**Session by Session Procedures**

Client name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registered Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session 3

|  |  |  |
| --- | --- | --- |
| **DATE** | **PROCEDURE** | **MATERIALS** |
|  **\_\_ /\_\_ /\_\_****Time****Provided** **Time In:****Time Out:****Mileage:****Driving Time:** | **PREPARATION for SESSION 3*** Complete Medication Calendar
* Review issues/goals addressed in second session

**INTRODUCTION*** Introduce session goal
* Locate CAPABLE Folder
* Confirm that client understands and agrees to participate

**SESSION CONTENT*** Complete Brainstorming/Problem-solving process
* Continue to develop Action Plans with client
* Review/assess/trouble-shoot CAPABLE exercises
* Assess need to contact Healthcare Provider or evaluate response to communication
* Refer to CAPABLE Folder as needed
 | * Client chart
* Session 3 form
* Action Plans
* Brainstorming worksheet
* Health Passport
* CAPABLE Folder

**CLOSURE*** Review key session activities and points
* Explain next session is last RN visit
* Schedule next session, record in CAPABLE calendar

**POST-SESSION PLANNING*** Complete any unfinished business, i.e.- medication calendar, PCP contact or research client concerns
* Other:
 |
| ***NOTES:***

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| --- |
| **Communication with Healthcare Providers:**Method of communication?Healthcare Provider response *(Try to get response according to client, in order to assess effectiveness of provider/patient communication. If RN spoke with Healthcare Provider then the response will be per RN.)*: |

 |
| **POST-SESSION CLINICAL REASONING PROCESS** |
| **Action Taken:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Target Area Addressed** | **Successful****Strategies** | **Goals** | **Targeted Problem Area Status**1=a lot worse2=a little worse3=the same4=a little better5=a lot better |
| * **Pain**
 |  |  |  |
| * **Mood**
 |  |  |  |
| * **Fall**

**Prevention** |  |  |  |
| * **Incontinence**
 |  |  |  |
| * **Medications**
 |  |  |  |
| * **PCP Advocacy/**

**Support** |  |  |  |
| * Other:
 |  |  |  |
| * Other:
 |  |  |  |

**Universal Nurse Offerings**Sometimes the client works with the nurse on a problem but does not want to identify the issue as a “target area”. This is what CAPABLE calls “Universal Nurse Offerings”. For example, the nurse offers to make a medication calendar and reviews medications for safety, with clients who are interested, even though the client does not identify medications as a target area.

|  |  |  |
| --- | --- | --- |
| **Universal RN Offerings** | **Client Engagement?****YES/NO** | **Details** |
| **Medication Management** *(Medication Calendar, side effect/interactions check, evaluate for high alert meds)* |  |  |
| **CAPABLE Exercises** |  |  |
| **Health Passport** |  |  |

**Homework for RN:****Homework for Client:****Probing Questions:**Has your view of the client’s situation changed? Do you think the client’s view of his/her situation has changed?What is your plan for the next session? **Medication Assessment (*consider pharmacist consult as per protocol)*:*** + 1. Number of high alert medications \_\_\_\_\_.
		2. Does client have any questions or concerns about medications?

3. Is client complaining of any symptoms that could be side effects to medications?4. Any changes in medication regimen? *(details on changes)*:**OT Update** *(Record any communication between nurse and OT)***:** |
|  |

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| --- |
| **DISCOMFORT/PAIN ASSESSMENT** |
| Does client report problems with pain, discomfort, tightness, and soreness? *(Many older adults do not identify discomfort as pain but often they want to find relief for their “tightness, soreness or discomfort”).* **YES NO** |
| Circle and number each painful area of client on figures below. Prioritize location by giving client’s worst pain #1 and least painful location #5. *(Some people are very specific about their pain and others view their pain as very general, evaluate and plan accordingly).* |



|  |
| --- |
| **Pain Identified on Session 2** |
| **Location** | **Pain Rating** |
| At rest | With movement |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

|  |
| --- |
| **Pain Identified on Session 1** |
| **Location** | **Pain Rating** |
| At rest | With movement |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

Client rate discomfort/pain at primary site, intensity or severity:



| | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | 1 | 2 | 3 | 4 | **5** | 6 | 7 | 8 | 9 | **10** |
| no pain |  |  |  |  | moderate pain |  |  |  |  | severe pain |
|  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| List painful areas below include cause of discomfort/pain, and description. |
| **Location** *(#1 should be location of worst pain, #5 should be location of least pain)* | **Pain Rating** *(see scale below)* | **Cause**  | **Description** *(aching, crushing, sharp, burning, heavy, throbbing, stiffness, dull, radiating, nagging, stabbing, tingling, cramping, numbness)* |
| At rest | With Movement |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pain Location** | **Strategies Tried** *(heat, ice, medicine, hot bath, TENS machine, exercise, etc.)* | **Success of Strategies****1**=successful**2**=somewhat successful**3**=not successful | **Target Area Status****1**=a lot worse **2**=a little worse **3**=the same **4**=a little better **5**=a lot better |
|  |  |  |  |
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