Cerner PowerChart EDUCATION

Plan of Care

Each patient must have a plan of care that is created at admission and includes goals and timeframes for the achievement of those goals.

- RNs create, document, discuss, collaborate, and update the Plan of Care (POC).
- The POC is a tasked (twice per day) PowerForm that opens from CareCompass.
- The POC can be found in AdHoc.
- The initial POC is done from Intake-Nursing workflow (Admission PowerForms).
- The POC displays in Results Review and Form Browser tabs.

Initial documentation of the POC

Plan of Care ✓ 1 ✓ 1 *Performed on: 12/12/2022 Image: State of the state of th									
Plan of Care Over Cardiovascular Plan Coping/Anxiety Pl	Cardiovascular	Initiate/Review		Care Overview					
Discharge/Knowk Discomfort Plan o Elimination Plan o	Coping/Anxiety	O Initiate/Review	7	Cardiov	vascula	r Plan o	of Car	e	
Endocrine Plan of Fluid Balance Plan Infection Plan of (Discharge/ Knowledge Deficit Discomfort	 Initiate/Review Initiate/Review 	Decreased Cardiac Output						
Neurological Plan Nutrition Plan of C	Elimination Endocrine	O Initiate/Review	Cardiac Output Related to		O By End of Sh				
Perfusion Plan of Respiratory Plan of Safety/Activity Pla	Fluid Balance	O Initiate/Review	Goals 5	Decreased Episodes of Angina Decreased Episodes of Dyspnea	Not met	Improving	Met		
Skin/Mucous Mer Shift Summary Pla Event Summary	Infection Neurological	O Initiate/Review		Decreased Episodes of Dysrhythmia Hemodynamic Stability Increased Activity Tolerance - CV Maintain Goal Weight - CV	a 				
	Nutrition	O Initiate/Review		Minimize Peripheral Edema - CV Prevent Embolic Events Prevent Thrombolic Events Urinary Output >= 30 ml/hr					
	Perfusion Respiratory	O Initiate/Review	Interventions 6	VS Stable with Activity - CV		Medications			
	Safety/Activity	O Initiate/Review	See standard of care: cardiovascular Other: See standard of care: ineffective tissue perfusion Antiembolic devices Maintain strict intake and output						

- 1. Document correct time and date in **Performed on**.
- 2. Initiate for at least two problems that are related to the reason for hospitalization.
- 3. Another page of the form opens for each selected problem. Complete all fields as necessary.
- 4. Timeframe for **Goal Completion** should not all be at discharge.
- 5. Chart specific **Goals**.
- 6. Document Interventions. Right click in the Interventions field to open the reference text.
- 7. Use the blue return arrow to go back the landing page.
- 8. Sign.



Resolving Goals

The progress on the goals needs to be documented on every shift. Update the goals to **Improving** or **Met** as appropriate.

Goals		Not met	Improving	Met	Goals		Not met	Improving	Met
	Able to Maintain Adequate Comfort					Able to Maintain Adequate Comfort			
	Decreased Use of Medication - Comfort	X				Decreased Use of Medication - Comfort			X
	Improved Appetite - Comfort	X				Improved Appetite - Comfort		X	
	Increased Participation in Activities					Increased Participation in Activities			
	Pain Level At or Below 3	X				Pain Level At or Below 3			×
	Relaxed Body Position	X				Relaxed Body Position			X
	Relaxed Facial Expression	X				Relaxed Facial Expression			×
	Stable Vital Signs - Comfort	X				Stable Vital Signs - Comfort			X
	Verbalize Absence of Discomfort	X				Verbalize Absence of Discomfort			×
	Verbalize Decrease in Discomfort					Verbalize Decrease in Discomfort			

If outcomes are not met at the time of discharge, document the reasons in the **Comment** field.

Plan of Care Ov Infection	O Initiate/Review O Resolve					
 Cardiovascular Pla 						
Coping/Anxiety Pl Neurologi	cal O Initiate/Review O Resolve	This data is read purposes only.	only and for reference			
Discharge/Knowl	O Initiate/Review O Resolve	Documentation	from Patient Education			
* Discomfort Plan o		No qualifying data	No qualifying data available.			
Perfusion Plan of Respiratory Plan	Please use this comment field	ld to address any unresolved outcomes at the time of dis	scharge			
Safety/Activity P Comment		n outcomes are not resolved completely. Patient I				
Skin/Mucous Mer	Percocet for ongoing pa	ain management to continue working on his goals	arter discharge.			
Shift Summary Pla Clinical Pa	None ordered	🗌 heart failure 🔲 TURP transi	urethral prostatectomy			
Event Summary	Breast surgery	Ischemic stroke and hemorrhagic stroke Antepartum				
	Carotid enarterectomy	Mental Health Master Treatment Plan				

For information on how to do make corrections on the form, please go to the EHR Education website for Nursing Staff and review the education document **PowerForms: Documentation Corrections**.