

Parish Nurse Care Plan

Client Name: _____

Date Initiated: _____ Date Discontinued: _____

Client Information

Age: _____ Living Situation (home, Assisted Living, LTC): _____

Previous Occupation: _____

Family (spouse, children, grandchildren):

Hobbies and Interests:

Overall Health:

___Hearing Impairment ___Vision Impairment

Risk of Spiritual Distress

Factors contributing to (check/list as applicable):

___Pain ___Terminal Illness ___Loss or Illness of Loved One
___Abuse ___Depression ___Chronic Disease
___Anxiety ___Loneliness ___Separation from Loved Ones
___Surgery ___Hospitalization ___Caregiver Stress
___Divorce ___Other: _____

Subjective and Objective/Signs and Symptoms (check/list as applicable):

Client verbalization: _____

Client Voices:

___Guilt ___Loss of Hope ___Spiritual Emptiness
___Isolation ___Unable to and/or doesn't participate in worship and/or fellowship activities.

Client Appears:

___Anxious ___Depressed ___Discouraged
___Fearful ___Angry ___Other: _____

Client Questions:

___Belief system ___God's Love
___Purpose ___Salvation

Client Outcomes:

Date	Initials	Review Frequency	Client Verbalizes:	Review Date and Rating	Review Date and Rating	Review Date and Rating
			Decreased feelings of anxiety, guilt, depression, loneliness, and/or pain.			
			Satisfaction with spiritual condition.			
			Conflict between health problems and faith has been reduced or eliminated.			
			Spiritual needs are being met.			
			Resumes participation in worship or other church related activities as is able.			
			Other:			
			Other:			

Rating: P = Progressing, D = Declining, A = Achieved Outcome, N = Not Achieved, D = Discontinued

Nursing Interventions:

Date	Initials	Review Frequency	Interventions:	Discontinue Date	Initials
			Display an understanding and accepting attitude.		
			Develop an ongoing relationship with the client.		
			Acknowledge and support client's hope in God's promises.		
			Offer prayer and devotion with client when appropriate centering on the Gospel.		
			Assist client to achieve maximum level of independence/mobility through education/referral (specify): _____ _____		
			Help client to accept physical limitations as God's will for them at this time.		
			Encourage client to serve the Lord in any way possible, based upon their ability.		
			Make referrals as needed: <ul style="list-style-type: none"> <input type="checkbox"/> Pastor <input type="checkbox"/> Elder <input type="checkbox"/> Other (specify): _____ _____ 		

			<p>Provide resources as needed:</p> <ul style="list-style-type: none"><input type="checkbox"/> Sermon/bulletins by mail<input type="checkbox"/> Sermon tapes<input type="checkbox"/> Forward In Christ<input type="checkbox"/> Meditations<input type="checkbox"/> On-line daily Bible Study<input type="checkbox"/> Other (specify): <p>_____</p> <p>_____</p>		
			<p>Other (specify):</p>		
			<p>Other (specify):</p>		