> <p>PRN: _____ _____ _____ _____</p> | |

