



<b>Urinary &amp; Fecal Incontinence</b>	Manage Moisture	<input type="checkbox"/> Provide peri-care after each incontinent episode or when the brief is changed. <input type="checkbox"/> Avoid talc, cornstarch, or hot water during peri-care. <input type="checkbox"/> Moisturize dry skin. <input type="checkbox"/> Use recommended disposable pads on the therapeutic mattresses. <input type="checkbox"/> Use commercial moisturizer. Type: _____ <input type="checkbox"/> Use barrier cream for areas of excoriation. <span style="float: right;">- See Appendix C: Wound Care Product Formulary</span> <ul style="list-style-type: none"> <li>• Do not scrub off barrier cream.</li> </ul> <input type="checkbox"/> Consult physician if excoriation does not clear with barrier cream or rash is present. <input type="checkbox"/> Organize toileting program or <input type="checkbox"/> Prompted voiding schedule. Additional Strategies or Comments: (e.g., consider sodium restriction with edema). _____		
<b>Impaired Nutrition Status</b>	Improved Nutrition	<input type="checkbox"/> Review weight history. <input type="checkbox"/> Assess intake daily according to Canada's Food Guide and protein servings (Meat or Dairy Products). <input type="checkbox"/> Refer to Dietitian. Date referral made: _____ <input type="checkbox"/> Ensure fluid intake is $\geq 1500$ ml / day or 25 ml / kg body weight / day. <input type="checkbox"/> Increase kilocalories in diet to 25- 35 kcal / kg body weight / day to promote wound healing, depending on nutritional goals and if patient is underweight/obese and euglycemia. <input type="checkbox"/> Recommend a vitamin/mineral supplement Zinc supplementation (25 – 50 mg/d) with Stage 3 or 4 pressure ulcers or excessive GI losses, smokers need an additional 35 mg/d of vitamin C. <input type="checkbox"/> Protein intake is 1.0 - 1.5 grams / kg body weight / day. <input type="checkbox"/> Increase protein to 2.0 grams/kg/day for deep or draining ulcers. Additional Strategies or Comments: (e.g., consider sodium restriction with edema). _____		
<b>Impaired Sensory Perception</b>	Manage Effects of Deficits in Sensory Perception	<input type="checkbox"/> Manage underlying disease e.g., diabetes. <input type="checkbox"/> Avoid constrictive applications such as improperly applied dressings, tensors, stockings and orthotics. <input type="checkbox"/> Avoid tight shoes. <input type="checkbox"/> Avoid snug-fitting bed sheets, especially over the feet. <input type="checkbox"/> Use foot cradle <input type="checkbox"/> Raise heels off bed using pillows or foam under calf. Additional Strategies or Comments: _____ _____		
<b>Pain</b>	Manage Pain	<input type="checkbox"/> Develop pain management care plan. <input type="checkbox"/> Use therapeutic mattress for severe pain or pain exacerbated by turning. Type: _____ Additional Strategies or Comments: _____ _____		